Youth Justice Board

Parenting work in the youth justice system

Supporting evidence base

Youth Justice Board
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Contents

Targeted family and parenting support services are widespread and play a key role in preventing a range of negative outcomes

Since 1998 the youth justice system has played an important role in the development of services for parents

•Parenting is recognised as vital to a child's well-being and as a powerful agent for change in a range of social problems including anti-social behaviour and youth offending.

•There has been a general expansion of the support services available to parents in recent years. As a 2008 study found, this is due in part to the fact that

> ***"parenting support has been a key plank of many substantial policy initiatives, and is now recognised as a major – if not the key – lever for improving outcomes for children and young people"***[1]

•A recent independent review highlighted the importance of supporting parents and argued that many costly and damaging social problems are created because children are not given the right type of support.[2]

Achieving continued investment in YOT parenting

•The *Breaking the Cycle* Green Paper underlines the Government's commitment to maximising parental involvement in the youth justice system and delivering high quality support to parents and families.

•The Government's localism agenda increases the role of local communities in setting priorities and delivering services. Current pressures on funding mean local authorities will therefore be required to target their resources where they will be most effective.

•Youth offending teams will receive a non ring-fenced youth justice grant in 2011/12, with the option to source additional resources from other sources including the Department for Education's Early Intervention Grant (England only).

This information pack is intended to help YOT Managers and practitioners attract funding for targeted parenting support services by highlighting the research and evidence base for parenting and family interventions and the sound business and value for money case for investing in this important area of service.

1 *Key Elements of Effective Practice – Parenting*, source document, YJB, 2008

2 Graham Allen Review of Early Intervention, 2011

YOTs deliver a large number of interventions to parents and families in high need of support each year and their services have become an integral part of the landscape of children and young people's services

The vast majority of YOTs have dedicated parenting workers, and a recent survey found every local authority had dedicated parenting or family workers in place, either within the YOT or based in other agencies such as social services.[1]

YOT parenting services include;

- voluntary work with at-risk families
- overseeing Parenting Contracts
- delivering targeted parenting interventions
- overseeing Parenting Orders

YOTs use an 'assertive approach' to engaging some of the hardest-to-reach parents and families using these tools.

A 2009 study[2] found the parenting programmes most commonly delivered include **The Incredible Years, Triple P, Strengthening Families,** and **Strengthening Families, Strengthening Communities**.

Locally developed parenting interventions, designed to meet local parenting needs, are also commonly delivered.

YOTs have also contributed to the growth of whole-family interventions in recent years, including involvement in delivering Family Intervention Programmes (FIP), Multi-systemic Therapy (MST) and Functional Family Therapy (FFT)

Parents matter! Warwickshire Youth Justice Service

Parents Matter, a collection of clubs, courses and workshops run by Warwickshire Youth Justice Service, works with parents of young offenders or those at risk of offending. The service combines locally adapted provision (Steps) and evidence-based programmes (triple P), with self-evaluation showing that overall the service has achieved a low reoffending rate of 20% (over 6 months between January and July 2010). The service places great emphasis on engaging parents – one of the key elements of the provision is a personal/social development programme which aims to increase parents' confidence prior to, or alongside, the main parenting programme. The service includes breakfast and lunch clubs where parents can meet and share their experiences in a more relaxed atmosphere, which helps to reduce the apprehension among some parents of attending a parenting programme and increases their likelihood of engaging with the service.

Further information about targeted parenting work within the youth justice system is available at http://www.yjb.gov.uk/en-gb/practitioners/Prevention/Parenting/

1 National Audit Office Survey of Youth Offending Teams (2010)
2 Klett-Davies *et al*, 'Mapping and Analysis of Parenting Services in England' (2009)

Funding for targeted parenting services is received from central and local sources – but services may be hit by resource pressures going forwards

•YOTs are central to the development of local prevention and parenting strategies and the implementation of these services. YOTs have also led the way in integrating targeted services with wider prevention and family support activities.

•YOTs have previously received a direct grant, via the Youth Justice Board, for targeted youth crime prevention which has included parenting services.

•From 2011/12, YOTs will receive a single, non ring-fenced, youth justice grant, giving local areas flexibility to deploy their resources to meet local risk and need.

•Additional resources can be sourced from other funding streams, including

- ❑Funding for local authorities to invest in early intervention and prevention services for children, young people and families is available through the Department for Education's Early Intervention Grant (England only)
- ❑Other local sources, including Community Budgets in 16 local pilot areas, and joint working with other agencies

Context and current provision

The research and evidence base for parent and family support

The business and value for money case

How targeted parenting support aligns with Government priorities

Why work with parents – the headlines

Home Office research shows that **42%** of young people aged 10-17 who had **experienced low or medium levels of parental supervision** had offended, whereas the figure was only **20%** for those who had experienced **high levels of parental supervision**[1]

The **1998 Crime and Disorder Act** enshrines in law the principle that a young person's behaviour can be influenced by the type of parenting they receive

Family factors can be a **significant protective factor** in a young person's life[2]

Working with parents is almost certainly a pre-requisite for **effective intervention with young people who are offending or at risk of offending**[3]

Quality of parenting support is established as one of the most **critical factors in the likelihood of a young person offending** and can provide an effective mechanism for achieving better outcomes for children and young people[4]

Many partners, including those to whom YOTs are responsible, have an interest in seeing positive parenting and **reducing the risk factors associated with poor parenting** – including housing, education and health services

Supporting parents is shown to **benefit parents** themselves, improving their confidence and widening their social support networks[5]

See Key Elements of Effective Practice – Parenting (YJB, 2008) for further information
http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=389&eP=

1 Graham and Bowling, *Young People and Crime*, Home Office Research Study 145 (1995)
2 Risk and Protective Factors, YJB (2005)
3 Key Elements of Effective Practice – Parenting (YJB, 2008)
4 ibid
5 ibid

Family factors are strongly associated with managing a young person's risk of offending and reoffending

The risk and protective factors associated with offending are well-established and evidence-based

They can be grouped under four 'domains'

FAMILY
- Poor parental supervision and discipline
- Conflict
- History of criminal activity
- Parental attitudes that condone anti-social and criminal behaviour
- Low income
- Poor housing

SCHOOL
- Low achievement beginning in primary school
- Aggressive behaviour (including bullying)
- Lack of commitment (including truancy)
- School disorganisation

COMMUNITY
- Living in a disadvantaged neighbourhood
- Disorganisation and neglect
- Availability of drugs
- High population turnover, and lack of neighbourhood attachment

PERSONAL
- Hyperactivity and impulsivity
- Low intelligence and cognitive impairment
- Alienation and lack of social commitment
- Attitudes that condone offending and drug misuse
- Early involvement in crime and drug misuse
- Friendships with peers involved in crime and drug misuse

For further information see *Risk and Protective Factors* (YJB, 2005)

http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=246&eP

Family factors are well established as strong predictors of juvenile offending, including;

- Poor parental child management techniques and supervision
- Parental rejection of, and low involvement with, children
- Large family size
- Criminal/anti-social parents

A 1997 study found that *"parental monitoring or supervision is the aspect of family management that is most consistently related to delinquency."*[1]

Research has found that successful parenting interventions take a **strengths-based approach,** and that

***"work should not focus solely on problems, risk factors and deficits in parents' skills and circumstances but should also identify families' strengths and the positive features of family life."*[2]**

1 Smith and Stern in Farrington and Welsh *Saving Children from a Life of Crime* (2007)
2 YJB, Key Elements of Effective Practice Series, Parenting source document (2008)

There is growing evidence which supports the positive impact parenting interventions can make on children and young people's outcomes

An **independent evaluation of YOT parenting interventions** found parents reported a range of positive changes in their parenting skills and competencies following engagement with programmes, including;

•Improved communication with their child
•Improved supervision and monitoring of young people's activities
•Reduction in the frequency of conflict with young people, and better approaches to handling conflict when it arose
•Better relationships
•Feeling better able to cope with their child's behaviour, and parenting in general

•In addition, in the year after their parents left the parenting programme, young people's reconviction rates fell by nearly 1/3

See ***Positive Parenting*** (YJB) for further information
http://www.yjb.gov.uk/Publications/Resources/Downloads/PositiveParenting.pdf

These positive findings are supported by a **growing body of research which reports positive outcomes from a range of targeted parenting programmes**:

•A 2002 review of the effectiveness of interventions, including multi-systemic therapy, multi-dimensional treatment foster care, functional family therapy and parent management training, found **family and parenting interventions for juvenile offenders and their families led to a significant reduction in re-arrest rates.**[1]

•The evaluation of the roll-out of a Parenting Early Intervention Pathfinder (PEIP) project has found the **parenting programmes had positive effects on the parents' mental well-being and style of parenting, as well as their children's behaviours.**[2]

•A 2008 randomised control trial found parents who received parenting interventions used play, praise and rewards more commonly with their children, who experienced **reduced levels of conduct disorder and ADHD, and a 6-month boost in reading age**.[3]

For further information see *Parenting Early Intervention Pathfinder*: http://www.education.gov.uk/publications/RSG/publicationDetail/Page1/DCSF-RW054

PEIP 2nd Interim report: http://www.education.gov.uk/publications/RSG/publicationDetail/Page1/DFE-RB047

Parenting KEEP source document: http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=389&eP=

1 Woolfenden et al, "Family and Parenting Interventions in Children and Adolescents with Conduct Disorder and Delinquency Aged 10-17" in the Cochrane Library
2 Department for Education, Parenting Early Intervention Programme 2nd Interim report (November 2010)
3 Scott et al, "Randomised control trial of parent groups for anti social behaviour targeting multiple risk factors: the SPOKES project (Journal of Child Psychology and Psychiatry, 2010)

A number of independent bodies have also supported the targeted approach to working with parents that YOTs have taken

The Home Affairs Select Committee have recommended that parenting programmes reach the most deprived families, and that "**parenting support is available throughout a child's life, not just in the early years**" (*Tenth Report 2009/10*)
http://www.publications.parliament.uk/pa/cm200910/cmselect/cmhaff/242/242i.pdf

A leading think tank has argued that "**resource intensive services such as evidence-based parenting programmes should be targeted on the basis of need**." (*The Home Front, Demos 2011*)
http://www.demos.co.uk/files/Home_Front_-_web.pdf?1295005094

A review by the National Institute for Health and Clinical Excellence highlighted the **value of parenting programmes in improving the behaviour of children with conduct disorder** (*Parent-training/education programmes in the management of children with conduct disorders*, NICE 2006)
http://www.nice.org.uk/TA102

A 2009 independent report identified **10 effective crime prevention programmes including parenting and whole family interventions** - including Triple P, Functional Family Therapy, Multi-systemic Therapy (*Less Crime, Lower Costs, Policy Exchange 2009*)
http://www.policyexchange.org.uk/images/publications/pdfs/Less_Crime__Lower_Costs_-_May__09.pdf

"Research suggests that services offered through YOTs and partner agencies may offer some of the best opportunities that are presently available to us to engage positively with families in distress."
Key Elements of Effective Practice - Parenting source document, 2008

There is a wide range of emerging good local practice currently in place that services can learn from and adapt to meet their local needs

Families and Schools Together (FAST)

FAST aims to improve relationships in the family, reduce conflict, and create supportive links between parents, teachers and the community.

FAST is an after-school, multi-family group programme delivered through 8 weekly sessions followed by two years of monthly booster sessions, during which group activities as well as parenting coaching sessions are delivered.

FAST has been delivered in a number of local areas, including in East Sussex where the youth offending service has been centrally involved in delivering FAST to families of primary school children, with very encouraging results.

Westminster Family Recovery Programme

Westminster's multi-agency Family Recovery Programme (FRP) takes a 'whole family' approach to intervening with at-risk families to tackle the range of problems they experience. A 'team around the family' deliver a range of support and services which reflect the needs of the family and, where necessary, the wider community. Families receive intensive support and are required to sign an agreement setting out their responsibilities and the potential consequences of refusing support.

FRP has seen very positive results including a 69% reduction in the number of 'accused offences' in the 12 months follow engagement compared with the previous year.

Functional Family Therapy

Brighton and Hove and West Sussex YOTs have been involved in a randomised control trial of Functional Family Therapy (FFT), a targeted whole-family programme that delivers flexible, intensive support to at-risk young people and their families through home and community-based sessions.

FFT works to enhance family protective factors and reduce risk factors, and is aimed at 10-17 year olds displaying anti-social behaviour and/or offending.

FFT has a strong international evidence base and has seen very encouraging early results in the UK.

DfE have published a toolkit of information as part of their Think Family approach – see http://www.education.gov.uk/publications/standard/publicationdetail/Page1/DCSF-00685-2009

Further information about local parenting practices and programmes is available at

CWDC commissioning toolkit: http://www.cwdcouncil.org.uk/working-with-parents-and-families/commissioning-toolkit

C4EO 'Early Intervention' theme: http://www.c4eo.org.uk/themes/earlyintervention/

C4EO 'Families, Parents and Carers' theme: http://www.c4eo.org.uk/themes/families/

YJB's Directory of Emerging Practice: http://www.yjb.gov.uk/en/Disclaimer.htm

Context and current provision

The research and evidence base for parent and family support

The business and value for money case

How targeted parenting support aligns with Government priorities

The significant costs of responding to youth crime make a compelling case for investing in effective parenting support services

Recent studies have calculated the total costs of responding to youth crime at between £4billion[1] and £11billion[2] annually.

The consequences of social exclusion and other negative outcomes inflict huge costs on society and the economy;

- ***Anti-social behaviour costs the public £3.4 billion per year***
- ***The annual cost of school exclusion is estimated at £406 million***
- ***It costs about £110,000 a year to keep a child in residential care, and £60,000 for a young offender's institution[3]***

Exposure to parent-based risk factors can also have significant cost implications for young people's life chances;

- ***63% of boys whose father go to prison are eventually convicted themselves***
- ***61% of children in workless couple households live in poverty***
- ***Children who experience parental conflict and domestic violence are more likely to be delinquent[4]***

There are approximately 140,000 families in the UK whose children experience 5 or more disadvantages.

1 Independent Commission on Youth Crime and Anti-social Behaviour, 2010
2 National Audit Office, 2010
3 Think Family Toolkit (Guidance note 3), Department for Education 2010
4 ibid

The average cost of delivering parenting interventions varies between programmes depending on their intensity and how they are delivered;

- The PEIP evaluation places the average cost per parent completing the programme at **£2,955** and argues the longer term savings and benefits from improving children's behaviour would not have to be unfeasibly great for a net gain to be made[1]

- A 2010 study found the cost per child of delivering a 28 week parenting programme which saw a range of positive results was **£2,380**[2]

- The National Institute for Health and Clinical Excellence (NICE) reviewed parental training/education interventions and has developed a 'cost template' which places the cost of delivering parenting groups at;

  Clinic based individual programmes: £2,000
  Home based individual programmes: £3,000
  Community based group programmes: £7,200
  Clinic based group programmes: £5,000[3]

1 Parenting Early Intervention Pathfinder Evaluation (2008)
2 Randomised control trial of parent groups for child antisocial behaviour targeting multiple risk factors (2010)
3 Parent-training education programmes in the management of children with conduct disorders (NICE, 2006)

Evidence of the cost-effectiveness of parenting and family support underlines the sound financial case for investing in this service

A number of studies have shown the cost savings to the public purse associated with parent and family support interventions to be significant;

- An evaluation of Westminster's Family Recovery Programme (FRP) suggests that for every £1 spent on FRP, £2.10 in costs is avoided by the public purse.
- While the average cost per family of involvement in FRP is £19,500, the **average estimated cost avoidance for each family is £41,000**[1]
- A 2010 Department for Education publication[2] found that families engaged in Family Intervention Projects (FIPs) experienced a **45% reduction in risk of poor parenting**, and that the cost savings achieved through preventing a range of negative outcomes were significant[2]
- In addition to preventing delinquency and later offending, research shows that parent management training programmes are effective in producing wider family benefits including school performance, greater employment and increased family stability[3]

1 Repairing broken families and rescuing fractured communities, City of Westminster (2010)
2 Department for Education, Evidence For Think Family
http://www.education.gov.uk/publications/eOrderingDownload/Think-Family03.pdf
3 Farrington and Welsh, *Saving Children from a Life of Crime*

Many US-based programmes have been rigorously evaluated and shown to be **cost-effective**.

Washington State Institute for Public Policy research into the benefits and costs of prevention and early intervention programmes for youths estimates the economic return on investment for a range of parenting programmes as being;

Programme	*Benefit per dollar of cost*
Functional Family Therapy	13.25 : 1
Multi-systemic Therapy	2.64 : 1
Strengthening Families	7.82 : 1
Multi-dimensional treatment foster care	10.88 : 1

See Steve Aos et al, ***Benefits and Costs of Prevention and Early Intervention Programs for Youth*** (2004)
http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf

Compared with the high costs of correctional services and dealing with the negatives consequences of social exclusion, a strong case exists to invest more in evidence-based preventive services including targeted parent and family support.

Good parenting is also a key driver of public confidence in the youth justice system – and YOTs are well placed to deliver targeted parenting support

A recent Ipsos Mori poll reveals the public are supportive of intervening at the family level. When asked what would best cut crime in the UK, 'better parenting' was identified as the leading answer (55%). The study also found that 'encouraging good behaviour' was the most popular way of achieving 'good' parenting.

See 'Closing the Gaps' (Ipsos MORI 2008) http://www.ipsos.com/public-affairs/sites/www.ipsos.com.public-affairs/files/documents/closing_the_gaps.pdf

Youth justice services are well placed to deliver targeted parenting support locally for a range of reasons, including

- YOT parenting services span the youth justice remit – from working with parents preventively right through to offering specialist support to help avoid reoffending
- YOT parenting workers benefit from direct access to, and the expertise of, multi-agency professionals within the youth offending service as well as other statutory services
- The multi-agency structure of YOTs enables easy referral to other youth justice services which is beneficial for the cohort of offending families
- While the majority of family support is focused on early years provision, youth offending services provide a specialist service to parents of older children and teenagers
- YOTs provide a targeted service specifically aimed at resolving offending issues which can complement and build upon other wider family support services
- YOT parenting practitioners work with parents throughout their contact with the youth justice system, enabling them to build positive relationships, maximise the effectiveness of interventions, and ultimately provide a more holistic service to families in need of support
- YOTs have built up a highly skilled parenting workforce over the years and benefit from their significant expertise and experience
- YOTs are able to provide advice and support to parents who may not have been able to access other types of support due to high service thresholds

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Opportunities exist to build upon good practice and bring new thinking to the targeted parenting support landscape

The Government has outlined a range of key objectives and priority agendas. These include;

•***The Big Society***: encouraging community engagement and greater voluntary and 3rd sector delivery of services, increased local determination and accountability

•Focus on ***early intervention and prevention***

•***The Rehabilitation Revolution***: a more co-ordinated approach to delivering services, system incentivisation, reform of criminal justice frameworks

•***Less central monitoring and increased localism***: a more light-touch approach to central direction, local determination, greater discretion for professionals

•***Spending Review priorities***: overall reduction in public spending, focus on value for money and efficiencies

The *Breaking the Cycle* Green Paper outlines the Government's commitment to maximising parental involvement in the youth justice system and delivering high quality support to parents and families.

Targeted parenting support complements and supports these objectives in a range of ways, including;

•YOTs are locally owned and locally managed

•Third sector organisations and volunteers are involved in the delivery of services

•The youth justice system is already strongly focused on prevention and early intervention. YOTs work with families to encourage better parenting and ensure parents live up to their responsibilities

•Programmes are locally evaluated alongside national evaluations

•Working with parents, both preventively as well as throughout their child's involvement in the youth justice system, has a strong value for money benefit

•Community locations for delivering parenting support meet Big Society and increased transparency agendas

•YOTs have certain flexibilities over local determination of resources

We are seeing positive results across the youth justice system – and there will be opportunities to develop the parenting landscape further

Parenting is recognised as a **powerful agent for change in a range of social problems including anti-social behaviour and youth offending.**

Targeted parenting interventions are contributing to the positive results we are seeing across the youth justice system;

- The number of young people entering the criminal justice system for the first time (**first time entrants**, FTEs) has shown significant and sustained reductions in recent years. The number of young people receiving their first reprimand, warning or conviction fell by 23% between 2008/09 and 2009/10

- **Youth reoffending** has also fallen – latest available data (2008) shows that since 2000 the proportion of offenders who reoffended within 12 months (actual rate) has fallen from 40.2% to 37.3%

- There have also been positive reductions in the number of **young people in custody** – average figures have fallen by around 20% since the peak in 2002/03

There are opportunities for the landscape of targeted parenting services to further develop and respond to emerging agendas including;

- ***National focus on parenting and families:*** The importance of working with parents is receiving increased national attention. The role for targeted work with parents in high need of support is a crucial element of this. The link between youth justice parenting support and wider whole family services will be central to this.

- ***Financial incentivisation:*** parenting support plays a key role in reducing negative outcomes for young people and may become increasingly integral in incentivisation models. Outcomes could be linked to parenting programmes and/or support.

- ***Peer-led support:*** Sector-led support, whereby high performing practitioners or YOT partnerships support and encourage less-well performing colleagues by sharing best practice and providing advice and training, may develop as part of the youth justice landscape. Targeted parenting support has a clear role to play.

There will be a range of other areas where early intervention and targeted services add value and will influence the development of service delivery. Local areas will therefore want to highlight the value and impact of targeted parenting support services at their highest strategic level and ensure they can continue to play a central role in the delivery of services for children and young people.

ENGAGING SERVICE USERS: BARRIERS AND ENABLERS

Why is effective engagement important?

Enabling service users to actively engage with, and participate in, parenting support services is key to ensuring interventions are effective. Even the highest quality intervention plans may not be fully effective unless the service user (parents, carers and other relevant family members) is committed to its goals and content. Good engagement means service users will be less likely to 'drop out' and lack commitment to the programme, which may result in better outcomes for young people, parents/carers and wider family members.

The way in which parents/carers are approached and treated from their first point of contact, how the service is 'sold' (including benefits for the child or young person), and the skills and behaviours of the practitioner are all vital in influencing whether or not parents fully engage with parenting services.

Effectively engaging service users can be split into three stages;

1. the process of first attracting or motivating service users to attend the service for the first time
2. enabling the service user to recognise the benefits, goals and expectations of the service, and
3. building a relationship between the practitioner and service user and engaging them sufficiently to begin delivering meaningful and beneficial support that is accessible and suitable to the individual

Service users can experience a range of barriers to engaging with parenting support services, so the challenge for practitioners is to identify and overcome these barriers to enable effective support services to be delivered.

Research comparing different approaches to engaging parents/carers and families is relatively scarce. This guide aims to assist practitioners with engaging service users by providing a range of information on common barriers to engagement, tips and strategies for overcoming them, and examples of local solutions and practice.

Common barriers to service users' engagement include;

- Service users' initial hostility and anger at receiving a court order
- Physical location of the sessions
- Time and day of sessions
- Clashes with other meetings and appointments
- Childcare availability
- Transport availability
- Relationship with parenting worker/trainer
- Attitudes towards the service (not thinking they need help)

- Service users perceive negative connections between the parenting service and the court order, or negative associations with other statutory agencies they may be in contact with
- Service users don't think intervention content and activities are relevant to them
- Stigmatisation and fear of judgement
- Not wanting to admit they need help
- Can't relate to the parenting worker/trainer
- Under-representation of particular groups such as fathers or minority ethnic service users
- Delivery methods are not accessible and/or don't provide choice– e.g., reading materials, internet-based support, CDs/DVDs, phone line support etc
- Feeling that they have no say or influence over the content and purpose of the sessions
- Lack of confidence
- Language barriers
- Cultural barriers

Common behaviours which can reflect parents/carers levels of engagement with services include;

Indicators of engagement	**Signs of engagement problems**
High attendance rates	Difficulty scheduling appointments
Completion of homework assignments	Missed appointments
Emotional involvement in sessions	Intervention plans not being followed
Progress being made towards meeting treatment goals	Goals identified by service users contain little substance
	Treatment progress is uneven
	Family members lie about important issues

Strategies for overcoming barriers to engagement;

The process of attracting and motivating service users to attend parenting services and beginning to deliver meaningful, beneficial work can be split into three stages; 'getting,' 'keeping,' and 'engaging' service users. Good practice includes;

'Getting' – persuading parents to attend the service in the first place

- minimising the delay between first referral and first contact with new users
- initiating personal contact between a service worker and new users, by home visit, or else by telephone
- offering initial visit by user to service site to meet staff, see set-up, get acclimatised etc

'Keeping' – persuading service users to regularly attend sessions and complete the course

- ensure welcoming environment at first visit

- offering suitable and convenient times to use service
- provide transport if out of home
- provide childcare
- provide meals and refreshments
- provide other useful facilities

'Engaging' – making it possible for service users to engage actively with what the service has to offer

- provide some degree of choice or menu of options in service offer
- encourage 'social' element – opportunity to meet other parents, form new relationships, etc
- provide ongoing telephone support and feedback
- seek (and incorporate) user feedback
- culturally-aware staff
- suitably trained, skills and supervised staff

- Whether a referral is voluntary or court-ordered, the speed at which the referral process takes places may be important. Evidence suggests there may be something akin to a 'window of opportunity' during which parents are most receptive to the idea of engaging with services. In other words, it may be important for services to ensure that they 'catch' the parent at the point when the likelihood of establishing positive relationships is greatest. This period may be a few hours after a court order is made, or the first time when a parent makes contact with or visits a service provider. Practitioners should therefore ensure there is swift progression through the various stages leading up to assessment and accessing support once a parent is introduced to them.
- Staff should convey to service users the purpose of the service, its goals and expectations, and the criteria used to measure success as evidence suggests that this can help service users to fully engage with interventions and maintain their commitment.

Engaging families: lessons from Family Intervention Projects (FIPs)

FIP workers employ the following strategies to build relationships and ensure families engage with the service. They;

- Spend a lot of time with the family
- Attempt to build trust
- Build rapport
- Focus first on the issues of most importance to the family
- Involve the family in the development of their service plan
- Set some short-term, achievable goals

Being persistent is an essential element of the FIP approach and is vital for ensuring families engage with the service in the longer term. Alongside sheer determination, FIP workers need to be creative in finding solutions to address barriers to

engagement. As part of this 'persistent approach,' FIP workers;

- Help the family's organisation and time management by giving them diaries and calendars
- Remind them of appointments by text message or phone call, and sometimes accompany them to appointments
- Remind families of the benefits of engaging with the FIP as well as the possibly consequences of non-engagement
- Explore the barriers and difficulties underpinning their reluctance to engage

For further information see ***Family Intervention Projects: An evaluation of their design, set-up and early outcomes*** (Department for Children, Schools and Families, 2008) ***pages 89-90 and 126-127***

http://www.education.gov.uk/publications/RSG/publicationDetail/Page1/DCSF-RW047

Tips for practitioners;

The Trust for the Study of Adolescence asked a group of parents who had attended YOT parenting programmes the following question:

"If we were running a training course for future parenting practitioners, what are the essential things we need to pass on to them about what they should do, and how would you tell if they were doing it?"

The responses were as follows;

Being a good listener:

- Taking notice
- Looking interested
- Remembering what's been said by a parent and referring back to it
- Good body language (paying attention – active listening)

Having a positive approach:

- Being relaxed
- Being calm
- Being in control
- Being welcoming – coffee/tea
- Knowing what parents are talking about, i.e. understanding usual teenage behaviour, how to set boundaries with young people etc
- Having been through it themselves and knowing what it's like
- Being supportive
- Having a laugh

Not judging negatively:

- Can tell by the way people talk (not talking down to you)
- Establishing rules for the group (so it feels safe to talk)
- Group gives some of the feeling of a positive family (as actually family may

or may not be supportive) – can talk about family issues

Establishing trust:

- Confidentiality – what's said stays in the group
- Knowing the names of parents'/carers' children and what's happening with them
- Offering some counselling, 1-1 work when a crisis occurs and making parents/carers feel able to talk about their situation

Lessons from "Parent Training with Low-income Families: Promoting Parental Engagement through a Collaborative Approach" by Carolyn Webster-Stratton

It is reported that the recruitment and retention of low-income families to parenting programmes is low and that such parents are unmotivated, resistant, unreliable, disengaged, chaotic, in denial, disorganised, uncaring, dysfunctional, and unlikely to learn from therapeutic programmes – in short, "unreachable."

However Webster-Stratton argues that these families may well describe traditional clinic-based programmes as "unreachable" – they may be too far from home, too expensive, insensitive, distant, inflexible in terms of scheduling and content, foreign in terms of language and blaming or critical of families' lifestyles. An alternative model of providing parenting interventions may therefore be needed.

Webster-Stratton hypothesises that interventions fail when they lack certain characteristics that enable families to remain engaged in a programme and therefore benefit from it. Webster-Stratton presents key findings from a theory-based parenting training programme called PARTNERS which is designed to enhance family protective factors by strengthening parenting competence, fostering parent's involvement in children's learning, and promoting social support networks.

Key messages about engaging parents with the programme:

- *Involving school personnel and parents in planning:* The involvement of school teachers, administrators and family support staff was key to attracting parents to the programme in the first instance. Teachers and administrators participated in mock sessions so that they were familiar with the programme and able to be enthusiastic recruiters to it.
- *Encouraging every parent to participate:* the programme was offered on a universal basis so that parents didn't feel stigmatised or singled out. Although the ultimate aim of the programme was to reduce conduct disorder, it was 'sold' to parents on the basis that it would help improve their child's school success, as the majority of parents identified this as something they wanted to help with.
- *Accessibility and feasibility of interventions*: Quality child care provision was essential in order to enable parents to participate. Providing child care during the period in which the parenting programme was delivered also gave parents a much-needed break from child care – this was advertised as one of the benefits of attending the programme. Where needed, transport was provided to and from the sessions, which were located a near as possible to where the majority of parents lived and worked. Sessions were held in schools, churches, and housing units.
- *Incentives:* Financial incentives for initial engagement as well as following completion of the programme were given (although at the end of the

programme, 95.8% of parents said they would have participated even if they hadn't been given financial incentives.) Raffles and lotteries were not valued by parents as they felt it devalued their commitment to the programme. Providing substantial food at the meetings was also an incentive to attend sessions - for some parents it made the difference between attending or not, as often parents would often not have time to pick their children up from child care and feed them before attending an evening session. Husbands and partners were also more likely to attend if food was provided.

Keeping engagement: Trainers employed a range of techniques for keeping parents engaged with the programme, including;

- Taking a collaborative approach to delivering parenting support – i.e., non-hierarchical and non-blaming
- Developing parent support networks by assigning parent buddies and using group sessions – parents were asked to keep records of their home experiences and to share these with the group
- Using a variety of learning techniques including role-playing and rehearsal, videotapes, reading materials and home work assignments. Parents were given personal folders in which to record their experiences – this was an opportunity for shy parents to communicate in private with the trainer and receive written advice or comments
- Trainers telephoned parents at home to 'check in' with their progress and any problems they may be having. Where parents were frequently resistant or didn't complete homework assignments the trainer would call to check what the problem was, encourage engagement and allow a relationship outside of the formal sessions to develop
- Using humour to defuse anger and help parents to relax
- Identifying group goals, ensuring the sessions had enough structure and purpose, and implementing weekly evaluations of the sessions, which helped ensure parents remained engaged and that any reasons for disengagement were identified quickly

"Parent training with low-income families" is taken from the *Handbook of child abuse research and treatment* and is available to read in full at http://www.incredibleyears.com/library/paper.asp?nMode=1&nLibraryID=467

Engaging fathers

While the majority of evaluations present few findings in relation to gender, the limited evidence available suggests it is more effective to engage both parents in parenting programmes. If parents cannot be engaged together, it may be helpful to engage them separately where it is safe to do so.

In their guide to *Commissioning Father-Inclusive Parenting Programmes*, the Fatherhood Institute sets out a 10-point checklist for commissioning parenting services and provides a series of tips for recruiting and retaining fathers to parenting interventions.

The Fatherhood Institute reports that fathers can find mainstream parenting programmes unsatisfactory for a number of reasons including;

- Content may not be of primary interest to them
- Commitment may seem too long term
- Topics covered may be too 'threatening'

- Materials may be explicitly mother-focused
- Discussions may not be sensitive to gender issues and how they affect men

Practitioners can sometimes alienate fathers, for example by;

- Actively or passively excluding them by affording mothers the status of the primary parent and aiming interventions only at them
- Assuming fathers' parenting capacity to be low
- Communicating that they are not important
- Failing to refer fathers to services

Strategies and tips for engaging fathers include;

Tips for recruiting fathers	Tips for retaining fathers
Present fathers' engagement as expected and important from the outset	Clearly set out the goals, content and expectations of the parenting intervention.
Provide sessions at flexible times and in appropriate environments	Consult with fathers about their goals for participation and tailor content accordingly
Repeatedly emphasise the benefit of fathers' engagement and attendance to their child	Adopt a strengths-based approach which supports the father's capabilities
Engage non-resident fathers wherever possible	Introduce 'active' course elements
Encourage mothers (and fathers) to think about the father's importance and help recruit them to the programme/intervention	Address couple-relationship issues and gender roles
▪ Visit www.fatherhoodinstitute.org for further information ▪ Download a free executive summary of Commissioning Father-Inclusive Parenting Programmes at http://www.fatherhoodinstitute.org/uploads/publications/444.pdf ▪ For a case study of how Stoke FIP engages with fathers visit http://www.fatherhoodinstitute.org/2010/case-study-how-stoke-family-intervention-project-engages-with-fathers/	

Engaging effectively with minority ethnic service users;

In addition to experiencing the range of engagement barriers already identified, minority ethnic parents/carers may experience a range of addition difficulties engaging with parenting services, including;

- Discrimination
- Language barriers
- Cultural differences – parenting styles, techniques, disciplinary measures, support structures etc

- Additional cost, travel and time barriers to attendance, as research shows minority ethnic parents may be disproportionately affected due to a higher likelihood of experiencing deprivation
- Lack of awareness of services and information about how to access them
- Feeling isolated

The Department for Children, Schools and Families review of *Engaging Effectively with Black and Minority Ethnic Parents in Children's and Parental Services* provides a range of information on engaging with ethnic minority service users, including **10 good practice case studies** and a range of tips for overcoming barriers to engagement, including;

- Recognise diversity – foster an environment that welcomes parents from all minority ethnic backgrounds. Having culturally aware and suitably trained staff is essential
- Challenge racism – services should emphasise the importance of cultural identity in parenting and challenge negative stereotypes
- Take a holistic approach to families' needs and aspirations
- Provide dedicated resources and/or spaces for parents to make use of e.g., dedicated point of contact (parenting worker) or room that can be used for prayer
- Recruit members of the local community to support the parenting service, possibly through an innovative support role or outreach function
- Enable parents to build their support networks e.g., through facilitating coffee mornings or other social occasions where service users can meet other parents and discuss common experiences

- See 'Engaging Effectively with Black and Minority Ethnic Parents in Children's and Parental Services' (DCSF, 2007) http://www.education.gov.uk/publications/RSG/publicationDetail/Page1/DCSF-RR013
- 'What makes parenting programmes work in disadvantaged areas?' (Joseph Rowntree Foundation, 2006) http://www.jrf.org.uk/publications/what-makes-parenting-programmes-work-disadvantaged-areas

USEFUL MATERIALS

- See 'Key Elements of Effective Practice – Parenting source document' (YJB, 2008) for information on delivering effective parenting services. http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=389&eP=

  See pages 29-34 for information on Service Delivery.
- Chapter 6, 'Barriers and Facilitators to engaging parents and carers,' in *Improving Children's and Young People's Outcomes through Support for Mothers, Fathers and Carers* (C4EO, 2010) pp. 37-44. See www.c4eo.org.uk/themes/families/effectivesupport/files/effective_support_research_review.pdf

- ‘Fathers and Family Centres: Engaging fathers in preventive services,’ (Joseph Rowntree Foundation, 2000). See http://www.jrf.org.uk/publications/how-family-centres-are-working-with-fathers
- ‘Engaging multiproblem families in treatment: Lessons learned through the development of multi-systemic therapy’ (Cunningham and Henggeler, Family Process journal, vol 38, 1999). See www.familyprocess.org
- ‘A review of how Fathers can be better recognised and supported through DCSF policy’ (DCSF, 2008). See http://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR040.pdf
- ‘Engaging multiproblem families in treatment: Lessons learned through the development of multi-systemic therapy’ (Cunningham and Henggeler, 1999) provides a summary of universal engagement strategies, frequent barriers to engagement and some specific strategies for overcoming them. See Family Process journal, vol. 38 (1999)

References:

1. YJB: Key Elements of Effective Practice – Parenting (2008)
2. Webster-Stratton, ‘Parenting Training with low-income families: promoting parental engagement through a collaborative approach’ (1998)
3. Cunningham and Henggeler, ‘Engaging multiproblem families in treatment: lessons learned from the development of multi-systemic therapy’ (1999)
4. The Fatherhood Institute: Commissioning Father-Inclusive Parenting Programmes (2009)
5. Page et al, ‘Engaging effectively with black and minority ethnic parents in Children’s and parental services (DCSF, 2007)

KEY FEATURES OF EFFECTIVE PARENTING SERVICES

Why work with parents

1. The role of parenting is established as one of the most critical factors in a young person's likelihood of offending. Parenting is recognised as vital to a child's well-being and as a powerful agent for change in a range of social problems including anti-social behaviour and youth offending. Providing effective parenting support services and enabling parents to improve their skills and relationships with their child can therefore be a key mechanism for achieving better outcomes for children and young people (YJB, 2008).

2. The 1998 Crime and Disorder Act enshrined in law the principle that a young person's behaviour can be influenced by the type of parenting they receive, and placed certain requirements on parents to engage with support services. Subsequent publications have underpinned these legal requirements and provide practitioners with a holistic practice framework for delivering effective parenting services (e.g., YJB, 2008; DCSF, 2007).

3. Supporting parents has been shown to benefit parents in their own right, improving confidence, creating a sense of 'self-efficacy' with parenting issues, and improving and widening parents' social support networks among other benefits. Though working with parents in high-need groups is a demanding and long-term undertaking, in which there are no quick fixes, it is never too early to begin preventive work with vulnerable families, and also never too late. Work at the 'crisis end' of family support is tough – but research shows that even the neediest families can be helped by family support.

4. The importance of working with parents and families has a national focus. Family support has been a key aspect of substantial policy initiatives in recent years and the *Breaking the Cycle* Green Paper, published in 2010, underlines the Government's commitment to maximising parental involvement in the youth justice system and delivering high quality support to parents and families. As Government agendas develop further, parenting services will need to respond to a range of influences including localism and the increased flexibility for local areas to target resources to meet local risk and need, the need for greater transparency and accountability in public services, and encouraging greater use of peer-led support to improve practice and drive up performance.

5. Effective parenting support can help to achieve a range of positive outcomes including reducing offending and reoffending, as well as other outcomes such as education and training, health, and child safeguarding. YOTs are accountable to a range of partners, all of whom have an interest in seeing positive parenting, including: YOT Management Boards, the Youth Justice Board and, ultimately,

Ministers; senior local authority management; community partner agencies and funders; young people and parents themselves, and communities; and the taxpayer.

6. Studies have also shown that good parenting is a key driver of public confidence in the youth justice system, and that the public are supportive of intervening at the family level to improve parenting (Ipsos MORI, 2008). Cost avoidance data reveals the significant benefit to the public purse that can be realised if chaotic and challenging families are provided with the right level of support to tackle the range of problems they can experience (e.g., Aos, 2004). A strong case therefore exists to invest in targeted parenting support services.

To support the delivery of effective parenting services, the Youth Justice Board has published a range of materials which, when read in conjunction with each other, provide holistic guidance for youth justice services. The framework consists of;

1. The **National Standards for Youth Justice,** which set the minimum requirements that services should adhere to – the "must do"

http://www.yjb.gov.uk/en-gb/practitioners/Monitoringperformance/Nationalstandards/

2. The ***Key Elements of Effective Practice*** series, which describe the key features of interventions and are intended to be used as the primary tool for evidence-based self-assessment and quality assurance – the "what to do"
http://www.yjb.gov.uk/en-gb/practitioners/Improvingpractice/Effectivepractice/KEEPS/

3. Case Management Guidance, which outlines key operation processes and supports YOT staff and managers at key stages throughout a young person's case – the "how to" deliver youth justice services
http://www.yjb.gov.uk/en-gb/practitioners/Improvingpractice/Endtoendcasemanagement/

The following information in largely based upon these three documents, as well as other evidence-based studies.

Elements of effective working

a. The headlines

7. Parents of young people involved in offending or anti-social behaviour are among the most needy and vulnerable parents in society, and require high quality, tailored support services to improve their outcomes.

8. A number of headline 'features' of effective parenting support services can be identified;

   i. The most successful work in this field takes a 'strengths-based' approach – practitioners should identify protective factors in parents' and young peoples' lives, families' strengths and the positive features of their family life in addition to problems and risk factors. Identifying an individual's needs in partnership with the service user is a pre-requisite for effective working

ii. Interventions are more effective when they have a strong theory base and clearly articulated model of the predicted 'mechanism for change'

iii. Effective services formulate a clear 'inclusion' criteria and ensure that this is clearly communicated to likely referring agencies and key staff

iv. Parenting services should provide interventions that enable parents to learn new skills and strategies for approaching their relationships with their children

v. Working with young people in parallel to parents is thought to contribute to better outcomes from parenting support services. Parenting support should generally be offered to both parents in two-parent families

vi. Projects should clarify parents' expectations and the level of commitment parents/carers will need to make to the intervention

vii. The duration and frequency of the intervention should match the parents' level of need – parents with complex problems and multiple needs do better in programmes of longer duration while brief interventions work well for achieving simpler objectives

viii. Effective services use a variety of methods of service delivery and range of materials to suit different learning styles. Materials must reflect the varying backgrounds of service-users

ix. Intervention should take the needs of the service user into account, e.g., 'behavioural' programmes work best for achieving changes in behaviours and skills (of both the parent and young person) while 'cognitive' programmes are effective in addressing beliefs, attitudes and self-perceptions. 'Knowledge based' programmes are effective in achieving change in 'simple' parenting behaviours

x. Services are most effective when they are 'manualised' and adhere to programme fidelity to ensure consistent delivery. While local innovation and service development is not precluded, the core service delivered should be based upon evidence of effective practice

xi. No one model of parenting programme will address all needs so a menu of interventions should be available. Follow-up support or 'aftercare' should also be provided

xii. Good and regular communication with other agencies and key staff within them is a key feature of effective services

b. Operational practice

Prevention and pre-court

9. Many young people and their parents/carers may first come into contact with the youth justice system via targeted prevention services or as a result of the young person receiving an out-of-court disposal. Referrals to parenting services can come from a variety of routes including courts, social services, probation, police, education and health providers. Practitioners should aim to build positive, collaborative relationships with parents from their first point of contact and identify what support, if any, they may need.

10. Parenting workers should solicit referrals from case workers and other practitioners within the YOT and ensure staff is aware of the availability and provision of parenting support. All parents of young people in contact with YOTs should be assessed and offered the support they need to help them reducing their child's offending or likelihood of offending.

11. Assessment should be an integrated, family-based process that includes parents and young people. It should identify parents' needs and circumstances, key risk and protective factors in the service user's background, and the family's strengths and problems. A structured and comprehensive assessment should allow practitioners to tailor the service they offer according to the parents' needs. Where young people receive an out-of-court disposal, practitioners should undertake a parenting assessment as standard.

> "The end result of any assessment should be a good understanding of the strengths and problems of the individual user and his/her family, and an understanding of how the identified problems and strengths relate to the wider context of family and environment. Practitioners should have successfully identified the parenting risk and protective factors that are present, as well as the stresses that families are experiencing."
>
> *Key Elements of Effective Practice- Parenting (source document, p. 16)*

- *See Case Management Guidance (Out-of-Court Disposals)*

12. Initial assessment should also include a discussion of why services are being offered, what parents and young people can expect to receive, and the level of commitment required for successful intervention.

    - *See Key Elements of Effective Practice – Parenting (source document) pages 16 – 20 for further information on assessment and referral.*

13. Parents should be involved in the design and review of individual programmes as well as wider prevention services and interventions being delivered. Intervention plans should be aligned with any court orders and relevant partner agency plans that children and parents may be subject to.

14. Practitioners should encourage consent from parents/carers for their child's participation in interventions, and enable them to contribute to achieving the outcomes agreed for their child.

    - *See National Standards for Youth Justice 1.11 -2*

Court

15. All pre-sentence reports should include an assessment of the need for parenting support. This is particularly important for enabling the court to decide whether a Parenting Order or contract is needed. Parenting workers should therefore establish clear working guidelines and relationships with report writers to ensure they are aware of any need for parenting support before a young person enters court. Parenting workers should also ensure that YOT staff, sentencers and courts are fully aware of the available parenting support options in advance of sentencing, to help prevent unnecessary or inappropriate Parenting Orders being applied.

16. Parents should be contacted before court so that they are aware of the court process and likelihood of sentence, particularly where there is a probability of a Parenting Order being applied. Parents should be encouraged to attend court wherever possible.

17. ***Parenting Orders:*** Where a Parenting Order is applied, parents/carers should be fully appraised of the nature of the order, its purpose, how it will work in practice and the consequences of non-compliance. A draft plan should be agreed between the parent/carer and parenting worker to support the parent meet the requirement of the order.

    - See National Standards for Youth Justice 8.166

18. The manner in which Parenting Orders are explained to parents is crucial. It should be stressed that orders are not a punishment, and emphasis should be placed on building parents' strengths and skills, to encourage the parent to accept the support being offered.

19. Responsible Officers should carefully monitor parents' progress to ensure they have the best chance of successfully completing their order. The order should be reviewed regularly to ensure it is appropriate and meeting the desired outcomes.

20. Incidents of non-compliance with parenting orders should be addressed through contact with the parent, warning letters, reviewing the contents of the order, and through pursuing breach proceedings if necessary. Parenting workers should be fully aware of the breach process and ensure collaborative working with relevant partners including the Police, CPS and judiciary to ensure there is a clear understanding of the importance of effective parenting support.

    - See Parenting Contracts and Orders Guidance (DCSF/MoJ/YJB, 2007) http://www.education.gov.uk/publications/standard/publicationdetail/page1/PARENTING-CONTRACTS

Custody and resettlement

21. Practitioners should encourage parents/carers to attend and actively participate in sentence planning wherever appropriate. Parents should attend initial sentence planning meetings, and practitioners should ensure parents understand the content of their child's sentence plan and receive a copy.

22. Sentence plans should take family factors into account including maintaining and strengthening family ties, and consider what practical support parents/carers may need in order for their child to return home at the end of their sentence.

23. This may also be a good opportunity for practitioners to explore what work may need to be undertaken with parents/carers to ensure effective reintegration of the young person into the community.

    - *See Case Management Guidance, custody and resettlement*

24. Regular contact with parents should be maintained while young people are in custody. Practitioners should engage with parents/carers as part of their resettlement planning for young people leaving custody. Leaving custody is a critical time when young people, and parents, may 'fall through the gaps' if services are not poised to assist with reintegration into the community.

25. When young people are released from custody, parents/carers must be encouraged to attend and contribute to post-sentence review meetings. The meetings should ensure that parenting/family support is being accessed where appropriate, and home visits should also take place as part of the post-sentence supervision.

- *See National Standards for Youth Justice – Planning and delivering interventions in custody and resettlement into the community (National Standard 9)*

26. It is good practice for practitioners to offer some kind of ongoing support to parents even after their child or young person's formal contact with the youth justice system has ended. Follow up support can be in the form of one-on-one support or facilitated or peer-led support groups. Provisions should be in place to refer parents onwards for more support or to specialist services if needed. In addition, there are a range of parent support services available across the UK, that practitioners and parents should both be aware of.

    - *See Key Elements of Effective Practice – Parenting (Source document) pages 35-6*.

c. Strategic working

Partnership working

27. It is accepted that parenting services are unlikely to be able to meet all needs single-handed. Parenting services therefore need to work in partnership with other agencies to ensure parents' and young peoples' needs are met. Managers should establish clear protocols or service level agreements with the range of agencies involved in delivering parenting services locally to ensure expectations, roles and responsibilities are shared and communicated. Partners include the Police, CPS, judiciary, children's services, social services, education providers and VCS organisations among others. Where parenting needs are identified that are not directly linked to a young person's offending, parenting workers should make outwards referrals as appropriate.
28. Youth justice parenting services should form a coherent part of a wider locally-owned Parenting Strategy. Parenting workers need to be linked in with the relevant local commissioning processes to ensure parenting services meet local needs. Time and resource spent 'marketing' YOT parenting services to other agencies and the wider local area can help to ensure that partner agencies understand what the service does and can make appropriate referrals.

Engaging parents and delivering effective practice

29. Where parenting is identified as a significant factor in a young person's behaviour, YOTs are encouraged to follow a clear, 'three-step approach' to working with parents. These are;
    - voluntary support – parents are offered support on a voluntary basis in the first instance
    - Parenting Contracts – a formal, written contract between YOTs and parents, committing both parties to specific actions.
    - Parenting Orders – if a voluntary approach has failed or is not appropriate, and there is sufficient evidence that parenting support would influence the child's behaviour positively, YOTs should work with parents through a formal Parenting Order.

30. Engaging parents in this way requires YOTs to use an assertive approach involving persistence, dedication and a range of skills. Engaging parents with services can be challenging and should be seen as an ongoing process. Three stages require particular attention – 'getting' parents by attracting them to the service in the first place, 'keeping' them through establishing relationships and encouraging them to remain in contact with the service, and 'engaging' them by building the relationship sufficiently to deliver meaningful support.

31. Parents/carers and young people should have input into the design and delivery of interventions, so Managers should consider establishing working or advisory groups to capture this. Services should meet the needs, values and social norms of the target population as far as possible, as evidence shows this increases the acceptability and sustainability of the intervention, thereby increasing the likelihood of parents engaging with the service.

Training and service development

32. Having staff who are suitably trained, skilled and culturally competent contributes to the delivery of effective interventions and ongoing engagement of parents with services. Managers should ensure that parenting staff (including staff from partner agencies) have the right level of training and background qualifications for the type of interventions they are delivering. Training should cover work with parents and families within the youth justice context as well as specific issues such as child protection, domestic violence, substance misuse, and mental health.

33. The type and intensity of training varies among programmes and practitioners should be properly trained to deliver a range of services from high-risk families requiring intensive work, through to shorter, less intensive interventions with parents who experience less serious problems.

34. While parenting services need to retain flexibility to respond to local risks and needs, the majority of the service delivered should be based on evidence of effective practice. Interventions should be rooted in the experiences and life context of the parenting and young people and should be accessible to parents from varying backgrounds and cultures.

Monitoring and evaluation

35. To ensure that services are effectively meeting needs and can continue to develop over time, systems for monitoring and evaluating feedback from service users should be put in place. Evaluation can also help parents to identify whether the aims and objectives set out at the start of their intervention have been achieved.

36. Appropriately experienced staff should be responsible for developing, implementing and maintaining these systems, which should capture throughput data as well as outcomes. Learning and improvements made as a result of monitoring and evaluation should be fed back into the local Parenting Strategy to inform in-house as well as wider partnership services.

What doesn't work?

37. Despite increasing evidence of 'what works' in supporting parents of young people who offend (e.g., YJB, 2008; Moran, Ghate and van der Merwe, 2004; Stephenson, Giller and Brown, 2007), we still know relatively little about what, definitively, doesn't work. However some elements of unsuccessful working can be identified. These include;

- Services that develop without reference to a theory of change or an understanding of the mechanisms of change (i.e., with insufficient thought given to why the intervention should work, and precisely how it will work and what changes it will achieve)

- Services that are overtly flexible or ad-hoc, and lack any core programme fidelity

- Services that lack any flexibility, preventing recognition of individual needs and circumstances

- Services that pay insufficient attention to 'getting' and 'keeping' users

- Services that are of too short duration relative to the need level of the user

- Services that are delivered in a uni-modal and/or overly didactic, insufficiently interactive way

- Services that do not have any behavioural component (unless the only target for change is attitudes and beliefs)

- Services delivered to high-need families by insufficiently trained and skilled staff

- Services that provide only generic training, and do not give specialised training in specific issues that staff are likely to face (for example, domestic violence, child abuse) or issues relevant to the goals of the programmes (e.g., youth offending)

- Services delivered exclusively by non-professional volunteers, or peer-supporters

- Services that do not pay attention to users' background needs and circumstances, or do not provide help to get these addressed

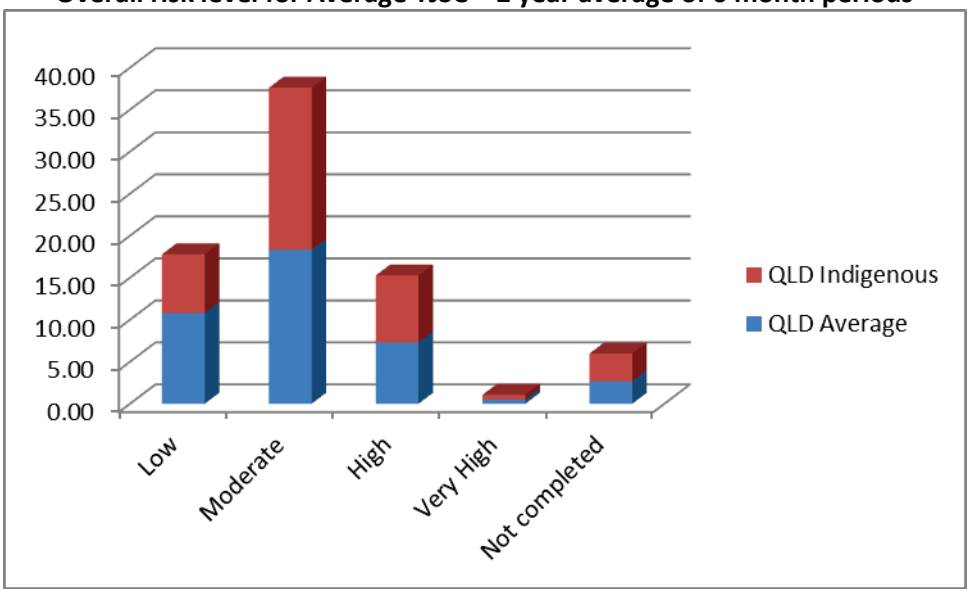
- Services that are insensitive to important variables such as the sex of the user, or his/her cultural background

- Services that fail to create a supportive, as opposed to judgemental, approach to users

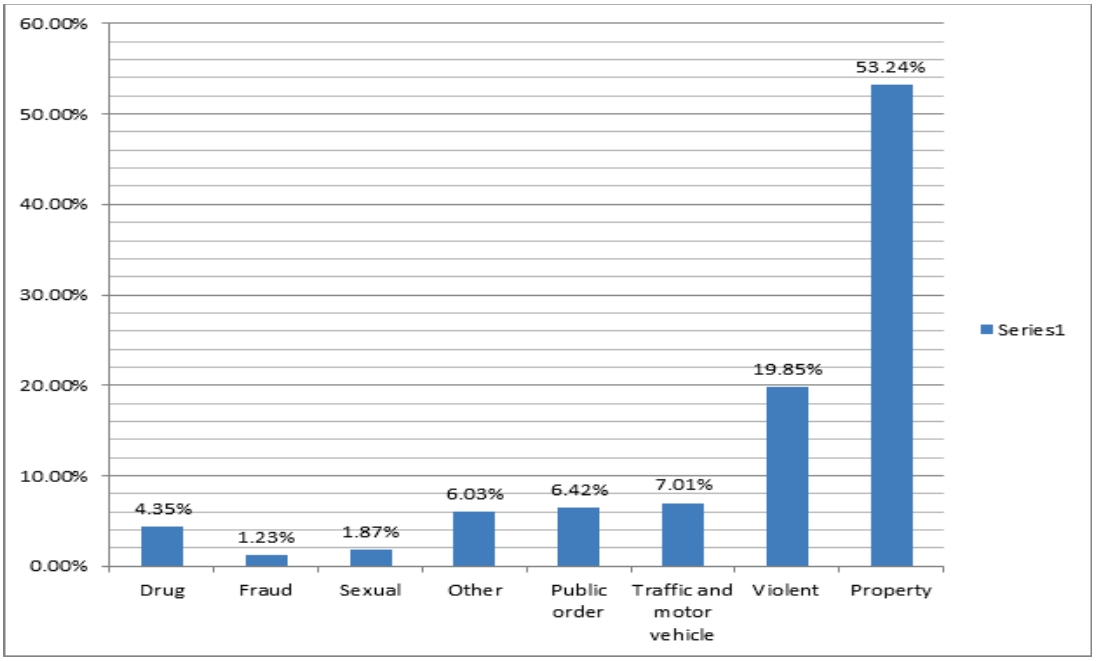
Summary of key data: Average Youth Justice Service Centre (Total Statistics devided by 26)

Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person: all QLD
CSO	32.31	NA	26.81	1.21
CRO	9.58	NA	8.96	1.07
Detention	12.42	NA	8.54	1.45
Probation	53.50	NA	43.62	1.23
SRO	8.35	NA	6.35	1.32

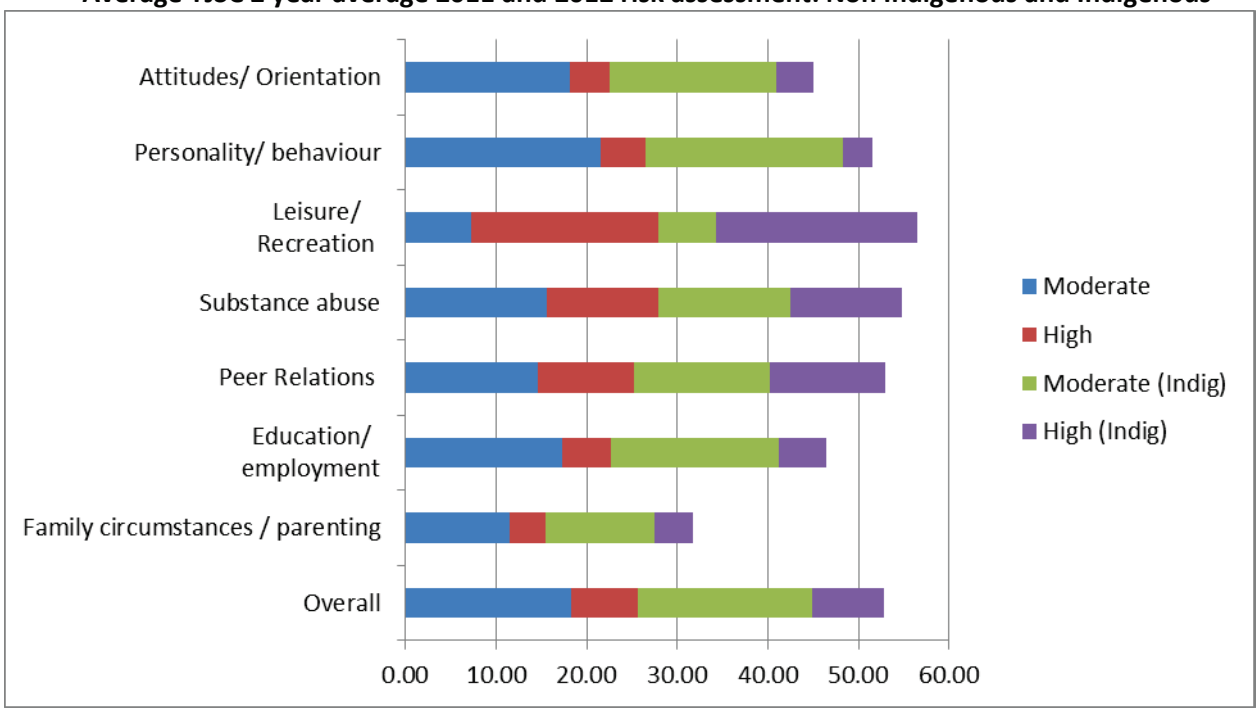
Overall risk level for Average YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: State-wide average



Average YJSC 2 year average 2011 and 2012 risk assessment: Non Indigenous and Indigenous



Family

72% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents.[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 80%
- Two or more identifiable mental health issue: 60%
- Conduct disorder: 59%
- Substance misuse disorder: 62%

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

KEY PARENTING DOCUMENTS AND PRACTICE INFORMATION

1. General introductions to parenting support services

Key Elements of Effective Practice – Parenting source document, Youth Justice Board (2008)	http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=389&eP
Effective Practice in Youth Justice, Stephenson, Giller and Brown (2007): Chapter 7 – Parenting	
Saving Children from a Life of Crime, Farrington and Welsh (2007)	
Mapping and Analysis of Parenting Services in England, Klett-Davies et al (2009)	http://www.familyandparenting.org/Filestore/Documents/publications/MAPPING_AND_ANALYSIS_OF_PARENTING_SERVICES.pdf
What works in parenting support? A review of the International Evidence, Moran, Ghate and van der Merwe (2004)	http://www.prb.org.uk/wwiparenting/RR574.pdf
Reaching Out: Think Family – Analysis and Themes from the Think Family Review, Social Exclusion Task Force (2007)	http://webarchive.nationalarchives.gov.uk/20080107230827/http://cabinetoffice.gov.uk/upload/assets/www.cabinetoffice.gov.uk/social_exclusion_task_force/think_families/think_families.pdf

2. Programme evaluations

Positive Parenting: The National Evaluation of the Youth Justice Board's Parenting Programme, Ghate and Ramella (2002)	http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=21&eP=
Parenting Early Intervention Pathfinder Evaluation, Department for Children, Schools and Families (2008)	http://www.education.gov.uk/publications/RSG/publicationDetail/Page1/DCSF-RW054
Parenting Early Intervention Programme: 2nd interim report, Department for Education (2010)	http://www.education.gov.uk/publications/RSG/publicationDetail/Page1/DFE-RR047
Family Intervention Projects: An evaluation of their design, set-up and early outcomes, Department for Children, Schools and Families (2008)	http://www.education.gov.uk/publications/RSG/publicationDetail/Page1/DCSF-RW047
Monitoring and evaluation of family interventions (information on families supported to March 2010), Department for Education (2010)	http://www.education.gov.uk/publications/RSG/publicationDetail/Page1/DFE-RR044
ASB Family Intervention Projects – Monitoring and Evaluation, Department for Children,	http://www.education.gov.uk/publications/RSG/publicationDetail/Page1/DCSF-RR215

Schools and Families (2010)	
Family and parenting interventions in children and adolescents with conduct disorder and delinquency aged 10-17, Woolfenden et al (2009)	http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD003015/pdf_fs.html

3. Guidance and effective practice information

Parent-training/education programmes in the management of children with conduct disorders, National Institute of Health and Clinical Excellence (2006)	http://www.nice.org.uk/TA102
Parenting Contracts and Order Guidance, Department for Children, Schools and Families (2007)	http://www.education.gov.uk/publications/standard/publicationDetail/Page1/PARENTING-CONTRACTS
Parenting and family Support: Guidance for local authorities in England, Department for Children, Schools and Families (2010)	http://www.education.gov.uk/publications/standard/publicationDetail/Page1/DCSF-00264-2010
Work With Parents: National Occupational Standards, Lifelong Learning UK (2010)	http://www.lluk.org/wp-content/uploads/2010/12/Work-with-Parents-NOS-Nov10-Pending-Approval.pdf
Grasping the nettle: early intervention for children, families and communities, C4EO (2010)	http://www.c4eo.org.uk/themes/earlyintervention/files/early_intervention_grasping_the_nettle_full_report.pdf
Improving children's and young people's outcomes through support for mothers, fathers and carers, C4EO (2010)	http://www.c4eo.org.uk/themes/families/effectivesupport/files/effective_support_research_review.pdf

4. Cost effectiveness information

Financial cost of social exclusion: follow up study of antisocial children into adulthood, Scott et al (2001)	http://www.bmj.com/content/323/7306/191.full.pdf
Benefits and Costs of Prevention and Early Intervention Programs for Youth, Steve Aos et al (2004)	http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf
Parenting programme for parents of children at risk of developing conduct disorder: cost effectiveness analysis, Edwards et al (2007)	http://www.bmj.com/content/334/7595/682.full
Repairing broken families and rescuing fractured communities, Westminster City Council (2010)	http://www.westminster.gov.uk/workspace/assets/publications/Repairing-broken-families-Sept-20-1287139411.pdf
Parent-training/education programmes in the management of children with conduct disorders, National Institute of Health and Clinical Excellence (2006)	http://www.nice.org.uk/TA102
Department for Children, Schools and Families *Negative Outcomes Index*, Think Family Toolkit (2010)	http://www.education.gov.uk/publications/eOrderingDownload/Think-Family03.pdf

5. Recent policy reports

Early Intervention: The Next Steps, An Independent Report by Graham Allen MP (HM Government, 2011)	http://www.dwp.gov.uk/docs/early-intervention-next-steps.pdf
The Home Front, Demos (2011)	http://www.demos.co.uk/files/Home_Front_-_web.pdf?1295005094
Less Crime, Lower Costs, Policy Exchange (2009)	http://www.policyexchange.org.uk/images/publications/pdfs/Less_Crime__Lower_Costs_-_May__09.pdf
Time for a Fresh Start, Independent Commission on Youth Crime (2010)	http://www.youthcrimecommission.org.uk/attachments/076_FreshStart.pdf

Other sources of information

- www.thecochranelibrary.com
- www.campbellcollaboration.org
- www.c4eo.org
- www.cwdcouncil.org.uk

Definition for Homelessness

Mackenzie and Chamberlain's (1992) definition of homelessness includes three categories in recognition of the diversity of homelessness:

> **Primary homelessness** is experienced by people without conventional accommodation (e.g. sleeping rough or in improvised dwellings);
> **Secondary homelessness** is experienced by people who frequently move from one temporary shelter to another (e.g. emergency accommodation, youth refuges, "couch surfing");
> **Tertiary homelessness** is experienced by people staying in accommodation that falls below minimum community standards (e.g. boarding housing and caravan parks).

This definition was adopted by the Commonwealth Advisory Committee on Homelessness in 2001 and is widely used in the homelessness sector.

Homelessness Category	Example
Primary experienced by people without conventional accommodation (e.g. sleeping rough or in improvised dwellings)	• Sleeping rough • Living in the streets • Business/Place of work
Secondary experienced by people who frequently move from one temporary shelter to another (e.g. emergency accommodation, youth refuges, "couch surfing")	• Emergency accommodation • Youth refuge • Residing temporally with other families
Tertiary experienced by people staying in accommodation that falls below minimum community standards (e.g. boarding housing and caravan parks).	• Boarding House • Boarding House on an intermittent basis • Caravan Park

- Examples that do not fit into any of the above categories include Other, Postal and Unknown.

ATTENTION DEFICIT HYPERACTIVITY DISORDER (ADHD)

Introduction

Attention Deficit Hyperactivity Disorder (ADHD), accepted by the National Institute for Health and Clinical Excellence (NICE) as a valid diagnostic category[1], can affect a range of issues including family life, educational performance and social relationships. There are no specific policies on ADHD in relation to youth justice and we know that there are gaps in service provision for parents of teenagers with ADHD (Asmussen, K et al, (2007). ADHD is a prevalent problem in many young people who come into contact with the youth justice system. A large-scale study carried out in the USA of individual in the youth justice system found that 11% of box sexes had ADHD.[2] According to Caroline Hensby, founder of support group *Adders*,

"If you put in the resources now towards identifying and treating ADHD, you could maybe halve crime in 10 to 15 years," (Hensby in Donnovan, *An Illness That Can Lead To Crime*, 2005[3]).

Research suggests that teenagers with ADHD are significantly more likely to seek novelty and engage in risky behaviours than are their non-ADHD peers (Barkley, 1997; CHADD, 1996; Goldstein, 1997 in *Supporting parents with teenagers*, 2007).

This fact sheet is designed to provide some insight into ADHD and highlight studies and information on how to work with young people and parents with this issue.

What is ADHD?

ADHD is a condition which is most commonly noticed at a young age, and research has suggested that 80% of children diagnosed continue to experience symptoms in adolescence.[4]

It is unknown what causes individual cases of ADHD but links have been made to genetic make up, environmental factors and brain chemistry.

ADHD affects:

- **Control of activity levels (hyperactivity)**
- **Attention span**
- **Impulsive behaviour**
- **Cognitive functioning**

[1] http://www.addexcellencetraining.co.uk/adhd-overview-for-professionals.html

[2] Goldstrom et al, 2000, in *Key Element of Effective Practice, Mental Health* (source document), YJB, 2008: http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=387&eP=

[3] http://www.cypnow.co.uk/news/753397/.headlinks

[4] http://www.addexcellencetraining.co.uk/adhd-overview-for-professionals.html

According to the US National Institute of Mental Health[5] there are three subtypes of ADHD:

- **Predominantly hyperactive-impulsive** – Most symptoms are in the hyperactivity-impulsivity categories, although inattention may still be present to some degree;
- **Predominantly inattentive** – The majority of symptoms are in the inattention category, although hyperactivity-impulsivity may still be present to some degree. Children with this subtype are less likely to act out or have difficulties getting along with other children. They may sit quietly, but they are not paying attention to what they are doing;
- **Combined hyperactive-impulsive and inattentive** – Six or more symptoms of inattention and six or more symptoms of hyperactivity-impulsivity are present. Most children have the combined type of ADHD.

Although treatment can help to relieve symptoms, there is no cure for ADHD.

Information for parents

> *"Parents with a teenager who has ADHD face particular challenges, since the disability often intensifies self-regulatory problems. Although many teenagers outgrow the hyperactive behaviour that was problematic during their childhood, most continue to have difficulty paying attention and managing their emotions. For these reasons, teenagers with ADHD are at greater risk for all of the negative outcomes associated with the teenage years, especially academic failure, substance abuse, delinquency and low self-esteem."* (Barkley, 1997; CHADD, 1996; Goldstein, 1997 in *Supporting parents with teenagers*, 2007).

These issues are considered even more problematic if a young person is not diagnosed until adolescence as many behaviours will have become entrenched. In these cases it is suggested that "*parents need to be extra vigilant with their ADHD child and are likely to benefit from behavioural management training that will help reverse some of the conduct and academic problems many ADHD teenagers face."* (Barkley, 1997; Goldstein, 1997 in *Supporting parents with teenagers*, 2007).

The following table outlines some general advice for parents who have children with ADHD from the ADHD training and support for clinician's website[6]:

[5] http://www.nimh.nih.gov/health/publications/attention-deficit-hyperactivity-disorder/adhd_booklet.pdf

[6] http://www.adhdtraining.co.uk/downloads/Info_for_parents.pdf

General advice for parents:

- Develop consistent routines at home and school
- Keep rules clear and simple and give reminders calmly
- Remember that the child does not intend to be difficult
- Attention-seeking means something
- Try to understand what triggers the behavioural response
- Listen to the child with your full attention
- Check that the child is making eye contact before giving instructions
- Supervise closely; impulsivity can place children in dangerous situations
- Be positive about the child and continually look out for them 'being good' and praise them
- Try to ignore minor irritating behaviour
- Provide clear disciplinary consequences such as time-out

Information for practitioners

YJB's *Key Elements of Effective Practice* (KEEP): *Mental Health* source document states that significantly higher levels of ADHD and conduct disorder were found in a sample of adolescent offenders with substance misusing disorders in comparison to those without (Milin et al, 1994). It also pointed out that young people with co-morbid ADHD and conduct disorder tend to terminate treatment early. Therefore, identifying and distinguishing substance misusers who exhibit different types of psychopathology is important when considering the unique treatment needs (Randall et al, 1999).

There is evidence to suggest that parent training can improve behavioural problems in children, including those caused by conduct disorder (Kazdin 1997, NICE 2006a in Zwi 2009). Parent training has been recommended by NICE (2006) for parents of children with ADHD and are typically aimed at increasing their knowledge on ADHD as well as behavioural management skills. (Zwi *et al*, 2009).

"Parents/carers must be seen as partners with whom an appropriate alliance is formed, even in the face of profound disagreements about the way forward" (Walker, 2004 in YJB Mental health PCEP reader, 2004)

Parent training programmes are described by Zwi *et al* (2009) to be psychosocial interventions with the objective of training parents in cognitive behavioural techniques, enabling them to manage their child's challenging or ADHD behaviour. Programmes will vary in both style and content and may involve discussion and/or use of video and role play. Zwi *et al* recommend that these programmes usually consist of 10-20 weekly sessions covering the nature of ADHD, positive reinforcement, reward systems, the use of 'time-out' and liaising with teachers to plan ahead for anticipated problems at school (Pliszka, 2007 in Zwi *et al* 2009).

Medication for ADHD

Methylphenidate has been used for over 50 years for the treatment of ADHD. Ritalin, a form of methylphenidate, was only available in the UK on a named-patient basis until April 1995 when it was licensed under the trade name Ritalin as a Class B Schedule 2 Prescription-Only Medicine.[7] NICE states that in addition to methylphenidate, atomoxetine and dexamphetamine are licensed in the UK for the management of ADHD in children and young people. NICE (TA98, NICE, 2006b) has concluded that these medications are effective in controlling the symptoms of ADHD relative to no treatment.[8]

According to *Netdoctor,*[9] Ritalin aims to reduce hyperactivity and impulsiveness and helps to focus a child's attention. They become less aggressive, seem to comply with requests, and become less forgetful. Many parents say their child's behaviour has vastly improved as a result of Ritalin. However, there are growing concerns from some commentators about using Ritalin. There are alleged side effects, including damage to the cardiovascular and nervous systems which has raised concerns from parents and doctors. Ritalin's manufacturers recommend that it is only used to treat children aged six years and over. If symptoms don't improve after a month's trial it should be discontinued. The manufacturers also recommend that even if Ritalin is effective it should be discontinued periodically to assess the child's condition. It is also important to ensure the patient is prescribed the correct dose to suit their needs.

Notes for practitioners on ADHD medication

Establishing whether a young person is being subscribed medication for ADHD should be sought during the assessment process. This information should be included in pre-sentence reports along with sentence/intervention planning in order to help inform/ explain behaviours exhibited (which may contribute to offending) and provide appropriate support. It is also advisable to monitor (and advise parents to report) any changes in behaviour that may result from incorrect dosage and/or not taking medication, along with any recreational drug and alcohol intake. If practitioners or parents have any concerns it is advisable to refer the matter to a GP for further investigation.

Programmes that address ADHD:

The Parent Factor in ADHD

'The Parent Factor in ADHD' Facilitators Programme has been developed by Barnardos to provide practitioners with the skills, knowledge and resources to deliver 'The Parent Factor in ADHD' parenting programme. There are certain requirements for practitioners wishing to run the programme which should be considered when applying for this programme. These are;

1. The lead facilitator of the programme (there should be two facilitators) should have experience of working with parents of children with ADHD and experience of group work. The co-facilitator should have experience of group work with parents. Both should be qualified to at least a Level 3. At least one facilitator of the programme should have undertaken 'The Parent Factor in ADHD' facilitator's programme.

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[7] http://www.nice.org.uk/nicemedia/live/12061/42060/42060.pdf

[8] http://www.nice.org.uk/nicemedia/live/12061/42060/42060.pdf

[9] http://www.netdoctor.co.uk/diseases/facts/adhd.htm

2. It's recommend that at least one of the facilitators in each group has a good working knowledge of up to date ADHD research. 'The Parent Factor in ADHD' is an NCFE (national awarding body) accredited course at Level 3. To get the accreditation participants must be assessed delivering part of the programme during the two day training course and then provide evidence of parental satisfaction and achievement of the aims of each session through supplying copies of their parental end-of-session questionnaires from the first programme they run. The programme must be started within 12 months of completion of the two day facilitators training (ideally sooner).

For further information visit the YJB's Directory of emerging practice (http://www.yjb.gov.uk/dep/Disclaimer.aspx) or http://www.barnardos.org.uk/the_parent_factor_in_adhd_pdf

The Wheels Project (Motor vehicle Training) (Age 14-16)

A programme provided in the Newcastle area catering for those with ADHD and young people who have been excluded or at risk of exclusion.

Details available at: http://www.wheelsproject.co.uk or email: wheelsproject@hotmail.co.uk for further details.

ADHD Parent Empowerment & Skills Training

This training is aimed at parents of children aged 4-12 with ADHD. The aim is to increase parent knowledge and confidence, as well as improve behaviour management. The programme is delivered in groups of 7-9 in weekly sessions. Practitioners need a minimum QCF level 4/5 qualification and experience with parents of children with ADHD, behavioural problems or relevant needs. Practitioners complete 12 half-day training sessions plus a similar number of co-delivery sessions. Supervision is recommended every 2-3 months, individually or in small groups. There is a '1-2-3 Magic' element of the course which has been evaluated using a randomised control trial and demonstrated positive outcomes. Further details are available on the CWDC commissioning toolkit - http://www.commissioningtoolkit.org/

Sources of Information and Support

- **ADD Excellence**

  ADD Excellence provides ADHD training and consultancy to professionals in the UK health, education, and social care sectors. They have evidence-based programmes to help improve outcomes for both children and adults, comply with legal obligations.

  See www.addexcellencetraining.co.uk for further details.

- **ADDers**

  ADDers is a UK based organisation which promotes awareness of ADD, ADHD and provides information and free practical help for both adults and children and their families. Details available at http://www.adders.org/

- **ADHD training and support for clinicians**

This website aims to give information to clinicians including general practitioners on: ADHD and related neurodevelopmental disorders; Identifying the signs and symptoms of ADHD; Management options for children with ADHD and their families including behavioural strategies and prescribing options; How to manage ongoing care and support for children with ADHD and their families including medication monitoring. This website also provides various downloadable materials including advice for parents. Website address: http://www.adhdtraining.co.uk/home.php

- **CHADD**

  Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD) is a US based voluntary organisation formed in the 1970s set up to provide support and information about ADHD. It was set up to help parents with hyperactive children, and now provides information to both adults and children. Details are available at: www.chadd.org

- **ADDiSS**

  ADDISS provides a similar service to CHADD in the UK. It is a national charity that provides advice and support to families with a member who has ADHD. The agency also runs training events for education professionals. Details are available at http://www.addiss.co.uk/

- **Office for Advice, Assistance, Support and Information on Special needs**

  A range of publications on various special needs including ADHD are available in this website: http://www.oaasis.co.uk/Free_Publications_6/All_Publications

- **The US National Institute for Mental health**

  Provides a booklet with specific information on ADHD – see www.nimh.nih.gov

- **YJB Mental Health KEEP source document**

  Provides useful information and research for practitioners on various mental health issues including ADHD - available on the YJB website at http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=387&eP=

Reports:

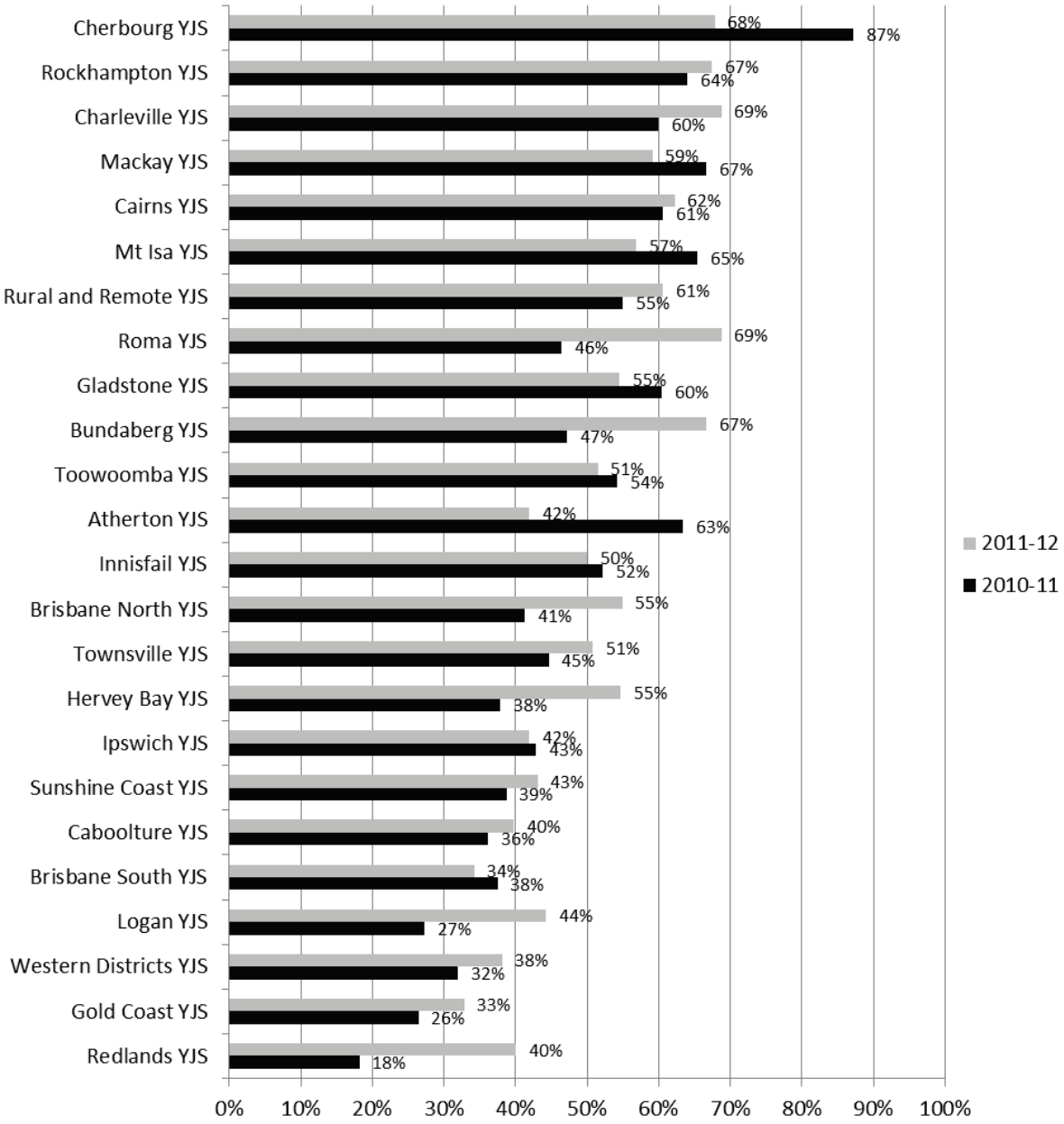
- Asmussen, K et al, (2007) **Supporting Parents of Teenagers,** Department of Education and Skills (now DfE). Document can be downloaded at: https://consumption.education.gov.uk/publications/eOrderingDownload/RR830.pdf
- **Attention deficit hyperactivity disorder: The NICE guideline on diagnosis and management of ADHD in children, young people and adults**, The British Psychological Society & The Royal College of Psychiatrists (2009)

  http://www.nice.org.uk/nicemedia/live/12061/42060/42060.pdf

- Zwi et al (2009), **Parent training interventions for attention deficit hyperactivity disorder**: http://www.campbellcollaboration.org/lib/download/680/

  The Campbell Collaboration – www.campbellcollaboration.org

Distinct young offenders with three or more supervised orders in their lifetime, by service centre, Queensland, 2010-11 and 2011-12, as a proportion of all young offenders admitted to supervised orders



ATTACHMENT DISORDER

Introduction

Attachment disorder is thought to affect a number of young people in contact with the youth justice system and has been identified by lead practitioners on the 'Taking Care of Education Project' as one of the main challenges to accessing education.[1] There is a vast amount of information on attachment theory in general but when it comes to specific programmes and support for parents of young people in the youth justice system the information is more limited. This is despite a study carried out in the US showing that 83% of violent youth or adults had attachment disorder,[2] demonstrating a need for further information for this group. This document aims to provide basic information on attachment disorder as well as more specific information for youth justice practitioners.

What is Attachment disorder?

Attachment disorder is a general term which describes disorders of mood, behaviour, and social interaction arising from a failure to form normal attachments to primary caregivers in early childhood[3].

For some children, attachment issues start at birth but for others it can occur repeatedly throughout their childhood, for example where a parent has mental health issues[4].

> *Aggression and disruptive behaviour may function to secure the attention of caregivers. In other instances it reflects a reaction to perceived rejection from parents.* (Moretti Da Silva and Holland 2004 in Moretti *et al* 2005)

Attachment disorder can result from early experiences of neglect, abuse or abrupt separation from caregivers between the ages of 6 months and about 3 years. Other associations are also made with frequent change or excessive numbers of caregivers, or excessive or lack of responsiveness to a child's attempts to communicate.

Attachment disorder can lead to anxiety, feeling a lack of trust of others and lead to aggressive behaviour and a need to be in control. There are considered to be 3 different types of attachment disorder: **ambivalent** (either clingy or reject carer – tend to have a longing for closeness but fear of rejection); **avoidant** (may show a lack of interest in the caregiver - often emotionally defensive or use passive aggressive behaviour to manipulate); and **disorganised** (often the most extreme circumstances resulting from severe neglect or abuse, display challenging

[1] National Children's Bureau (2006) *Understanding Why*

[2] Seifert, K (2003) *Attachment, Family Violence and disorders of childhood and adolescence*. Paridigm

[3] www.oassis.co.uk – publication on attachment disorder

[4] National Children's Bureau (2006) *Understanding Why*

behaviour, lack emotional words, and often in teenagers resort to alcohol, drugs or promiscuous sex).

A study carried out in the U.S also hypothesised that a percentage of children with co morbidity ADHD may have attachment disorder as well. Many individuals will have been severely neglected, abused or exposed to domestic violence. This often results in behaviours which are anti-social, oppositional and violent.[5]

The table below demonstrates a range of signs and attributes of attachment disorder, as identified by the Office for Advice, Assistance, Support and Information on Special needs (OAASIS)[6]:

Children with an attachment disorder may be: • Superficially charming (phoney) • Indiscriminately affectionate with strangers • Destructive to self and others • Cruel to animals • Unable to give or receive affection • Inappropriately demanding or clingy
May show signs of: • guilt • pseudo-maturity • passive aggression • abnormal eating patterns • repressed anger • abnormal speech • poor peer relationships • erratic behaviour • depression
May lack: • cause and effect thinking • a conscience • self-esteem • impulse controls
May: • ask persistent nonsense questions • chatter incessantly • tell lies • avoid eye contact • exhibit extreme behaviour – stealing from family, solvent abuse etc. • sabotage placements (foster-care, school etc)
Need support in order to: • be able to respond positively to a significant other and feel valued • thrive in the dynamics of a family • comply to the basic rules of society and reasonable requests • have a realistic sense of self and surroundings • develop a non-confrontational attitude • accept responsibility for own actions • manage feelings appropriately

[5] Seifert, K (2003) Attachment, Family Violence and disorders of childhood and adolescence. Paridigm

[6] www.oaasis.co.uk – publication on attachment disorder

Information for practitioners and parents:

The following advice from OAASIS is provided for professionals to be aware of when working with someone they think has attachment issues.

To meet their needs we must:[7]
- provide a positive role model
- create win/win situations
- give clear, consistent guidelines and boundaries; yet allow some flexibility
- be honest and truthful, with sensitivity to the young person's feelings
- give calm, measured responses in confrontational situations
- always endeavour to let them know it is their behaviour that isn't liked, not them
- tell them which behaviours annoy/irritate, and tell them why
- allow our emotions to be seen: parents/carers are people too
- support them in building positive relationships
- listen to them: hear what they have to say – but remember, they communicate in more ways than just verbally
- remember that the adult is responsible for helping young people make appropriate, positive attachments
- give them a safe, secure environment to express their innermost feelings, fears, hurt, etc.
- plan with them for their adult life; help them to understand the attachment process and how they can be positive as an adult.

Attachment disorder programmes/interventions:

The following programmes/interventions have been used to help overcome attachment issues in young people. Each box provides a brief overview and further information can be found in the sources provided in the footnotes.

Attachment Communication Training (ACT[8]): Teenagers are renowned for not communicating directly. ACT is a way to learn effective communication skills, including honest sharing and empathic listening. There are basic ground rules: no blaming, criticising, defensiveness, or stonewalling; take turns, no interrupting; agree to disagree, each person can have their own viewpoint; no running away. There are four steps. (1) *Share:* One person speaks while the other listens; tell about your own feelings and thoughts; be honest and brief; be aware of your tone of voice and body language. (2) *Listen:* To really listen, you must have empathy (think how the other person feels), be non-judgemental (don't judge, try to understand), be aware of yourself (is your body language telling the sharer that you are safe or threatening?). (3) *Restate:* Tell the sharer what you heard. "I hear you saying..." This prevents misinterpretation – ie, message sent, message received. (4) *Feedback:* The sharer tells the listener how he or she did; "Thank you, you heard me" or "No, I didn't say what you heard; let me try again." Make sure there are plenty of opportunities for each person to share and listen. With practice, ACT leads to safe and constructive confiding. You and your teenager will be practicing effective communication skills which are a part of healthy attachment.

The Response Programme has been proven, in an 18 month follow up study, to reduce problem behaviour such as aggression, delinquent behaviour and anxiety from both the caregiver and the child. These findings also included those most highly aggressive young people in the study.

[7] www.oaasis.co.uk – publication on attachment disorder

[8] http://www.attachmentexperts.com/childteen.html

The Response programme is a multidisciplinary team which works with each youth and their family--both on site and in the community--to gather information regarding cultural, community, family, and individual factors. The multidisciplinary team, community, family, and the youth come together to share information and develop a "care plan", which provides an understanding of the attachment style of the youth and the attachment dynamics underlying interactions with parents and other important people within his or her ecology. Strategies are developed to support adaptive functioning within the home community. Outreach staff work with community teams to support the implementation of the care plan within the youth's home community. Respite care for up to two weeks is provided to ensure that the care-giving system remains intact over time[9].

Connect Programme
"Connect"[10] introduces parents to attachment concepts, promotes the development of attunement and empathy, and encourages parents to reframe their adolescent's behaviour from an attachment perspective. Attachment principles are introduced each week, accompanied by handouts to help parents review concepts and to reflect on how these apply to their relationship with their child. Group leaders employ role plays and case examples to illustrate the attachment issues that are often disguised by aggressive behaviour. Parents are assisted in identifying anxiety related aspects of their adolescent's behaviour so they can better respond to initial signals from their child and pre empt negative interaction cycles. A manual was developed detailing the central principle and learning goals for each session and providing a template of the session formats, educational materials, and illustrative role plays. Group leaders were closely supervised through observation and supervision meetings to ensure compliance with the manual and guidance in achieving therapeutic goals.

Sources of Information and Support

Evergreen Psychotherapy Centre: Attachment Treatment and Training Centre
This website provides a range of information about attachment issues including a specific page about teenagers with attachment.
http://www.attachmentexperts.com/childteen.html

Office for Advice, Assistance, Support and Information on Special needs
A range of publications on various special needs including attachment disorder are available in this website: http://www.oaasis.co.uk/Free_Publications_6/All_Publications

Reports

Moretti *et al* 2005 An attachment-based parenting program for caregivers of severely conduct disordered adolescents. Available online at: http://www.cyc-net.org/cyc-online/cycol-0805-moretti.html

National Children's Bureau (2006) *Understanding Why: understanding attachment and how this can affect education with special reference to adopted children and young people and those looked after by local authorities*. Available online:

[9] Moretti *et al* 2005 *An attachment-based parenting program for caregivers of severely conduct disordered adolescents*. http://www.cyc-net.org/cyc-online/cycol-0805-moretti.html

[10] http://adolescenthealth.ca/wp-content/uploads/2010/05/Moretti_Holland_Moore_McKay_2004.pdf

http://www.ncb.org.uk/ncercc/ncercc%20practice%20documents/ncercc_understandingwhy_nov06.pdf

Seifert, K (2003) *Attachment, Family Violence and disorders of childhood and adolescence.* Paridigm. Available online at: http://www.drkathyseifert.com/attachment.pdf

Introduction

AUTISM SPECTRUM DISORDER

Introduction

Despite the fact that Autism was first identified in 1943, many professionals, including those working in the youth justice system, have little knowledge of the disorder. This may be due, in part, to the fact that only a minority of people with autism come into contact with the criminal justice system. It is often a lack of understanding of autism which can lead to certain behaviour being misconstrued as offending.[1] Autism is the core disorder of the pervasive developmental disorders (PDD) and is evident before the age of three - however in milder cases it may not be diagnosed until later. [2] Diggle *et al* (2009) suggest that the field of autism is controversial and that many claims of therapy efficacy are questionable, with few successful studies replicated. It is estimated that 1 in 100 people in the UK have an autism spectrum disorder[3].

What is Autism?

Autism is a spectrum, rather than a distinct category, whereby children experience differing degrees of problems. [4] Autism affects social interaction and communication. Someone with autism often produces repetitive behaviour and can lack imagination. Asperger syndrome is also a form of autism and often someone with Asperger's will be of average or above average intelligence. They tend to have fewer speech difficulties but may still have difficulties with processing and understanding.

Parents of children who have autistic spectrum disorder play an important role; they are critical components of the intervention process… (Diggle *et al*, 2009).

The table below contains information about autism taken from the National Autistic Society's 'A guide for criminal justice professionals':

Social interaction	**Social communication**	**Social imagination**
He or she may: • appear to be indifferent to others or socially isolated • be unable to read social cues • behave in what may seem an inappropriate or odd	He or she may: • have difficulty in understanding tone of voice, intonation, facial expression • make a literal interpretation of figurative or metaphorical speech; the phrases "has the cat got your tongue" or "he'd make mincemeat of you"	He or she may: • have difficulty in foreseeing the consequences of their actions • become extremely anxious because of unexpected events or changes in routine

[1] National Autistic Society (2008) *Autism: A guide for criminal justice professionals*

[2] Diggle T and McConachie H (2009) *Parent mediated early intervention for young children with autism spectrum behaviour*, The Cochrane Library

[3] National Autistic Society (2008) *Autism: A guide for criminal justice professionals*

[4] Diggle T and McConachie H (2009) *Parent mediated early intervention for young children with autism spectrum behaviour,* The Cochrane Library

manner • appear to lack empathy • avoid eye contact when under pressure.	would be alarming to a person with autism • find it difficult to hold a two-way conversation • become agitated in responses or come across as argumentative, stubborn... • ...or come across as over-compliant, agreeing to things that are not true • have poor concentration and thus poor listening skills	• like set rules, and overreact to other people's infringement of them • often have particular special interests, which may become obsessions • find it difficult to imagine or empathise with another person's point of view.

Information for practitioners and parents

The National Autistic Society's *Guide for Criminal Justice Professionals* claims that those with autism who come into contact with the criminal justice system are likely to be from the more able end of the spectrum as they generally have a higher degree of independence. It also points out that spoken language in a person with high-functioning autism does not necessarily indicate their true level of social awareness and understanding. A person with autism will also often find an unusual situation difficult to deal with and some actions which may lead to them breaking the law may not be intentional. It is also important to point out that "*If the behaviour of a person with autism has become unacceptable, it may not be easy to change it as a result of a warning, or, for example, the issue of an ASBO, unless this is accompanied by particular support or intervention."*[5]

Communicating with a person with autism

The following information will be helpful for professionals working throughout the criminal justice system when communicating with a person with autism;

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[5] National Autistic Society (2008) *Autism: A guide for criminal justice professionals*

Guidelines for effective communication[6]

• People with autism often understand visual information better than spoken words. It may be useful to use visual supports/aids, such as drawings or photos, to explain to the person what is happening. If they can read, it may be useful to put your information in writing.
• To prepare the individual, explain clearly the situation that they are in and what the professional will be asking questions about. If you are taking the individual somewhere else, explain clearly where and why to lessen their anxiety.
• Try to avoid shouting at the person with autism.
• Keep language clear, concise and simple: use short sentences and direct commands.
• Allow time for the person to respond. Individuals with autism may take a long time to digest information before answering, so do not move on to another question too quickly.
• Reinforce gestures with a statement to avoid misunderstanding.
• If you know the person's name, use this at the start of each sentence so that they know you are addressing them. Give clear, slow and direct instructions; for example, "Jack, get out of the car."
• Avoid using sarcasm, metaphors or irony. People with autism may take things literally, causing huge misunderstandings. Examples of idioms that would cause confusion to someone who interprets language literally are "You're pulling my leg", "Have you changed your mind?" and "It caught my eye".
• Ensure that questions are direct, clear and focused to avoid confusion. A person with autism may respond to your question without understanding the implication of what they are saying, or they may agree with you simply because they think this is what they are supposed to do. If a person with autism is asked "You didn't do this, did you?" they may repeat the question (known as 'echolalia') or say "No" but if the question is "You did this, didn't you?" they may repeat the question or say "Yes".

For further information about possible reasons why people with autism may come into contact with the criminal justice system, recommended procedures, and the support available, please see

- http://www.autism.org.uk/working-with/criminal-justice/criminal-justice-system-and-asds.aspx

Autism programmes/interventions:

Programmes for autism vary in their theoretical background (Prizant, 1998 in Diggle *et al* 2009). Some examples include;

Social skills group interventions

Social skills group interventions, based on learning theory, are commonly used for autistic children. A group consists of 2-6 individuals with autism led by 1-3 professional therapists. The group meets once a week for 60-90 minutes for 12+ weeks. Most groups will involve sessions on specific skills, modelling that skill, role playing, discussion and individual feedback. Skills covered will vary on the age and functioning level of the group but most will cover emotional recognition, social competence, problem solving and social communication.

[6] National Autistic Society (2008) *A guide for criminal justice professionals*

Treatment and education of autistic and related communication handicapped children (TEACCH)

TEACCH has an educational focus and structures class environments through visual cueing, communication routine and individual tasts. The project aims to increase independence and is designed to work on existing strengths rather than weaknesses.

Theory of mind (ToM)[7]

ToM is a term used to describe the understanding of another's thoughts, beliefs and other internal states. It is widely accepted that people with autism do not possess fully-functioning theory of mind and even high functioning adults with autism struggle with ToM. A Theory of Mind intervention is a therapy which is explicity or implicitly based on the theory of mind cognitive model of autism. An example of an intervention is using 'thought-bubbles' to teach children with autism about other's thoughts and beliefs by illustrating them in cartoon style bubbled. *A successful method for teaching theory of mind may alleviate the impairments in social interaction that are so debilitating in autism'* (Swettenham, 2000).

Sources of Information and Support

- **Office for Advice, Assistance, Support and Information on Special needs**

  A range of publications on various special needs including Autism are available in this website: http://www.oaasis.co.uk/Free_Publications_6/All_Publications

- **The National Autistic Society -** http://www.autism.org.uk/about-autism.aspx

  The NAS Autism helpline has a list of specialists with expertise in the area of work (0845 070 4004)

Reports

- Diggle T and McConachie H (2009) *Parent mediated early intervention for young children with autism spectrum behaviour*, The Cochrane Library: http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD003496/pdf_fs.html

- Fletcher-Watson S, McConachie H (2010) *Interventions based on the theory of mind cognitive model for autism spectrum disorder.* The Cochrane Library: http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD008785/pdf_fs.html

- National Autistic Society (2008) *Autism: A guide for criminal justice professionals*

- Reichow B, Volkmar F (2010) *Social skills group interventions for autism spectrum disorders in individuals aged 6 to 21 years*. The Cochrane Library: http://onlinelibrary.wiley.com/o/cochrane/clsysrev/articles/CD008511/pdf_fs.html

[7] Fletcher-Watson, S and McConichie (2010)

RAISING THE PROFILE OF PARENTING SERVICES

Introduction

The level of support, emphasis and resource given to targeted parenting work within YOTs varies between local areas. Parenting can sometimes be seen as a low priority area of service, which can impact upon the quality and quantity of parenting support services available to service users. Funding pressures, the removal of central targets for parenting services, and the growth of additional family services may have contributed to parenting being seen as an 'optional' service in some local areas.

To ensure the continued delivery of targeted parenting support services and to ensure that working with parents/carers and family members of young people in contact with the youth justice system remains an embedded, everyday part of YOT service, the importance, value and role of targeted parent support services needs to be promoted and accepted by everyone working in this field.

The following information is intended to be used by parenting workers, YOT Managers and local authority officials alike to assist them to promote the importance and value of YOT targeted parenting support services.

1. Promote the value and importance of working with parents

Key reasons for working with parents include….	***…and youth justice services are well placed to deliver targeted parenting support for a range of reasons, including;***
Quality of parenting support is established as one of the most critical factors in the likelihood of a young person offending and can provide an effective mechanism for achieving better outcomes for children and young people	YOT parenting workers benefit from direct access to, and the expertise of, multi-agency professionals within the youth offending service as well as other statutory services
Family factors can be a significant protective factor in a young person's life - Home Office research shows that 42% of young people aged 10-17 who had experienced low or medium levels of parental supervision had offended, whereas the figure was only 20% for	The multi-agency structure of YOTs enables easy referral to other youth justice services which is beneficial for the cohort of offending families

those who had experienced high levels of parental supervision[1]	
Many partners, including those to whom YOTs are responsible, have an interest in seeing positive parenting and reducing the risk factors associated with poor parenting – including housing, education and health services	While the majority of family support is focused on early years provision, youth offending services provide a specialist service to parents of older children and teenagers
Studies have also shown that good parenting is a key driver of public confidence in the youth justice system, and that the public are supportive of intervening at the family level to improve parenting	YOTs provide a targeted service specifically aimed at resolving offending issues which can complement and build upon other wider family support services
	YOT parenting practitioners work with parents throughout their contact with the youth justice system, enabling them to build positive relationships, maximise the effectiveness of interventions, and ultimately provide a more holistic service to families in need of support
	YOTs have built up a highly skilled parenting workforce over the years and benefit from their significant expertise and experience

Further information	
"Parenting Work in the Youth Justice System" slide pack for practitioners (YJB, 2011)	 Parenting Work in the Youth Justice Sys
Key Elements of Effective Practice: Parenting (YJB, 2008)	 Parenting KEEP

2. Integrate YOT parenting services with local authority parenting and family support provision

Parenting services provided within the youth justice arena should form a coherent part of a comprehensive Parenting Strategy that informs local parenting and family support provision. Youth justice partnerships should also be linked into the relevant

[1] Graham and Bowling, *Young People and Crime*, Home Office Research Study 145 (1995)

commissioning processes for parenting services, to ensure that the services provided are commissioned to meet the needs of the local population.

The Department for Children, Schools and Families (now Department for Education) has published a resource capturing the practical experiences of a number of local authorities who spent 12 months implementing actions identified in their local Parenting Strategies.

Factors which contributed to the successful implementation of the strategies included;

- ✓ Having clear recognition within the Strategy (and subsequent Implementation Plan) of the way in which parenting support contributes to the wider priorities and outcomes for children and young people. The Parenting Strategy should be linked to other integrated local authority strategies and arrangements.
- ✓ Having access to sufficient information about local needs, outcomes, service provision, impact and gaps, and using this information to shape parenting support services.
- ✓ Having a concise and achievable delivery (or implementation) plan that flows out of the strategy which is focused on improving outcomes for service users – with identified leads.
- ✓ Identifying specific actions and the resources that are needed to deliver them – and making sure named agencies take responsibility for delivering them.
- ✓ Having strong strategic and management support and buy-in for the strategy. This can include Government priorities, active interest of senior local authority officials, and operational managers taking an interest.
- ✓ Having a mechanism for engaging adult services.

Factors that hindered implementation included;

- ✘ The view that parenting support is a 'good thing' without having any readily defined outcomes or indicators and therefore parenting is not prioritised or resourced as an integrated part of the mainstream of children's services.
- ✘ Focusing on parenting programmes without taking the wider context in which families operate into account.
- ✘ Confusion or lack of interest from senior managers, which can be a hindrance to successfully delivering outcomes.

Further information	
"Key variables affecting the implementation of Parenting Strategies" (Department for Children, Schools and Families, 2008)	Parenting Strategies

3. Secure support and buy-in for parenting services at senior and strategic levels

Having strong strategic and management support for parenting is vital for delivering good quality services. Suggestions for how to achieve/maintain senior strategic buy-in for parenting support services include;

- Ensure there is clear recognition among senior managers, and within relevant strategies and implementation plans, of the way in which good quality parenting support services contribute to the wider priorities and outcomes for children and young people – including education, health and housing among other outcomes.

- Highlight the role parenting support services can plan in managing a young person's risk of offending and reoffending.

- Have a good process in place for reporting on progress and outcomes. Lack of attention to blockers/barriers to delivering good quality services can lead to issues going unidentified and unresolved.

- Where possible, identify the cost effectiveness of delivering parenting support services. There are some good examples of parenting and family programmes identifying significant savings through costs 'avoided' by a range of services.[2]

Northamptonshire YOS: supporting parenting services

Northamptonshire YOS' parenting service has been reinvigorated by the arrival of a new Head of Service who has shown commitment to increasing the support provided to parents of young people involved with the youth offending service. In addition to ensuring standard 'good practice' is adhered to, the Head of Service has:

- Ensured all case workers and report writers complete the parenting section of pre-sentence reports *in full* to ensure all relevant information is available
- Developed guidance for case workers in relation to parenting and introduced a parenting assessment tool to be used alongside *Asset*
- Required letters to be sent to all parents when young people are sentenced, with immediate follow-up by case workers, to ensure parents are aware of the processes and options available from the outset
- Held regular 'information exchange' sessions (not labelled as 'training' sessions) and spent time building strong relationships with Magistrates to ensure they are aware of the YOS parenting service and support the YOS' approach to engaging with parents voluntarily wherever appropriate

The Head of Service's commitment to delivering quality parenting services has helped to raise its profile within the YOS and increase the support provided to the dedicated Parenting Worker by other YOS colleagues.

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[2] See Westminster Family Recovery Programme - http://www.westminster.gov.uk/services/healthandsocialcare/family-recovery-programme/ ; Department for Children, Schools and Families 'Negative Outcomes' costings - http://www.education.gov.uk/publications/eOrderingDownload/Think-Family03.pdf

Contact Katie Flanagan for further information :
KFlanagan@northamptonshire.gov.uk

Further information	
"Parenting Work in the Youth Justice System" slide pack for practitioners (YJB, 2011)	See above
Key Elements of Effective Practice: Parenting (YJB, 2008)	See above

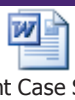
4. Work in partnership with other agencies to promote youth justice parenting services

It is vital that parenting services gain the support of key agencies that have any involvement or legal mandate with the parents or young people in contact with their service – e.g., social services, mental health services, schools and youth courts.

Effective communication is integral to multi-agency working and can have a positive impact on referrals to parenting services, service user assessments, and information sharing. Practitioners in local services need to aware of one another and have a good understanding of what support each agency can provide. Time spent 'marketing' parenting services to ensure the service is 'on the map' of local provision is important for raising the service's profile. This can include;

- Designating a member of staff with responsibility for contacting local agencies and professionals to create interest in the service and to 'bring them on board'
- Having regular telephone and face-to-face contact with local agencies, and key members of staff within them, to build and maintain positive working relationships
- Parenting staff should attend relevant meetings and seek to be included in, or informed of the outcome of, meetings held by external agencies pertaining to parents and young people in their programmes
- Establishing mechanisms for staying in contact with staff from voluntary or other external agencies in order to tap into the expertise and knowledge of local community stakeholders and ensure parenting interventions meet the needs, values and social norms of the target population.

Services should publicise the outcomes and effectiveness of their interventions to a range of stakeholders including Magistrates, partner agencies, and parents and young people themselves. This helps partners to understand the value and worth of their involvement with the parenting service, and can help to increase their participation.

Case study	
This case study provides a useful example of how a YOS has demonstrated the outcomes and benefits of a parent's engagement with the parenting service.	 Parent Case Study

Regularly promoting the parenting service, including its content, structure, effective ways of working, and outcomes to partner agencies is a good way of raising its profile

and promoting effective joint working. Services should also establish protocols with other agencies to reduce the number of inappropriate referrals and increase the chances of effective engagement.

Trafford YOS: working with Magistrates

Trafford youth offending service (YOS) is benefiting from its strong relationship with the local youth courts, developed over time through regular contact and sharing of information. Communication activities have included:

- **Court AGM:** YOS provides updates to Magistrates each year through the Court Users Group on areas of particular interest including substance misuse, mental health, custody rates, Intensive Fostering, and factors that influence sentencing.
- **Court Users Group meetings:** Regular meeting attended by a senior Magistrate, Police, CPS and YOS to discuss the operation of the Court and any issues that the agency representatives would like to raise.
- **Inside Justice Week:** Probation, Police, CPS, YOS and Magistrate representatives set up information stalls and spoke to local people to inform them of their services and provide information to fill gaps in their knowledge. Parenting staff from the YOS were involved and used it as an opportunity to link in with people from the local community and enable magistrates to see a different part of the YOS service.
- **Feedback to Magistrates on Parenting Orders:** YOS parenting staff have provided magistrates with a progress report for a recent Parenting Order, outlining the range of actions that took place in working with both parents. The YOS received positive feedback for the report from the Magistrate involved and no further orders have been made to date.

Trafford YOS' approach has been that, if at the core the service has a strong working relationship with the courts, the whole service will benefit including interventions and recommendations around parenting.

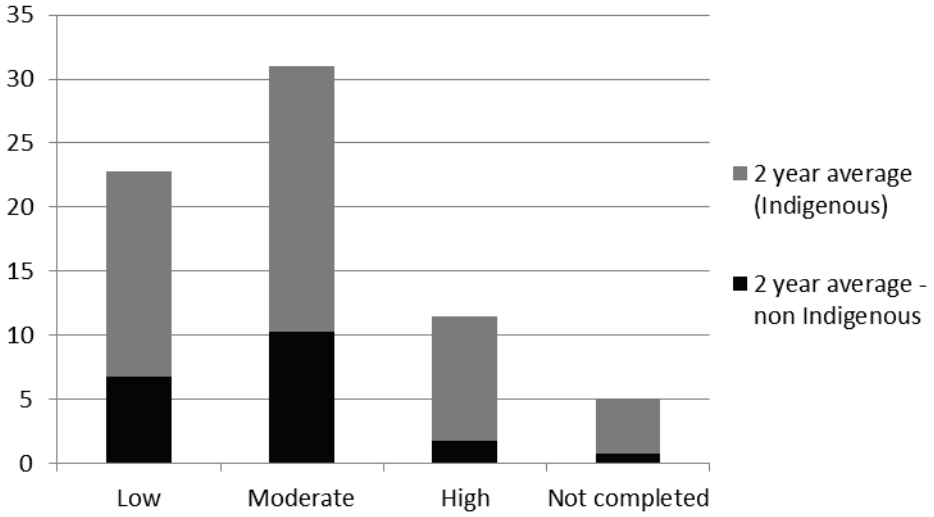
Further information	
Key Elements of Effective Practice: Parenting (YJB, 2008) p.17-18, 26-28	See above

Summary of key data: Atherton Youth Justice Service Centre

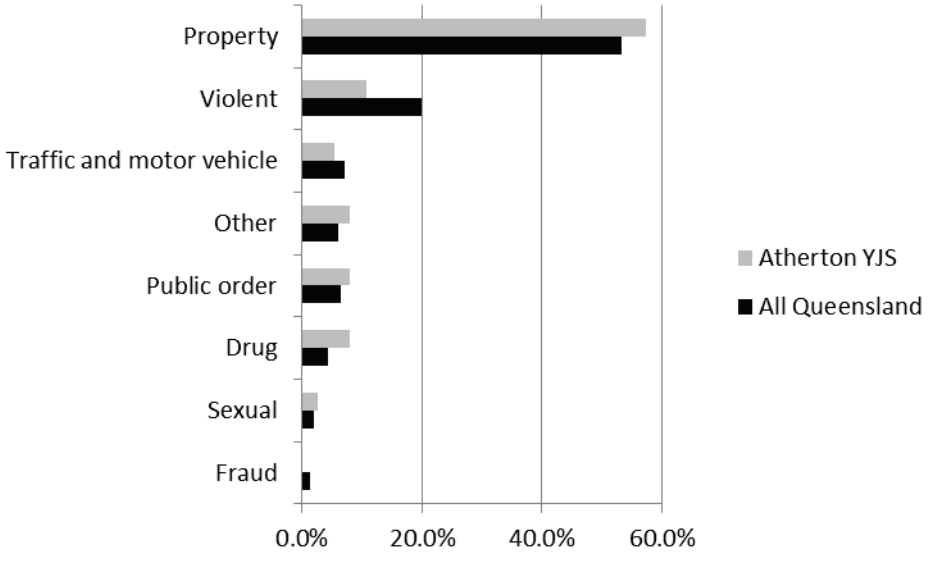
Admissions to orders, Atherton 2011-12

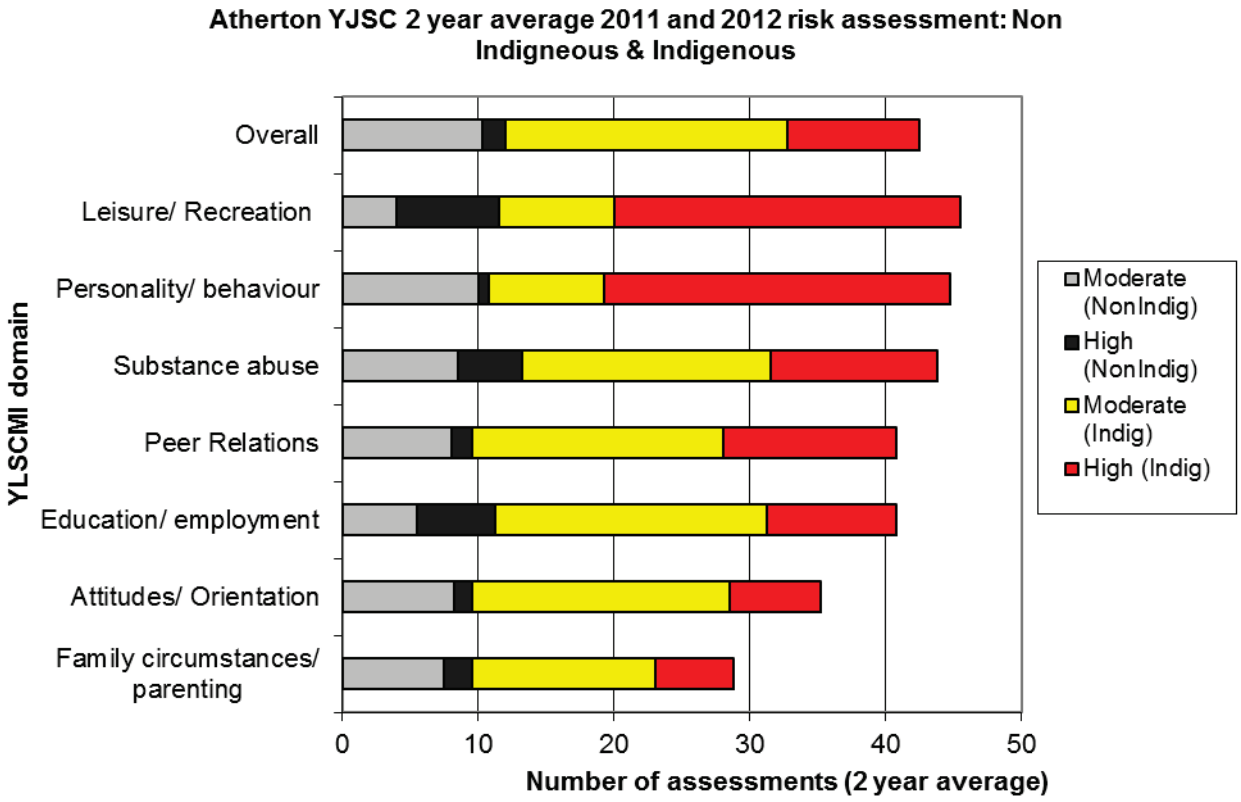
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	State-wide average orders per young person
CSO	35	4.17%	31	1.13	1.21
CRO	10	4.0%	7	1.43	1.07
Detention	12	3.7%	8	1.50	1.45
Probation	62	4.5%	51	1.22	1.23
SRO	6	2.8%	6	1.00	1.32

Overall risk level for Atherton YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Atherton Youth Justice Service Centre and State-wide average





Family

80% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 81 %(state-wide average 80%)
- Two or more identifiable mental health issue: 45 %(state-wide average 60%)
- Conduct disorder: 50% (state-wide average 59%)
- Substance misuse disorder: 56% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

CHILD-TO-PARENT VIOLENCE

Introduction

Child-to-parent violence is anecdotally reported as a very common problem. However there is limited guidance available on how to deal with the issue.

According to the Canadian National Clearing House of Family Violence, a number of large-scale studies suggest that up to 14% of parents are physically assaulted by their adolescent children at some point (2003)[2].

In the UK, Parentline Plus, a leading national charity for family support, claims they are steadily receiving an increase in the number of calls from parents or carers who are experiencing abuse from their children.

Between June 2008 and June 2010 27% of long calls to Parentline plus concerned children's behaviour. 88% of callers concerned about aggressive behaviour were concerned about the aggression within the home environment. (Parentline Plus, 2010)[1]

This fact sheet is designed to provide some insight into the problem and highlight studies and information on how to work with young people and parents who experience this issue.

What is child-to-parent violence?

Child-to-parent violence, also referred to as 'parent abuse,' includes physical and mental abuse. However it is not included within the definition of domestic violence but we know it is a common problem found within families involved with youth offending teams.

Cottrell (2003) describes child to parent violence as *"…any harmful act by a teenage child intended to gain power and control over a parent. The abuse can be physical, psychological, or financial."*[4]

"It's like domestic violence was 20 or 30 years ago. It's hushed up, brushed under the carpet and no one talks about it."[3]

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[1] http://www.parentlineplus.org.uk/files/public/sharedfiles/PplusAggressionOctFinalGL.pdf

[2] http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/fv-2003parentabuse_e.pdf

[3] BBC news "Abused by their own children", 2009, http://newsvote.bbc.co.uk/mpapps/pagetools/print/news.bbc.co.uk/1/hi/magazine/8366113.stm?ad=1

[4] Cottrell, B (2003) "Parent Abuse: The abuse of parents by their teenage children, Overview Paper," National Clearinghouse on Family Violence, Health Canada in R O'Connor (2007) "Who's in Charge: Evaluation Report"

In addition Paterson *et al* (2002) describe child-to-parent violence as;

"Behaviour (is) considered to be violent if others in the family feel threatened, intimidated or controlled by it and if they believe that they must adjust their own behaviour to accommodate threats or anticipation of violence".[6]

'He'll scream and shout at me, awful abuse, absolutely awful abuse, he'll throw things at me, he'll punch holes in doors, he'll threaten to hit me, and this'll be all in front of my three little ones.' quote from a parent in Holt, 2009[5]

Research suggests that while boys are more likely to be physically abusive than girls, aggressive behaviour among girls is also increasing. While child-to-parent violence can occur in any family, mothers are more frequently victims (National clearing house on family violence, Canada, 2003). Research also suggests that some abusive teenagers may have previously experienced abuse themselves, and/or may have medical conditions such as ADHD and other conduct disorders. [7]

Parentline Plus have published the results of a survey of calls from parents, which reveals the types of behaviours exhibited by their children that parents are worried about;[8]

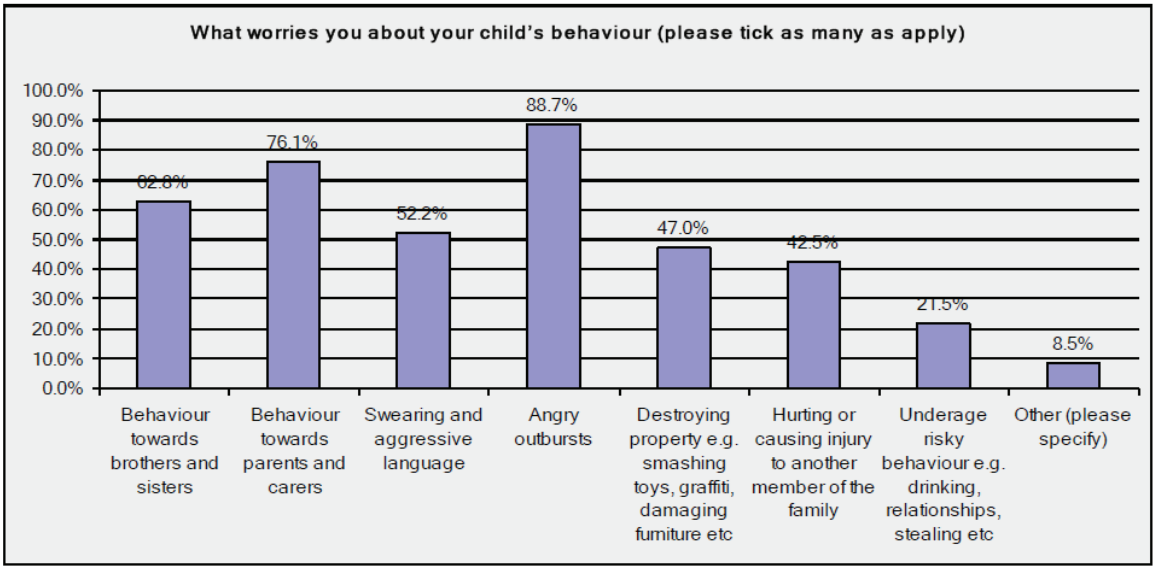

Table 1: (based on 249 responses)

[5] http://www.internetjournalofcriminology.com/Holt_Parent_Abuse_Nov_09.pdf

[6] Paterson, R et al (2002) "Adolescent violence towards Parents: Maintaining Family Connections When The Going Gets Tough," Australian and New Zealand Journal of Family Therapy, Vol 23, No 2, p 90 in R O'Connor (2007) "Who's in Charge: Evaluation Report"

[7] http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/fv-2003parentabuse_e.pdf

[8] http://www.gotateenager.org.uk/default.aspx?page=viewarticle&module=articles-view&id=162

Information for practitioners

Practitioners should be aware that child-to-parent violence is likely to be far more prevalent than published statistics suggest. Parents are often ashamed to admit that child-to-parent violence is a problem within their family home. This is particularly relevant for youth offending practitioners as Parentline Plus have found '*Aggressive behaviour was also linked to higher incidences of involvement with the youth justice system, gang and weapon carrying, smoking anti-social behaviour and children wanting to leave home'* (2010)[10].

> ***Most parents have difficulty accepting that their teenager is abusive… They often feel depressed, anxious and ashamed that they were not able to "produce" a "happy" family. Their despair interferes with their ability to regain leadership in their families…some parent's feel it is not safe for them to attempt to control the situation because they are in physical danger.*** (National clearing house of family violence, Canada, 2003[9])

Feedback from parents in an evaluation of the 'Who's in Charge' programme[11] stated a need for programmes to work with children as well as parents. This could involve them coming along to a session of the parenting programme or running a separate programme for them. The 'Step-up' programme, developed in Minnesota, is an example of a programme designed to interact both the children and parents. While the programme is used for people who are court mandated to attend, it provides a good insight to how a joint programme for teens and parents can work. Further information on 'Step Up' is available below.

The 'Who's in Charge?' evaluation also found that *"… participants had a variety of expectations when beginning this program. Participants wanted ideas, skills and strategies to cope with, and manage, the difficult and violent behaviour of the children and young people – they were looking for solutions…they were looking for support, understanding and help."* The evaluation also found a need for more awareness and more research into this issue.

Specific Programmes:

Parentline Plus suggest that *there is a strong evidence base (including randomised control trials) of the effectiveness of parent interventions on improved long term impact on behavioural outcomes and reduced criminal behaviour*.[12]

The information below outlines some programmes that have been designed to specifically address child-parent violence.

Stopping Aggression and Anti Social behaviour in Families (SAAIF), UK

SAAIF is a 12 week group work parenting programme for parents whose teenage children are displaying aggressive and anti-social behaviour at home. SAAIF came about as a result of CAMHS, YOS, Police and voluntary organisations recognising parent abuse by teenagers as a common problem. It is based on

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[9] http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/fv-2003parentabuse_e.pdf

[10] http://www.parentlineplus.org.uk/files/public/sharedfiles/PplusAggressionOctFinalGL.pdf

[11] http://www.southernjunction.org.au/services/familysupport/Who's%20in%20Charge%20Evaluation%20Report.pdf

[12] http://www.parentlineplus.org.uk/files/public/sharedfiles/PplusAggressionOctFinalGL.pdf

Functional Family Therapy and multi agency delivery.
General support is offered to both parents and children and helps them cope with aggressive behaviour as well as improving relationships in the family. The programme also runs day workshops as well as programmes for siblings ages 10-16 who may have witnessed domestic violence. The initial assessment is done at home with 2 members of staff. Further information is available on: http://www.nepft.nhs.uk/parenting/programmes/saaif/

Step- Up: A Curriculum for Teens Who Are Violent at Home, Minnesota Centre against Violence and Abuse, Anderson, L and Routt, G (2004)

The Step-up curriculum is a group counselling programme for teens who are violent towards their parents or family members. The curriculum is designed for counsellors who facilitate such groups. The programme uses a cognitive behaviour approach to address violent and abusive behaviours, through teaching respectful and non violent ways to communicate. The curriculum also provides materials for parent groups learning how to respond to violence in the home, gain new skills for parenting and get support from other parents.

This particular curriculum does assume that the teens have been court mandated to attend a counselling programme.

The programme addresses both the needs of the teens and the parents through separate and joint group sessions. The curriculum has 21 sessions to be completed in approximately 24 group sessions. The programme is however flexible to how the group facilitator would like to run the curriculum. Every session begins with parents and teens together for 'check-in' which discuss any violent or abusive behaviour that may have happened, accountability plays a role in all sessions, particularly in check in.

Different skills are discussed such as 'time-out', self-calming techniques and recognising choices about behaviour.

Tips for engaging teens such as rewards are provided as well as advice on what to do if a teen becomes violent or disruptive.

The curriculum also covers the following for parents:

- When parents are abusive with their teen
- Conflict between couples in the parent groups
- When there is domestic violence between parents
- When one parent supports the abusive behaviour
- Diversity within groups

The programme also includes an evaluation consisting of a parent and teen survey, a behavioural checklist as well as feedback on usefulness and experiences of the programme.

Who's in Charge?

Who's in Charge? Is an 8 week programme for parents or carers of young people (8 to 18 years) who are out of control, violent or defiant.

The group aims to:

- Provide a supportive environment to share experiences and ideas
- Reduce the guilt and shame which most parents feel
- Offer ideas to help parents develop individual strategies for managing their child's behaviour
- Explore ways of increasing safety and well-being
- Help parents feel more in control and less stressed

Evaluation (O'Connor, R, 2007)

Within the 'Who's in Charge?' (2007) evaluation 24 parents out of 26 reported daily or almost daily instances of violent or abusive behaviour directed towards them in the three months leading up to the programme. In addition to this 20 parents also stated that there was violent and abusive behaviour towards siblings on a daily basis.

- *22 parents felt stressed and anxious; 21 felt that their health was suffering and 14 felt depressed or very unhappy.*
- *Close to half of the children and young people were aged between 11 and 15.*
- *From 11 families, there were 15 children and young people who had a diagnosed condition such as Attention Deficit Hyperactivity Disorder, Bipolar mood disorder, Aspergers, Autism, Post Traumatic Stress Disorder.*
- 46% children or young people were also victims of abuse, and 19 children were identified as having witnessed abuse.
- *Before they began the program, 38% report that their child almost always used physical violence, and 50% report that their child sometimes used physical violence. At the end of the program all of the participants report that their child only sometimes or hardly ever used physical violence.*

Further information can be found at:
www.southernjunction.org.au/services/familysupport/Who's%20in%20Charge%20Evaluation%20Report.pdf

Further information

- Holt, A, ***Parent abuse: Some reflections on the adequacy of a youth justice response,*** Internet Journal of Criminology, 2009. http://www.internetjournalofcriminology.com/Holt_Parent_Abuse_Nov_09.pdf

- ***Parent Abuse: The Abuse of Parents by Their Teenage Children***, National Clearinghouse on Family Violence, Government of Canada (2003) http://www.phac-aspc.gc.ca/ncfv-cnivf/pdfs/fv-2003parentabuse_e.pdf

- O'Connor, R (2007) ***Who's in charge evaluation report,***

  www.southernjunction.org.au/services/familysupport/Who's%20in%20Charge%20Evaluation%20Report.pdf

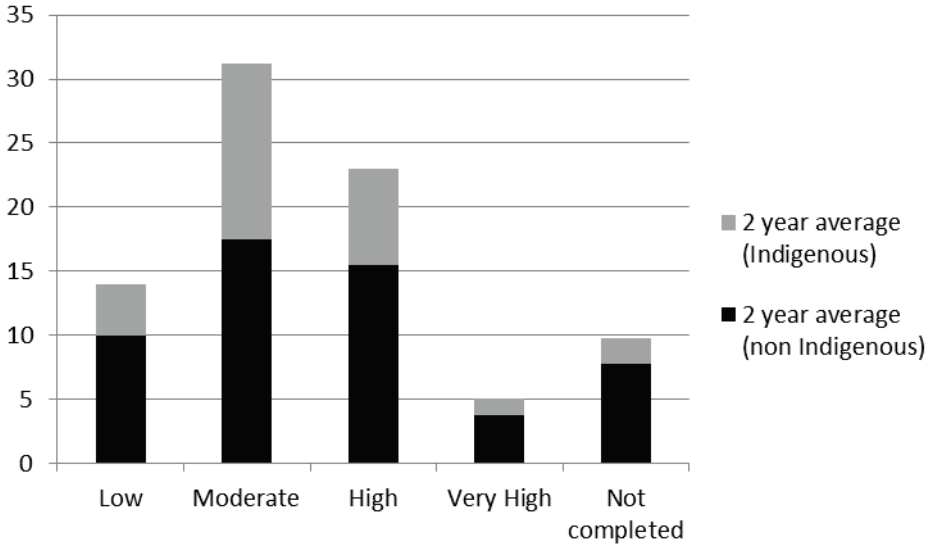
- ***Step-Up: A curriculum for teens who are violent at home, Anderson,*** L and Routt, G (2004) http://www.mincava.umn.edu/documents/stepup/intro/stepupintroduction.html#id2355535
- **Stopping aggression and Anti Social behaviour in Families (SAAIF), UK** http://www.nepft.nhs.uk/parenting/programmes/saaif/
- ***When family life hurts: Family experience of aggression in children****,* Parentline Plus (2010) http://www.parentlineplus.org.uk/files/public/sharedfiles/PplusAggressionOctFinalGL.pdf

Summary of key data: Brisbane North Youth Justice Service Centre

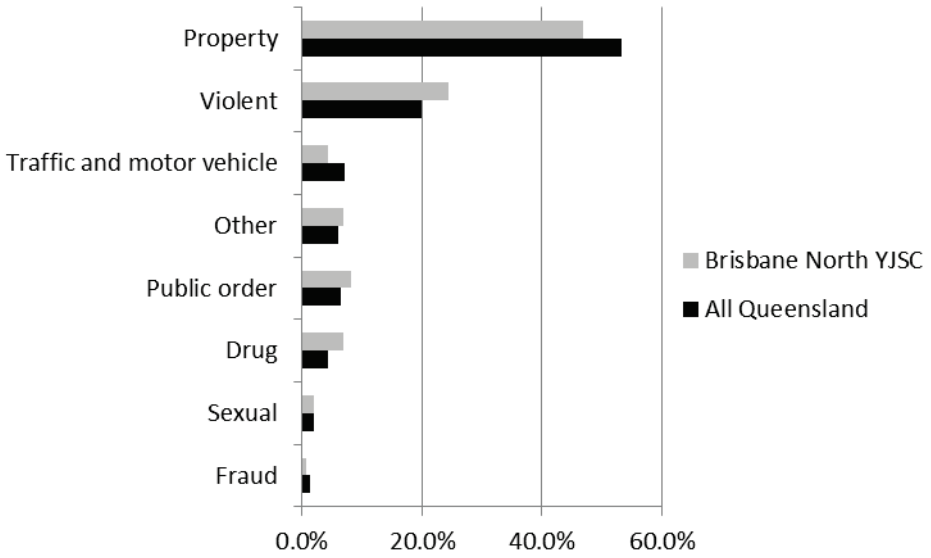
Admissions to orders, Brisbane North YJSC 2011-12

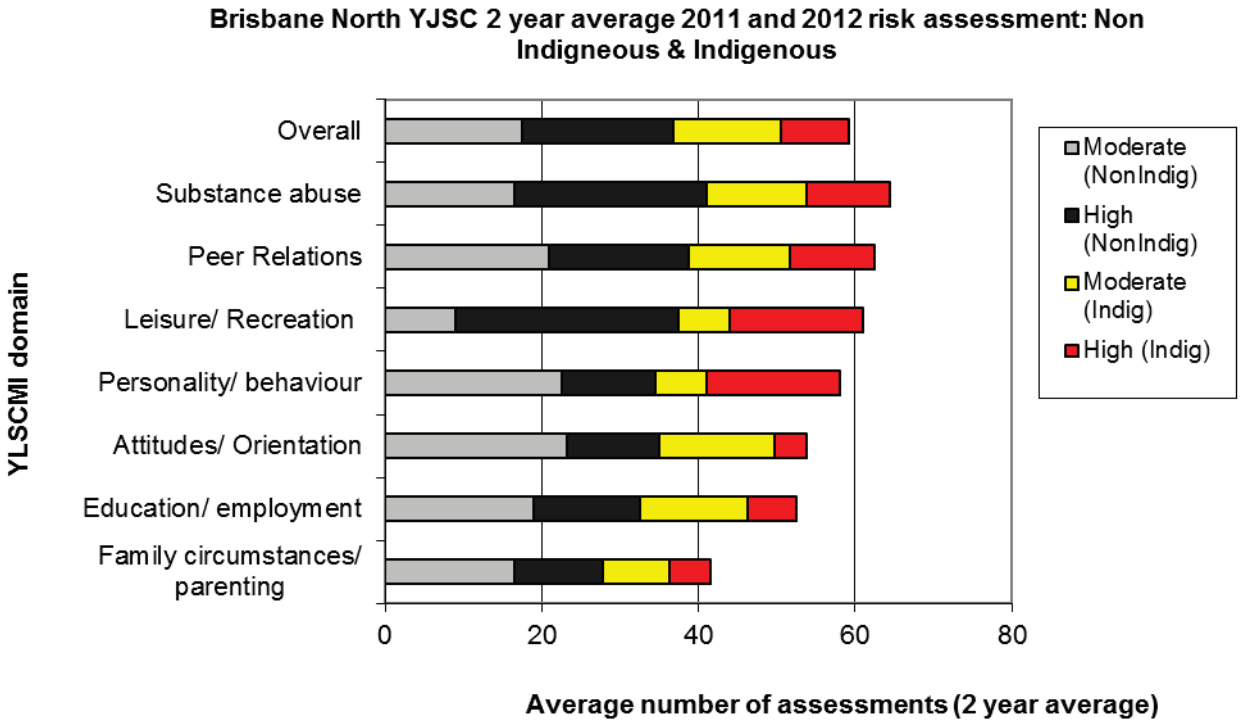
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	State-wide average orders per young person
CSO	31	3.7%	29	1.07	1.21
CRO	6	2.4%	6	1.00	1.07
Detention	5	1.5%	5	1.00	1.45
Probation	45	3.2%	37	1.22	1.23
SRO	5	2.3%	4	1.25	1.32

Overall risk level for Brisbane North YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Brisbane North Youth Justice Service Centre and State-wide average





Family

77% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 83% (state-wide average 80%)
- Two or more identifiable mental health issue: 60% (state-wide average 60%)
- Conduct disorder: 58% (state-wide average 59%)
- Substance misuse disorder: 71% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

ESCAPE FACT SHEET

Introduction

The ESCAPE parenting programme was produced by Young People in Focus (YPF - formerly TSA) in 2003. The programme is designed for parents of children aged 8–15 who have behaviour difficulties such as offending and poor school attendance. ESCAPE is a 12 week programme and involves six group sessions and pre- and post-course home visits with parents. The aim of the programme is primarily to support parents and to help parents and young people find ways of dealing with problems and living together[1].

In 2009 YPF published an evaluation of seven ESCAPE programmes which showed a range of positive results. In addition, practitioners have been encouraged to carry out their own evaluations of the ESCAPE programme.

This fact sheet outlines some of the key elements and findings of the ESCAPE parenting programme.

About ESCAPE

The ESCAPE parenting programme is designed for parents of adolescents with offending/antisocial behaviour difficulties. The programme explores areas of young people's behaviour which parents find difficult to address. ESCAPE provides parents with a framework of problem solving that parents can use to develop more positive and co-operative relationship with their children. The programme is based on social learning theory and problem based learning. Its content includes understanding challenging behaviour, setting realistic targets, strategies for change, improved communication and parental empowerment.

Practitioners are required to have a minimum QCF Level 3 qualification and considerable experience of working with families. Practitioners complete a 2 day training course, with further supervision and structured discussion recommended on a monthly basis.[2] The programme can be performed with either individual families or as a group work intervention.

Target Group

The target group is parents of children between the ages of 8-15 with offending, anti-social behaviour, school attendance/behavioural difficulties.

Key Aims

[1] Shepherd, 2009, *Evaluation of the ESCAPE parenting programme* - http://www.studyofadolescence.org.uk/_assets/pdf/ESCAPE_final_report_sept09.pdf

[2] http://www.commissioningtoolkit.org/ProgrammeSummary.aspx

The programme goals, as outlined in the Children's Workforce Development Council's (CWDC) commissioning toolkit[3] are as follows:

- Develop parents understanding of their child's behaviour and effects
- Parents explore skills, attitudes and understanding child behaviour and development
- Support parents to set realistic targets for child behaviour change
- Parents develop consistency in setting and maintaining boundaries
- Parents supported to respond to specific challenging behaviour
- Improve verbal and non-verbal communication including clear and consistent communication
- Explore, with parents, new methods and strategies for dealing with problem behaviour
- Help parents recognise trigger points and use timely interventions
- Work with parents to identify and deal with risky behaviour which can lead to offending and/or non-school-attendance
- Empower parents to regain control and influence in the child's life

Key Findings

YPF's evaluation of seven ESCAPE programmes found;[4]

> *"ESCAPE parenting programme has a positive effect on parents, and on their children and young people. Thus the ESCAPE programme meets its aim of improving relationships between young people and their families, and improving relationships at home. There were also positive but limited impacts on young people's school attendance and classroom behaviour and offending".*

Further, the results show that the young people;

> *"were more considerate of other people's feelings; having less tantrums/hot tempers; kinder to younger children; lying or cheating less; volunteering more to help others; stealing less from home, school or elsewhere; more likely to be getting on better with adults than with children".*

In addition, a 2000 evaluation of a pilot ESCAPE programme reported;

- The parents rated the programme very positive overall - all would recommend it to others in the same situation.
- Four out of six teenagers showed slightly improved school attendance, one remained constant and one had worsened.
- Two out of nine parents dropped out after the introductory sessions

[3] http://www.commissioningtoolkit.org/ProgrammeSummary.aspx

[4] Shepherd, 2009 - http://www.studyofadolescence.org.uk/_assets/pdf/ESCAPE_final_report_sept09.pdf

- Parents found the programme interesting, with convenient location and timing
- They described capable and understanding staff who listened to what they had to say
- Six out of seven parents reported enhanced confidence in managing the behaviour of their child at the end of the programme compared to the beginning
- Four out of five parents who completed the communication grid at the start and the end of the course reported an overall improvement and one reported a slight deterioration
- Six out of seven parents reported better behaviour by their children at the end of the programme than at the start of the programme. [5]

Further information

- http://www.youngpeopleinfocus.org.uk/courses/open_courses/escape.html
- http://www.studyofadolescence.org.uk/_assets/pdf/ESCAPE_final_report_sept09.pdf
- http://www.commissioningtoolkit.org/

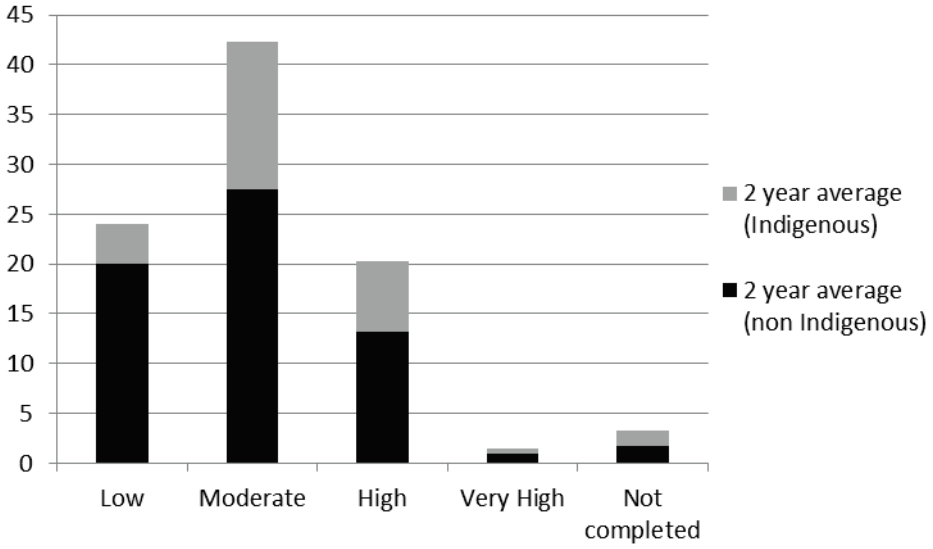
[5] http://www.commissioningtoolkit.org

Summary of key data: Brisbane South Youth Justice Service Centre

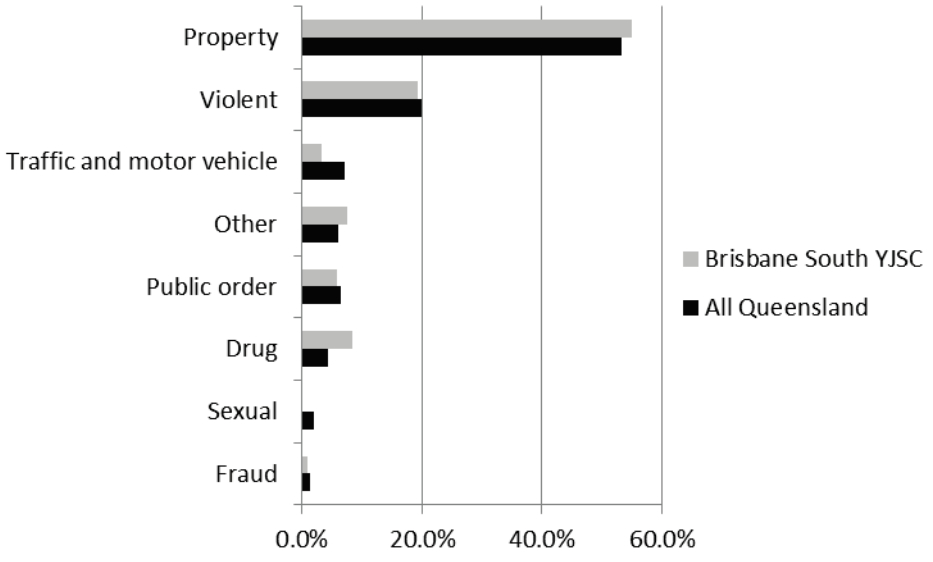
Admissions to orders, Brisbane South YJSC, 2011-12

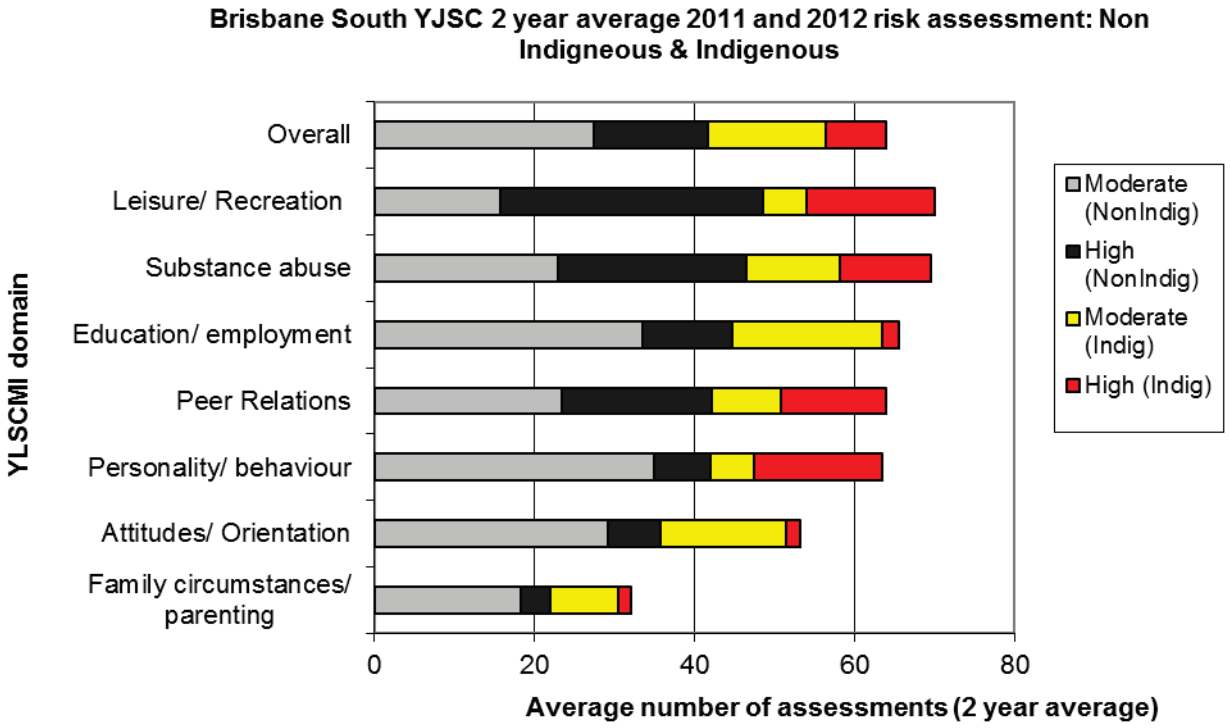
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	State-wide average orders per young person
CSO	14	1.7%	13	1.08	1.21
CRO	6	2.4%	5	1.20	1.07
Detention	0	0.0%	0	0.00	1.45
Probation	33	2.4%	31	1.06	1.23
SRO	1	0.5%	1	1.00	1.32

Overall risk level for Brisbane South YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Brisbane South YJSC and State-wide average





Family

75% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 84%(state-wide average 80%)
- Two or more identifiable mental health issue: 65% (state-wide average 60%)
- Conduct disorder: 54%(state-wide average 59%)
- Substance misuse disorder: 72% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

FAMILIES AND SCHOOLS TOGETHER FACT SHEET

Introduction

The Families and Schools Together (FAST) programme has been described as a 'parental engagement model which has a twenty year track record of supporting low income families to raise their children's educational achievement.'[1] Developed by Dr Lynn McDonald at Middlesex University, FAST is recognised by the United Nations and the Centre for Excellence and Outcomes (C4EO) as an evidence-based family skills programme.

About FAST

FAST has been implemented in over 2,000 schools in 14 countries and is known for its high retention rate of approximately 80%. FAST has an established track record of engaging low-income, socially marginalised parents in both urban and rural settings.

FAST is a 2-year after-school, multi-family group programme. It begins with 8 weekly sessions led by a team of parents working alongside professionals, and then shifts to monthly sessions led by parent-graduates (service users) with team support. Participation is on a voluntary basis and the programme involved parents and trainers working together to plan and adapt the programme to meet local needs. While 40% of the programme is made up of core components, 60% of the processes involved can be locally adapted.

.
Each weekly session includes 6 key elements;

(1) a meal shared as a family unit;
(2) family communication games played at a family table;
(3) time for parents to talk with other local parents;
(4) a self-help parent group;
(5) one-on-one parent-child time; and
(6) a fixed lottery that lets every family win once followed by a closing game.[3]

94% of parents who come once to FAST in the UK then stay until the end.

Over 50% of families that have attended FAST in the UK have a family income of under £10,000.[2]

[1] http://www.c4eo.org.uk/themes/families/vlpdetails.aspx?lpeid=254
[2] http://www.c4eo.org.uk/themes/families/vlpdetails.aspx?lpeid=254
[3] http://www.c4eo.org.uk/themes/families/vlpdetails.aspx?lpeid=254

These core components aim to strengthen the bonds within and between families, and between families, the school and the community.

In the UK, FAST has been locally adapted to fit local cultural and ethnic norms in very diverse, low-income communities in schools in including Liverpool, Scunthorpe and Enfield in England.

Target Group

FAST is a universal access programme for families with school-aged children in low-income communities

Key Aims

- Enhance family functioning
- Prevent school failure
- Reduce stress to the family's everyday life

Key Findings

Evidence of outcomes from the UK
A recent disaggregated FAST UK outcome evaluation (June 2010), based on evidence of impact from 8 local authorities, shows:

- Parents reported a statistically significant improvement in their relationship with their FAST child.
- There was a statistically significant improvement in terms of impact of difficulties.
- Parents reported statistically significant improvements in their children's pro-social behaviour.
- Teachers reported positive trends in children's academic competence and participation in class
- Parents reported that they were more able to support their child in their education
- All parents felt that the FAST team provided them with information, support and resources and supported them in their decisions, as well as respecting them as an individual.[4]

Further information

- **FAST website**
  http://familiesandschools.org/

- C4EO
  http://www.c4eo.org.uk/themes/families/vlpdetails.aspx?lpeid=254

- **Save the children information on FAST**:
  http://www.savethechildren.org.uk/en/54_13148.html

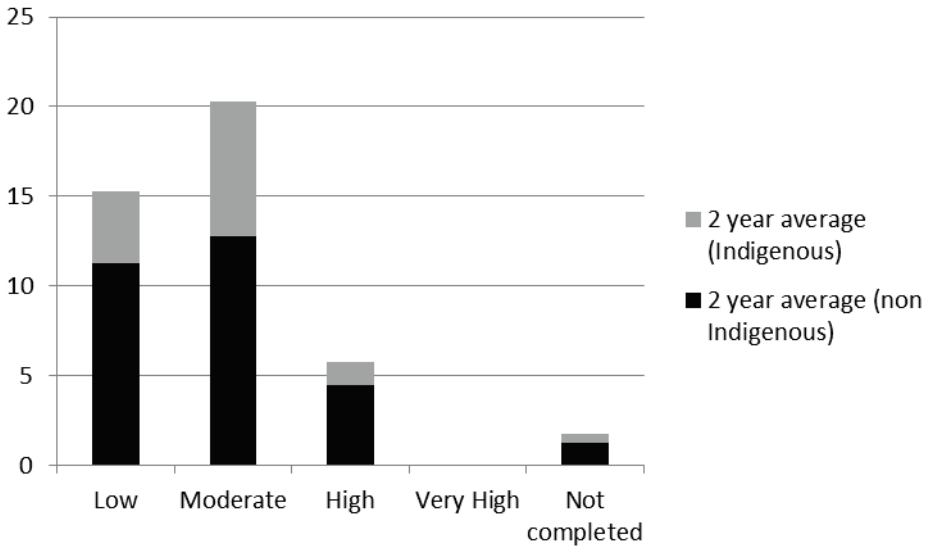
[4] http://www.c4eo.org.uk/themes/families/vlpdetails.aspx?lpeid=254

Summary of key data: Bundaberg Youth Justice Service Centre

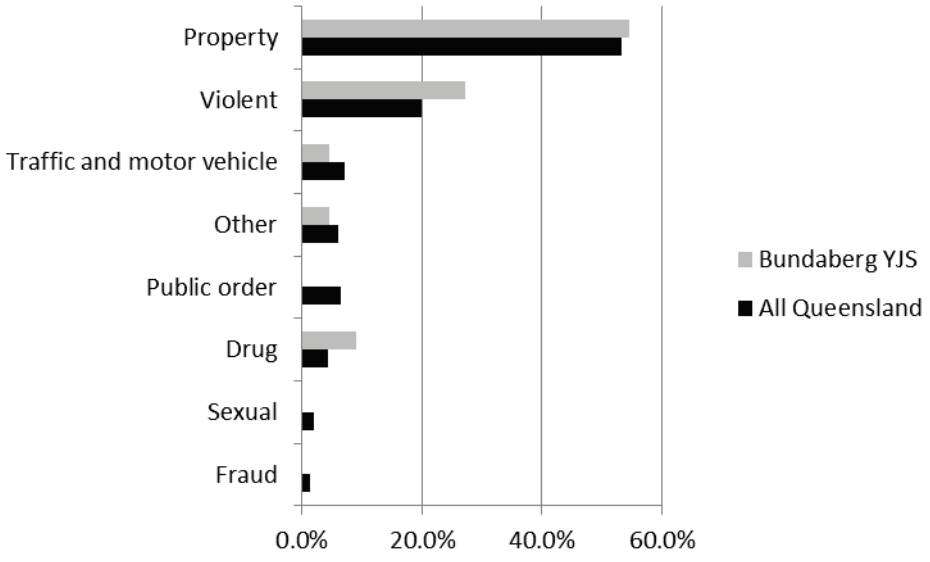
Admissions to orders, Bundaberg YJSC, 2011-12

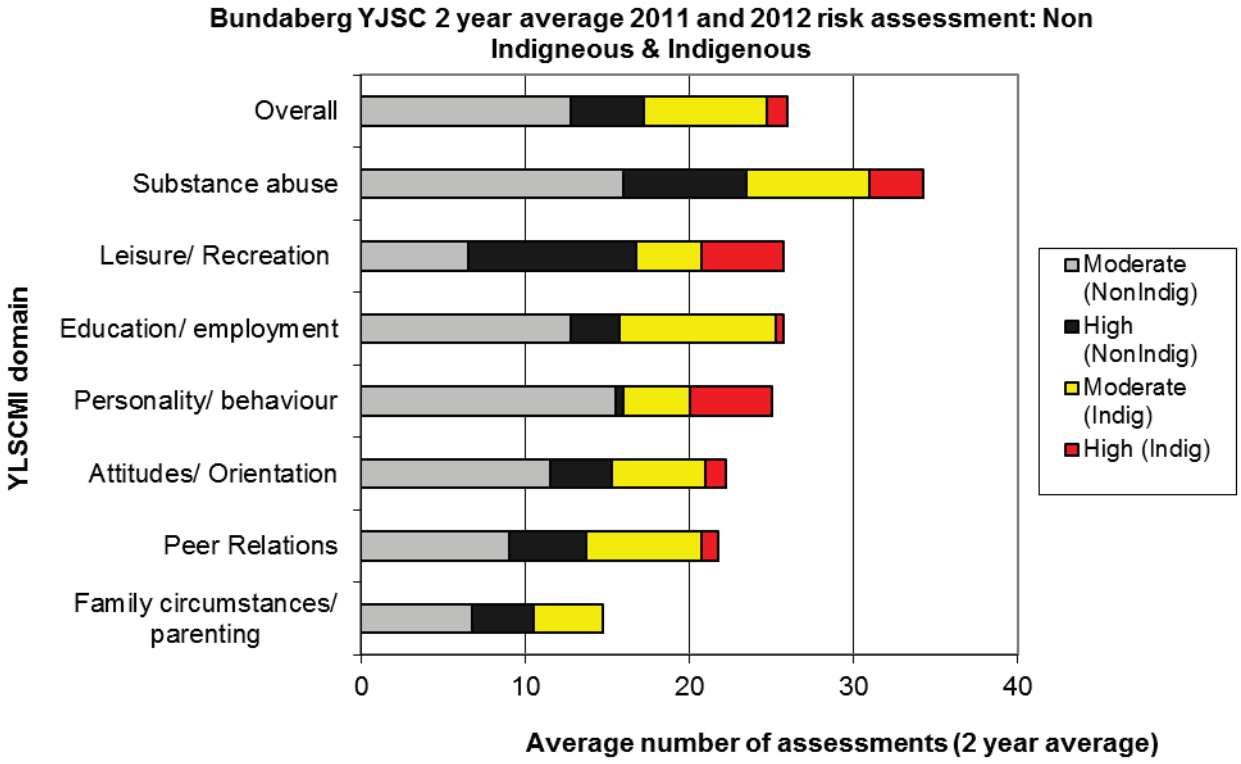
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	Average orders per young person: all QLD
CSO	9	1.1%	9	1.00	1.21
CRO	5	2.0%	5	1.00	1.07
Detention	4	1.2%	3	1.33	1.45
Probation	29	2.1%	23	1.26	1.23
SRO	3	1.4%	3	1.00	1.32

Overall risk level for Bundaberg YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Bundaberg YJSC and State-wide average





Family

75% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13:

- One or more identifiable mental health issue: 75% (state-wide average 80%)
- Two or more identifiable mental health issue: 63%(state-wide average 60%)
- Conduct disorder: 58%(state-wide average 59%)
- Substance misuse disorder: 46% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

THE INCREDIBLE YEARS FACT SHEET

Introduction

The Incredible Years is an award-winning parent training approach and was selected by the U.S. Office of Juvenile Justice and Delinquency Prevention as an "exemplary" best practice programme. It was developed by Carolyn Webster-Stratton at the Washington University Parenting clinic for parents and teachers. The programme is based on social learning theory and is designed to promote emotional and social competence and to prevent, reduce and treat aggression and emotional problems in young people.

About The Incredible Years

The programme consists of 12 weekly 2 hour group sessions based on social learning theory which are delivered by a trained practitioner. The programme uses a collaborative approach, encouraging parents to learn from each other. Sessions include a variety of techniques including role play, group discussion, homework and DVDs. Practical support is also provided and is a key element of the programme, for example parents are offered transport, child care and snacks, which also helps to promote attendance. The programme delivers a 'basic' and 'advance' level.

The programme is manualised and a range of resources and materials are available, including guidance on adapting the Incredible Years Programme to suit a range of families, including children with ADHD, reading difficulties, language delays, attachment problems, internalising disorders, and divorcing parents.

Information and resources are available at http://www.incredibleyears.com/

Target Group

Parents of children aged 0-12 with conduct/behavioural problems as well as those at risk of living in poverty.

Key Aims

- Enhance parenting skills
- Enhance knowledge of child development
- Enhance positive child behaviour
- Improve parent-child relationships.

Key findings

Multiple randomised control group research studies have been conducted with diverse groups of parents and teachers. The programme has been found to be effective in

strengthening teacher and parent management skills, improving children's social competence and reducing behaviour problems[1].

Other outcomes include;

- At least 66% of children previously diagnosed with Oppositional Defiant Disorder/Conduct Disorder (ODD/CD) whose parents received the parenting program were in the normal range at both the 1-year and 3-year follow-up assessments[2]

- In Essex 296 parents have taken part in groups and self completed questionnaires have shown an improvement in all the following areas; family life, parent-child relationship, level child problem behaviours, frequency of child problem behaviours, strengths and difficulties, parental stress and general health.[3]

- Randomised control trials have shown reduced conduct problems in children's interactions with parents, increased positive family communication, and increased parental limit-setting[4]

Further information

The information within this fact sheet has been based on information on the Incredible Years official website: http://www.incredibleyears.com/

Programme fact sheets:

- http://www.incredibleyears.com/program/Incredible-Years_factsheet.pdf
- http://www.incredibleyears.com/program/incredible-years-series-overview.pdf
- http://www.barnardos.org.uk/pp_no_12_incredible_years.pdf (Barnardos fact sheet)

[1] http://www.incredibleyears.com/program/index.asp

[2] http://www.incredibleyears.com/program/Incredible-Years_factsheet.pdf

[3] http://www.incredibleyears.com/library/paper.asp?nMode=1&nLibraryID=570

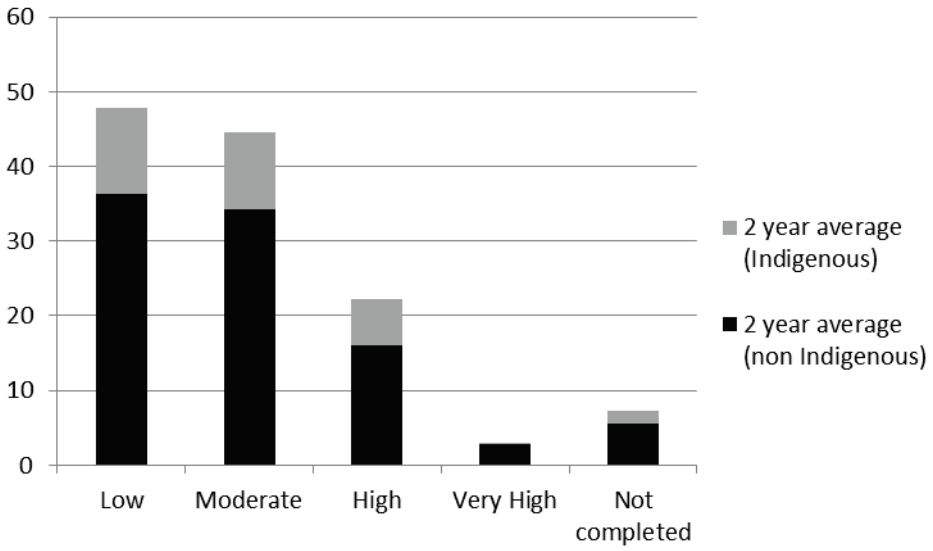
[4] http://www.incredibleyears.com/program/incredible-years-series-overview.pdf

Summary of key data: Caboolture Youth Justice Service Centre

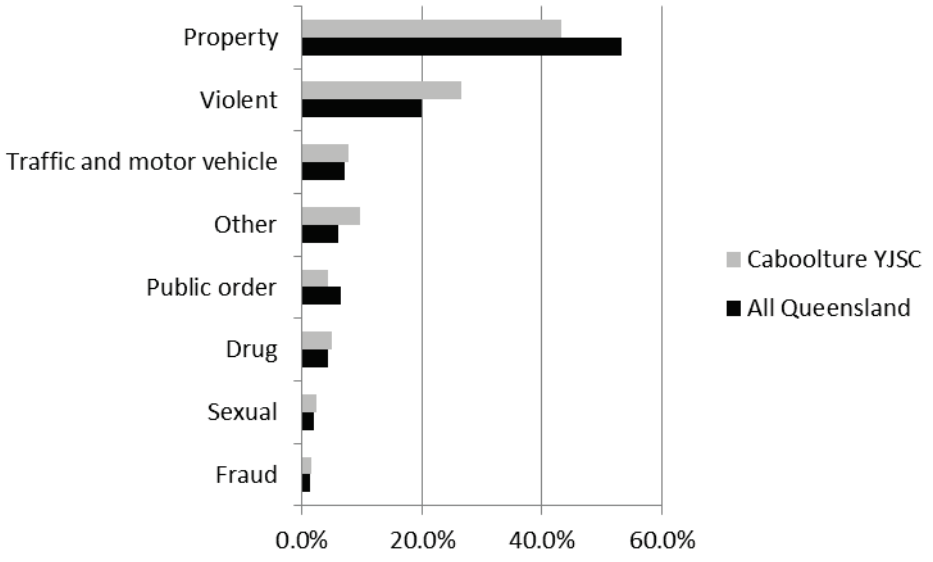
Admissions to orders, Caboolture YJSC, 2011-12

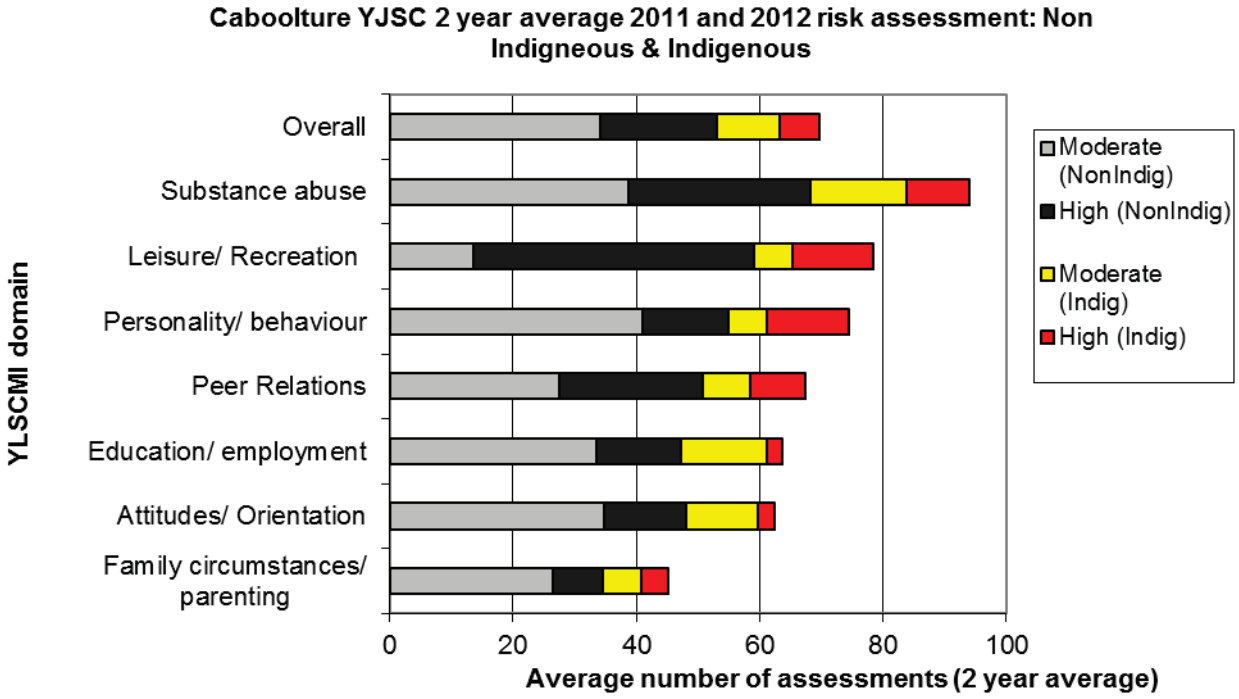
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	Average orders per young person QLD
CSO	65	8%	50	1.30	1.21
CRO	8	3.2%	8	1.00	1.07
Detention	7	2%	6	1.17	1.45
Probation	81	6%	71	1.14	1.23
SRO	5	2.3%	5	1.00	1.32

Overall risk level for Caboolture YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Caboolture Youth Justice Service Centre and State-wide average





Family

70% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 73% (state-wide average 80%)
- Two or more identifiable mental health issue: 47%(state-wide average 60%)
- Conduct disorder: 47%(state-wide average 59%)
- Substance misuse disorder: 54% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

MELLOW PARENTING FACT SHEET

Introduction

Mellow Parenting is a programme aimed at parents of children under the age of 5, with a theoretical basis in attachment theory, behavioural theories, social learning theory, cognitive behavioural therapy and experiential learning. Mellow Parenting was originally developed to meet specific needs of vulnerable, hard-to-reach families, many of whom have experienced deprivation, abuse and disruption in their own childhood.[1]

Different variations of Mellow Parenting have since been developed to meet specific needs. These include Mellow Dads, Mellow Babies, Mellow Bumps, and Mellow Grandparents. Mellow Parenting meets The National Institute for Health and Clinical Excellence (NICE) guidelines for effective parenting programmes which include;

- Structured programme based on social learning theory, delivered by trained and supervised practitioners
- Include relationship-enhancing strategies
- Help parents to identify their own parenting goals[2]

This fact sheet outlines some of the key elements of Mellow Parenting and its main findings.

About Mellow parenting

Mellow Parenting is a 14-week programme delivered to parents and their child over a full day session once a week. A session is divided into three parts; morning, lunch and afternoon. During the first part, the parents and children are divided into two groups, a parent personal group and a children's group. During the first part the parent discusses links between their own experience of childhood and their current experience. At lunch, staff,

Mellow Parenting has shown effect in improving parent and child relationships, reducing parental stress and accelerating the child's language and general development[3]

Mellow Parenting is shown to have lower drop out rates than other comparable programmes and a greater degree of success in engaging vulnerable families.[4]

[1] http://www.mellowparenting.org/about/mellow_parenting_background/

[2] https://www.cwdcouncil.org.uk/assets/0001/1187/SP159-1010_IAG_Mellow_Parenting.pdf

[3] http://www.mellowparenting.org/index.php/faqs#is_mellow_parenting_effective

[4] https://www.cwdcouncil.org.uk/assets/0001/1187/SP159-1010_IAG_Mellow_Parenting.pdf

parents and children all prepare and eat lunch together. This is followed by an age related activity were the parent plays with their child and are encouraged to try out new activates while playing. This session is filmed for the purpose of providing feedback to the parent. For the last part of the session (afternoon) parents and children are separated into the two groups again. The parent then receives feedback on their interaction with their child. The last part also focuses on behaviours and how to cope/encourage changing behaviours. At the end of the session the parent is given a homework assignment (referred to as "have a go") which aims to encourage the parent to reinforce new ways of interacting with their child[5].

Target Group

Parents of children under the age of 5, with multiple problems (i.e. high risk families, families with poor previous experiences with services, child behaviour problems, low level of trust and low self esteem).

Would this parenting course be suitable for parents of young people age 11+?

"Mellow Parenting could be adapted for older children, the parents' work in the programme is to consider their own experience of having been parented and how that is affecting their relationship with their child(ren) and that process is an important one at any age, however the other elements of MP such as a video of the parent and child at a mealtime and the afternoon parenting workshop may need some adaptation to reflect the typical issues of older children as opposed to toddlers. The other important part of MP is to have lunch and an activity together so again that part of the programme would need to be changed to teatime and suitable activity maybe, given that children would be in school at lunchtime. Possible though![6]"

http://www.mellowparenting.org/faqs/#with_what_age_group_does_mellow_parenting_work_best

Key Aims

- Support families with relationship problems with their children
- Offer parents support and direct work on parenting
- Help parents understand their own behaviour and obstacles to change their behaviour, leading them to improve their communication with their child.

Key Findings

An evaluation of the Mellow Parenting programme, funded by the Department for Health, has been undertaken in which in which neighbouring family centres offering their own parenting interventions were compared with family centres offering Mellow Parenting. Findings show that, compared with the other parenting programmes, Mellow Parenting improved:

- Mother-child interaction

[5] https://www.cwdcouncil.org.uk/assets/0001/1187/SP159-1010_IAG_Mellow_Parenting.pdf

[6] http://www.mellowparenting.org/faqs/#with_what_age_group_does_mellow_parenting_work_best

- Child behaviour problems
- Mothers' well being
- Mothers' effectiveness and confidence in parenting
- Children's language and non-verbal abilities[7]

Further information

For more detailed information on Mellow Parenting please visit:

- Mellow Parenting website:
  http://www.mellowparenting.org

- Commissioning toolkit:
  http://www.commissioningtoolkit.org

- Research in Practice:
  http://www.rip.org.uk/files/prompts/p6/mellow_parenting_booklet.pdf

- Children's Workforce Development Council:
  https://www.cwdcouncil.org.uk/assets/0001/1187/SP159-1010_IAG_Mellow_Parenting.pdf

- 'Taking Control, A Single Case Study of Mellow Parenting
  http://www.mellowparenting.org/images/uploads/pdf/Taking_Control,_A_Single_Case_Study_of_Mellow_Parenting.pdf

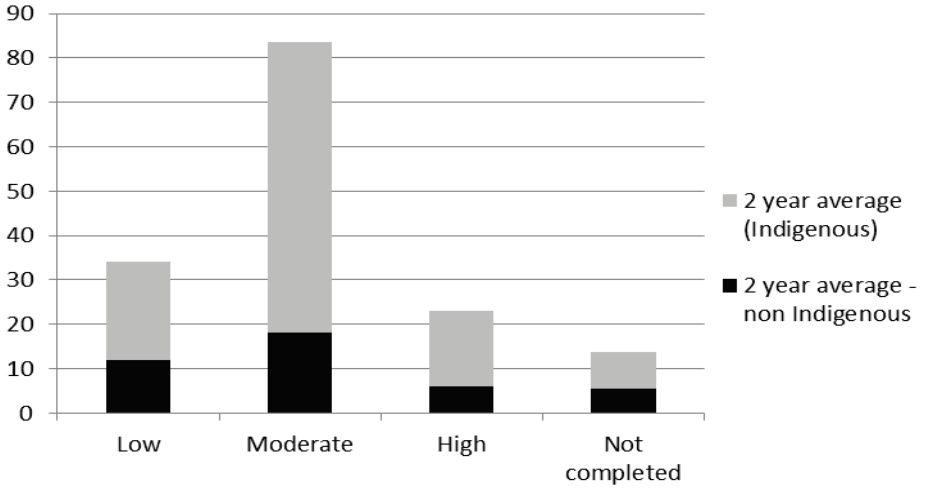
[7] http://www.rip.org.uk/files/prompts/p6/mellow_parenting_booklet.pdf

Summary of key data: Cairns Youth Justice Service Centre

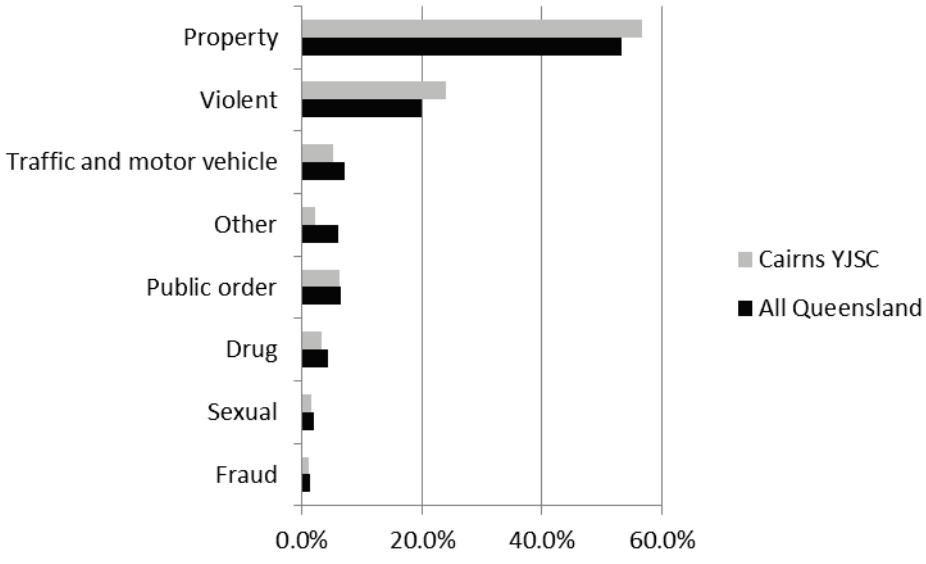
Admissions to orders, Cairns 2011-12

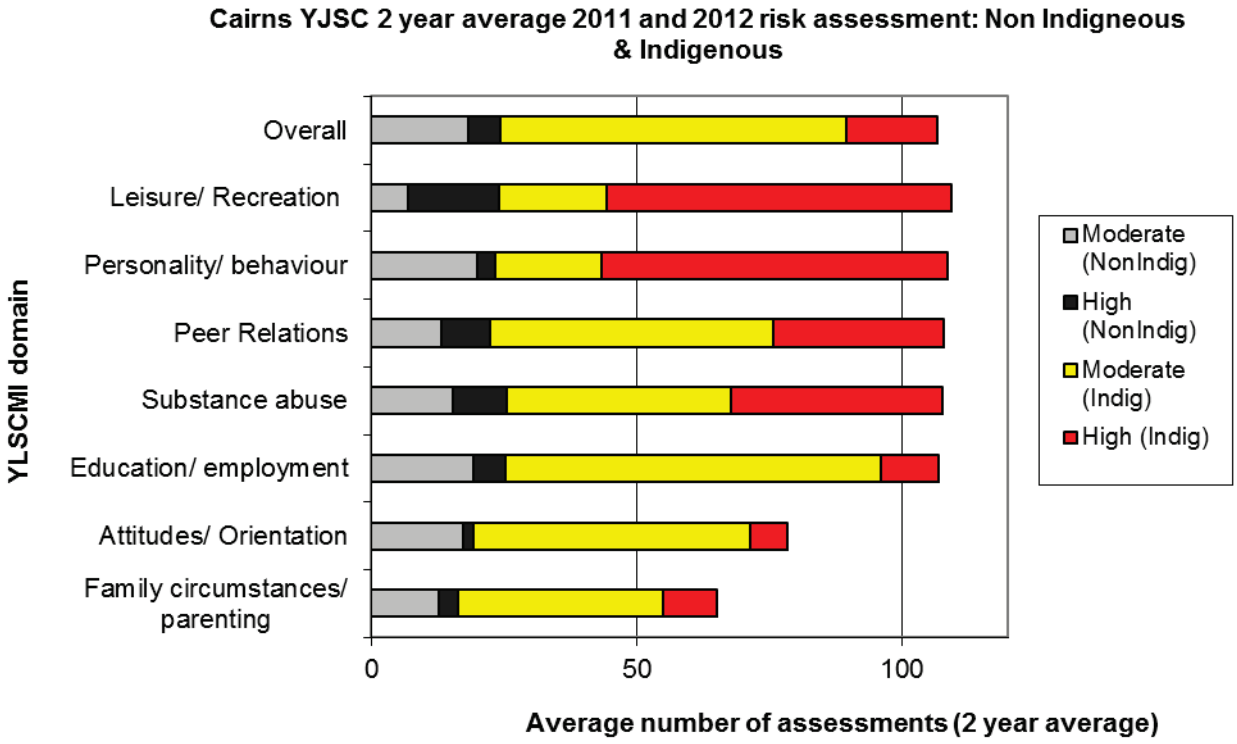
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	Average orders per young person QLD
CSO	96	11.43%	82	1.17	1.21
CRO	29	11.6%	28	1.04	1.07
ISO	1	25.0%	1	1.00	1.00
Detention	49	15.2%	38	1.29	1.45
Probation	104	7.5%	83	1.25	1.23
SRO	27	12.4%	23	1.17	1.32

Overall risk level for Cairns YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Cairns YJSC and State-wide average





Family

64% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 78% (state-wide average 80%)
- Two or more identifiable mental health issue: 59% (state-wide average 60%)
- Conduct disorder: 57% (state-wide average 59%)
- Substance misuse disorder: 64% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

PARENTING WISELY FACT SHEET

Introduction

Parenting Wisely is a self-administered computerised parenting skills education programme. The programme is designed for parents of children up to the age of 18 and teaches parents constructive skills to address substance use and abuse among young people, school problems, delinquency and other behaviour problems. *Parenting Wisely* was developed by Dr Donald Gordon, child clinical psychologist at Ohio University. In developing Parenting Wisely, Dr Gordon used his knowledge of the functional family therapy (FFT) model and experience of programme dissemination to create a programme that would reduce or eliminate many of the barriers that keep at-risk families from receiving good family interventions[1]. The programme was therefore developed as an alternative or complement to other family interventions. A UK version of *Parenting Wisely* has since been developed with an emphasis on urban families.

This fact sheet outlines some of the key elements of Parenting Wisely and its main findings.

About Parenting Wisely

Parenting Wisely is available in either CD-ROM or online format. The programme is designed to meet the needs of families that don't usually attend or finish parent education interventions, and seeks to help families to improve their relationships with each other and reduce conflicts through behavioural management and support. Parents are expected to complete the programme together with their child. The programme is created so that familiarity with computers or high levels of literacy skills are not required to enable successful completion of the programme.

Parenting Wisely is included in the SAMHSA's online National Registry of Evidence Based Programs and Practices. For information about the programme's research base, outcomes and costs, visit

http://nrepp.samhsa.gov/ViewIntervention.aspx?id=35

The outline of the programme consists of nine different videos based on scenes displaying typical family struggles. Examples include times when the young person is playing music too loud, breaching a curfew, and having trouble at school. Each video scene covers communications skills, problem solving, speaking respectfully, self-confident discipline, and homework. After every session the parent is invited to choose a response to the problem disclosed in the video and receives feedback. Parents can choose to have the text read out loud, and the whole programme can be completed in 2 - 3 hours. The purpose of *Parenting Wisely* is to teach parents and their children to communicate and use assertive discipline and supervision. The programme places emphasis on improving the parent's confidence in their parenting skills and improving the communication between the parent and their child.

[1] http://www.comcap.org/matriarch/documents/ParentWise.pdf

Target Group

Parenting Wisely is aimed at families with delinquent children, or children at risk of becoming delinquent or substance users, up to the age of 18.

Key Aims

- Reduce children's aggressive and disruptive behaviours
- Improve parenting skills by building the parents confidence
- Enhance family communication
- Develop mutual support
- Increase parental supervision and appropriate discipline of their children[2]

Key Findings

Several evaluations have been conducted on *Parenting Wisely*, with a number showing improvements in parents' knowledge of parenting skills and high levels of user satisfaction with the programme. Results published by the US Department of Health and Human Service's Substance Abuse and Mental Health Services Administration (SAMHSA) show that *Parenting Wisely* demonstrates a reduction in child problem behaviour, reduction in maternal depression and improvement in general family function.[3]

Results show that families who participated in *Parenting Wisely* displayed:

- Increased knowledge & use of good parenting skills
- A decrease in child behaviour problems
- Improved problem solving
- Reduced spousal violence & violence toward their children
- Program completion rates for parents ranged from 83%-95%[4]

The programme has been tested with families in both rural and urban areas and with families from a range of minority ethnic background, and has been found to be popular in all cases[5].

Further information

For more detailed information on *Parenting Wisely* please visit:

- Parenting Wisely website:
  http://www.parentingwisely.com/

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[2] http://www.comcap.org/matriarch/documents/ParentWise.pdf

[3] http://www.comcap.org/matriarch/documents/ParentWise.pdf

[4] http://www.familyworksinc.com/about/index.html

[5] http://www.comcap.org/matriarch/documents/ParentWise.pdf

- SAMHSA's National Registry of Evidence-Based Programs and Practice
  http://nrepp.samhsa.gov/ViewIntervention.aspx?id=35

- Family Works, Inc:
  http://www.familyworksinc.com/index.html

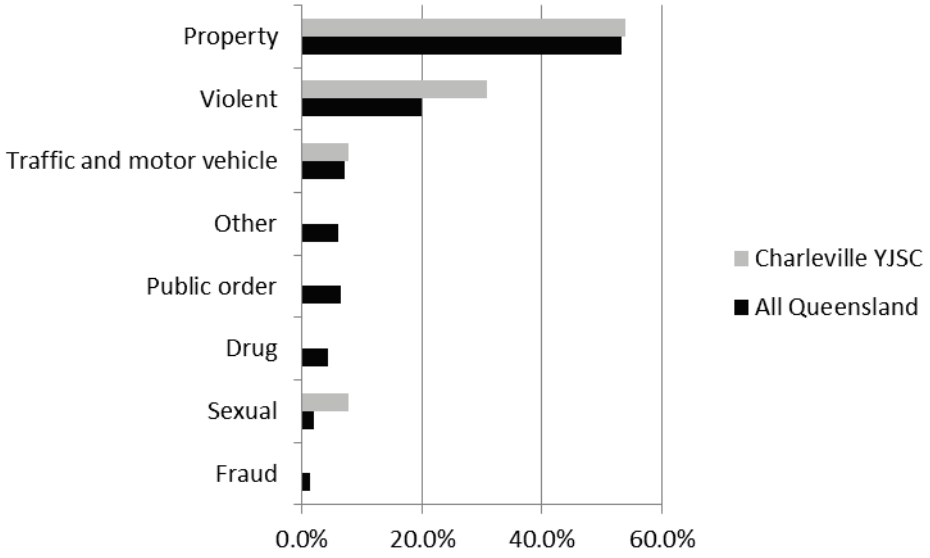
- Comprehensive Community Action Programme (CCAP):
  http://www.comcap.org/matriarch/documents/ParentWise.pdf

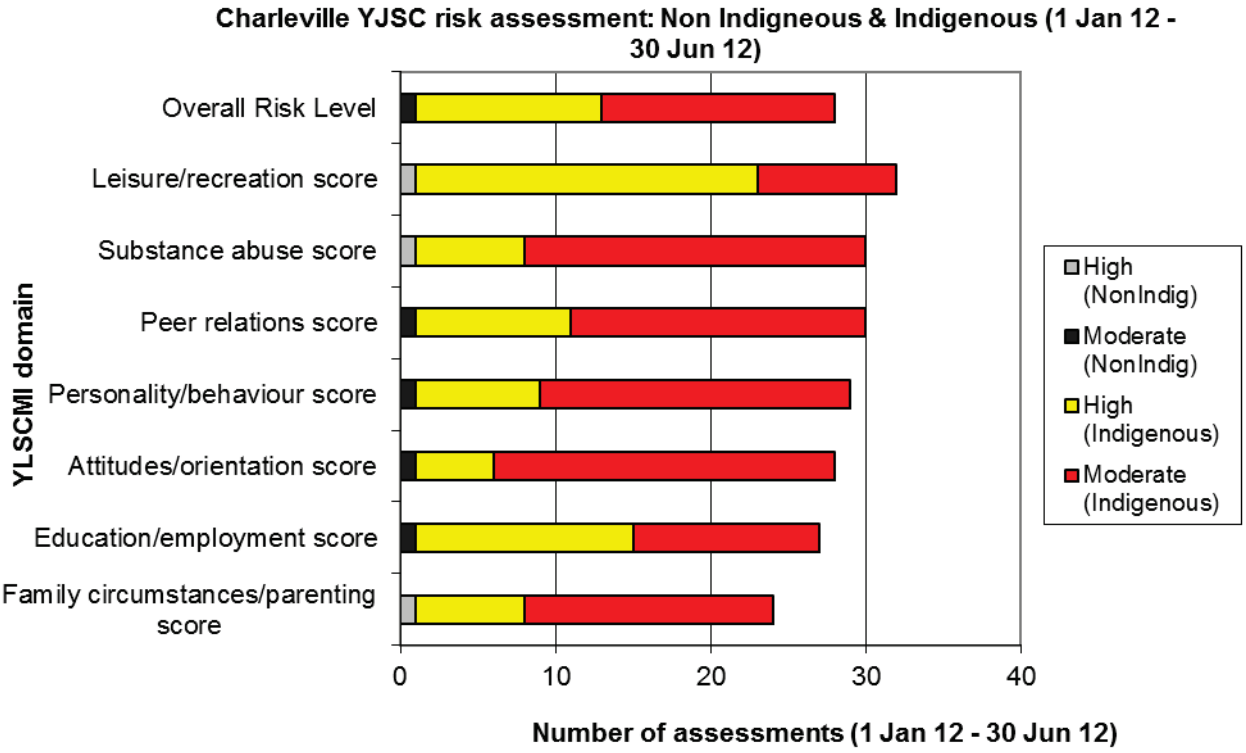
Summary of key data: Charleville Youth Justice Service Centre

Admissions to orders, Charleville YJSC 2011-12

Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	Average orders per young person: all QLD
CSO	8	0.95%	7	1.14	1.21
CRO	5	2.0%	4	1.25	1.07
Detention	4	1.2%	2	2.00	1.45
Probation	7	0.5%	7	1.00	1.23
SRO	3	1.4%	2	1.50	1.32

Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Charleville YJSC and State-wide average





Family

88% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 96% (state-wide average 80%)
- Two or more identifiable mental health issue: 88% (state-wide average 60%)
- Conduct disorder: 77% (state-wide average 59%)
- Substance misuse disorder: 77% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

TRIPLE P: POSITIVE PARENTING PROGRAMME FACT SHEET

Introduction

The Triple P-Positive Parenting Programme is a multi-level, multi-disciplinary community-wide system of parenting and family support. Developed in the 1980s, it is based on social-learning theory, developmental models of social competence in children, and research on developmental psychopathology. There are five intervention levels to address parenting problems which may lead to child maltreatment and/or child behavioural and emotional problems. Triple P is currently delivered in a large range of settings and includes a teen Triple P component which specificallty targets the period of early adolescence.

This fact sheet outlines key information about Triple P including some key findings.

Key Aims (Teen Triple P)

- To prepare parents for their child's transition to the teenage years.
- Enhance protective factors, such as parental monitoring and rule-making and positive family relations.
- Reduce risk factors such as experimental anti-social behaviour, association with deviant peers and substance use.

About Triple P

Triple P varies from targeting an entire group or population to only targeting 'at risk' young people in order to provide the appropriate level of support.

The programme includes five intervention levels:

- *Level 1*: A universal population-level media information campaign directed at all families, including self-help written materials (readings and homework tasks) with no practitioner contact.
- *Level 2*: Targeted at parents with specific concerns about their children's behaviour or development. Mostly self-directed using written materials, but complemented by telephone consultations, or personal or group consultation with clinicians regarding specific problem behaviours.
- *Level 3*: As level two, with written materials and active skills training (including instructions, modelling, role playing and feedback).
- *Level 4*: For parents of children with more severe behaviour problems, who want intensive training and support. This is delivered by a programme focusing on parent-child interaction and includes all Level 3 components plus home visits to assist in generalising acquired skills.

- *Level 5*: 'Enhanced' family intervention, including an individual tailored programme of therapeutic work around particular areas of family distress.

- In addition at level 5 'Pathways Triple P' also exists to address anger management issues and other issues that may put children at risk to child abuse.

Teen Triple P is a brief group parenting programme with a focus on helping parents to manage their child's transition into early adolescence. It is an 8 week programme, with one session per week, consisting of four 2–hour group sessions and four 15–30 minute one-to-one telephone sessions. Parents learn through observation, discussion, practice and feedback. Video segments are also used and homework is also completed between sessions.

Target Group

Triple P is aimed at parents of children up to the age of 12. Teen Triple P is for parents of young people entering early adolescence (12-13).

Key Findings

There is a wide range of information available on the effectiveness and outcomes of Triple P, which is considered a 'promising programme' by the University of Colorado's Centre for the Study and Prevention of Violence Blueprints team.

A series of randomised control trials have been undertaken in Australia to evaluate Triple P as a community and clinical intervention. Evidence shows that the programme is effective in:

- reducing child disruptive behaviour
- reducing dysfunctional parenting
- reducing attentional/hyperactive difficulties and in increasing parental competence[1]

While Teen Triple P is at an earlier stage, results from a preliminary study show that the programme had successfully reduced targeted risk factors associated with the development of emotional and behavioural problems in teenagers.[2]

Further information

- **Triple P official website**
  www.triplep.net
- **University of Colorado 'Blueprint' promising programme fact sheet**
  http://www.colorado.edu/cspv/blueprints/promisingprograms/BPP10.html

[1] Bor, Sanders and Markie-Dadds, 2002: Ralph and Sanders, 2003, in YJB Parenting KEEP document:
http://www.yjb.gov.uk/Publications/Resources/Downloads/Parenting%20source_final%20file.pdf

[2] YJB Parenting KEEP source document, 2008

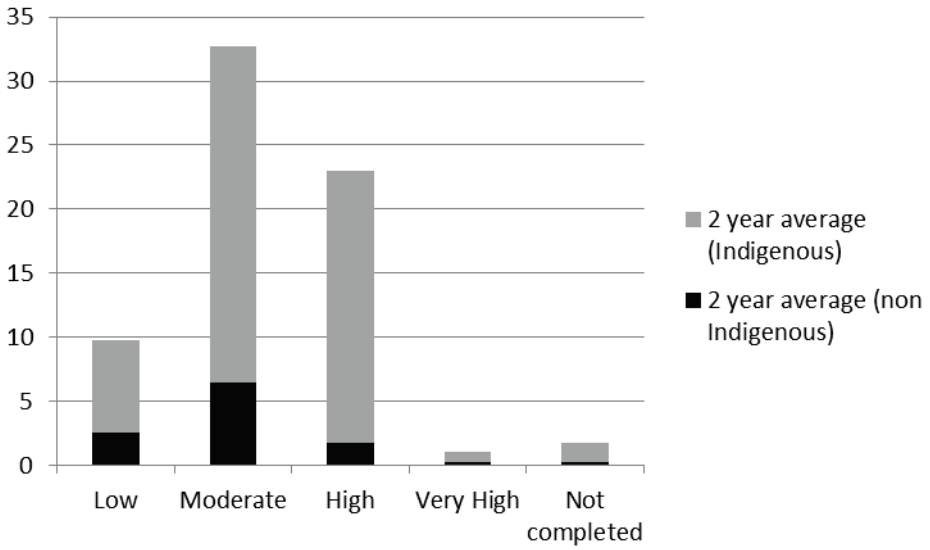
- **Pathways to Triple P** on the YJB's Directory of Emerging Practice - http://www.yjb.gov.uk/dep/Default.aspx
- **YJB Parenting Key Elements of Effective Practice (KEEP) source document -** http://www.yjb.gov.uk/publications/Resources/Downloads/Parenting%20source_final%20file.pdf
- **Sanders, M, '*Triple P – Positive Parenting Programme as a Public Health approach to strengthening parenting*,'** Journal of Family Psychology (2008) http://www.triplep.net/cicms/assets/pdfs/pg1as100gr5so144.pdf

Summary of key data: Cherbourg Youth Justice Service Centre

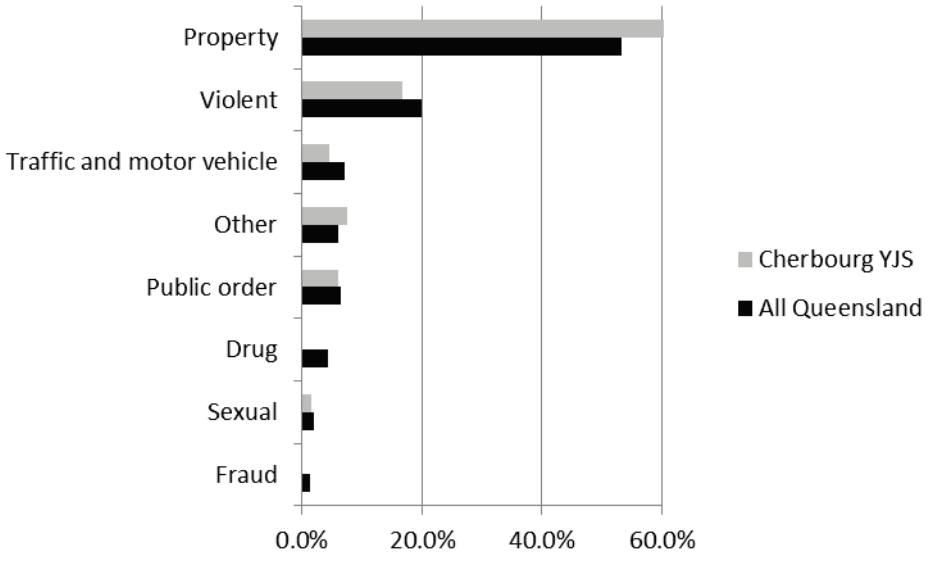
Admissions to orders, Cherbourg 2011-12

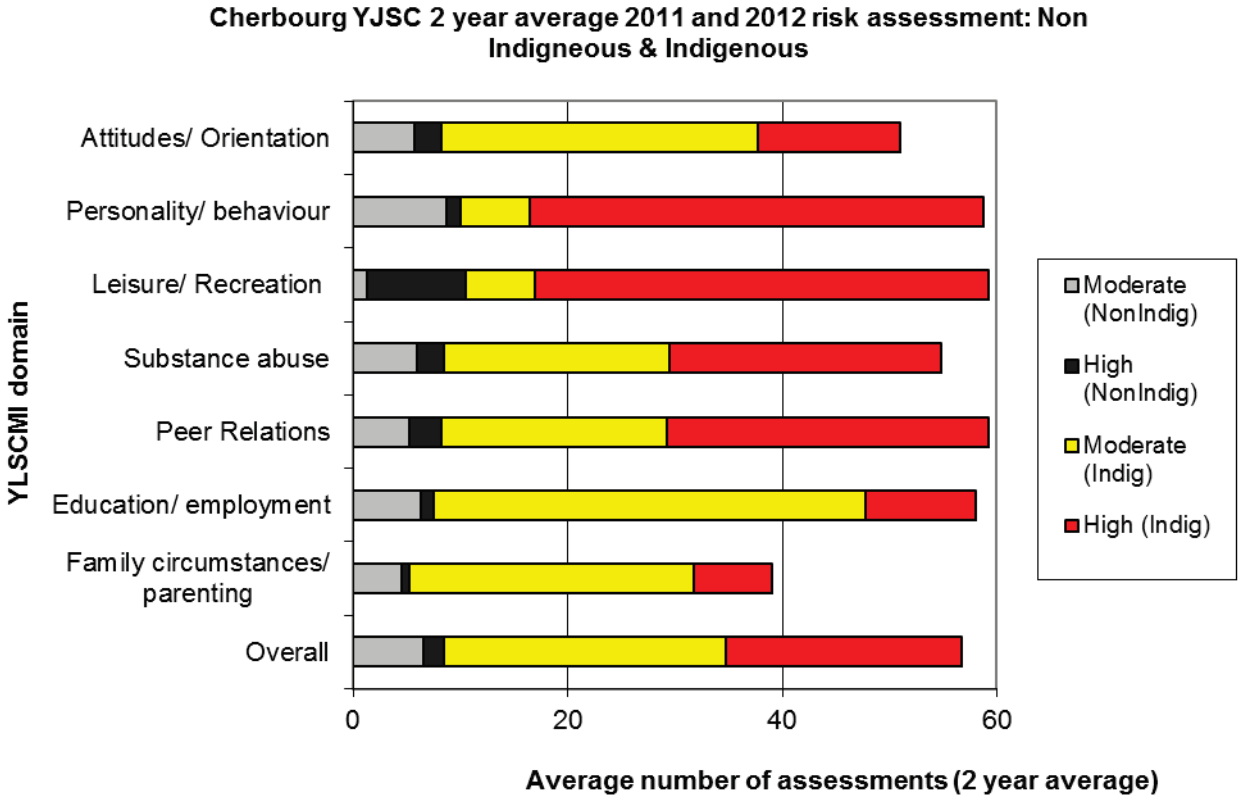
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	Average orders per young person: all QLD
CSO	47	5.6%	36	1.31	1.21
CRO	5	2.0%	5	1.00	1.07
Detention	15	4.6%	10	1.50	1.45
Probation	43	3.1%	36	1.19	1.23
SRO	9	4.1%	7	1.29	1.32

Overall risk level for Cherbourg YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Cherbourg YJSC and State-wide average





Family

77% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 85% (state-wide average 80%)
- Two or more identifiable mental health issue: 69%(state-wide average 60%)
- Conduct disorder: 71%(state-wide average 59%)
- Substance misuse disorder: 58% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

STRENGTHENING FAMILIES 10-14 FACT SHEET

Introduction

Strengthening Families 10-14 (SF10-14) was developed in the USA from the earlier Strengthening Families Program (SFP) by Karol Kumpfer and associates at the University of Utah aimed at substance-abusing parents of children aged 6-to-10 years old.[1] SF10-14 is widely delivered in the UK, through Oxford Brookes University, and was included in the National Academy for Parenting Practitioners' (NAPP) training offer to practitioners on evidence based programmes in 2009.

This fact sheet outlines the key information about SF10-14 and provides sources for further information.

About Strengthening Families 10-14

SF10-14 is a 7 week evidence-based programme. Each session lasts for two hours and uses discussion, games and activities to enable families to solve problems together, as well as teaching about rules, consequences and ways to show love and improve communication.

Parent booster sessions are also offered which cover issues such as handling stress, communication and reviewing skills learnt at an earlier stage.

Training to deliver SF10-14 ranges from Levels 1-4, including certification, qualification to facilitate the programme for up to 21 people, and an academic qualification.

The programme consists of the following sessions:

Parent Sessions	Youth Sessions	Family Sessions
Using Love and Limits	Having Goals and Dreams	Supporting Goals and Dreams
Making House Rules	Appreciating Parents	Appreciating Family Members
Encouraging Good Behaviour	Dealing with Stress	Using Family Meetings
Using Consequences	Following Rules	Understanding Family Values
Building Bridges	Handling Peer Pressure I	Building Family Communication
Protecting Against Substance Misuse	Handling Peer Pressure II	Reaching Our Goals

[1] http://www.strengtheningfamiliesprogram.org/docs/detailed_info.html

Using Community Resources	Reaching Out To Others	Putting It All Together & Graduation

Booster sessions:

Parent Sessions	Youth Sessions	Family Sessions
Handling Stress	Handling Conflict	Understanding Each Other
Communicating When You Don't Agree	Making Good Friends	Listening to Each Other
Reviewing Love And Limit Setting Skills	Getting the Message Across	Understanding Family Roles
Reviewing How to Help With Peer Pressure	Practising Skills	Using Family Strengths

Target Group

Parents of children aged 10-14 who are experiencing general behaviour problems, with a particular focus on substance misuse.

Key Aims

- Increase parenting skills
- Reducing alcohol and drug use
- Reducing behavioural problems in teenagers
- Strengthening the parent/carer – child relationship[2]

Key Findings

Independent (UK) studies of SF10-14 show that young people attending the programme are significantly less likely to have problems with alcohol, drug, substance misuse, aggressive and hostile behaviour or peer resistance for up to four years after the intervention compared to youth in the control group. Data shows a similar pattern for several other outcome measures including improved school attendance and academic achievement. In addition families improved their functioning and emotional health[3].

A 2007 evaluation of a pilot SF10-14 programme in Newcastly by Northumbria University concluded that the programme had been "highly effective" in the city. Pre and post programme assessments, completed by both parents and young people, indicated significant increases in young people's pro-social behaviour and abilities in making and sustaining relationships. The results showed significant decreases in the young people's anxiety and unhappiness, and for some young people there were

[2] http://www.mystrongfamily.org/practicioners/practitioners_about.html

[3] http://www.mystrongfamily.org/practicioners/practitioners_about.html

marked decreases in hyperactivity and conduct difficulties. The majority of families reported significant decreeases in the young person's overall difficulties, and subsequently, significant improvements on the 'whole familiy impact' of these difficulties. The results also showed an increase for some families in their closeness and cohesiveness. [4]

Costs and Cost Benefits

Training
£498 per person based on a group size of up to 20 participants (£9,972 : £11,717 inc vat whole group training costs) for 3 day training : includes the full set of programme materials required to run programme with families (one between two participants - flexible according to needs of each training requirement); training packs required for 3 day training; two SF10-14 trainers for three days + travel accommodation and subsistence for 3 days

Accreditation
Tier 1 included in above

Supervision cost (per practitioner)
£769 + vat (with accreditation tier 2)
The cost of providing SFP10-14 (UK) TOF training is £1632 (£1917 inclusive of VAT) (this a flat rate regardless of how many TOFs are trained)

Source: CWDC commissioning toolkit - http://www.commissioningtoolkit.org/ProgrammeSummary.aspx

Research by the Washington State Institute for Public Policy (2004) into the benefits and costs of prevention and early intervention programmes for youths estimates the economic return on investment for a range of parenting programmes including SF10-14. The study shows that the benefit per dollar of cost for SF10-14 is $7.82.[5]

Further information

- **Strengthening Families 10-14 website**
  http://www.mystrongfamily.org
- **CWDC commissioning toolkit** - http://www.commissioningtoolkit.org/ProgrammeSummary.aspx
- **Washington State Institute for Public Policy - cost benefits** - http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf
- **YJB Directory of Emerging Practice -** http://www.yjb.gov.uk/dep/Default.aspx
- **YJB Parenting Key Elements of Effective Practice (KEEP) source document** http://www.yjb.gov.uk/publications/Resources/Downloads/Parenting%20source_final%20file.pdf

[4] http://www.option2.org/Changing%20Trax%20documents/Changing%20Trax%20Evaluation.pdf

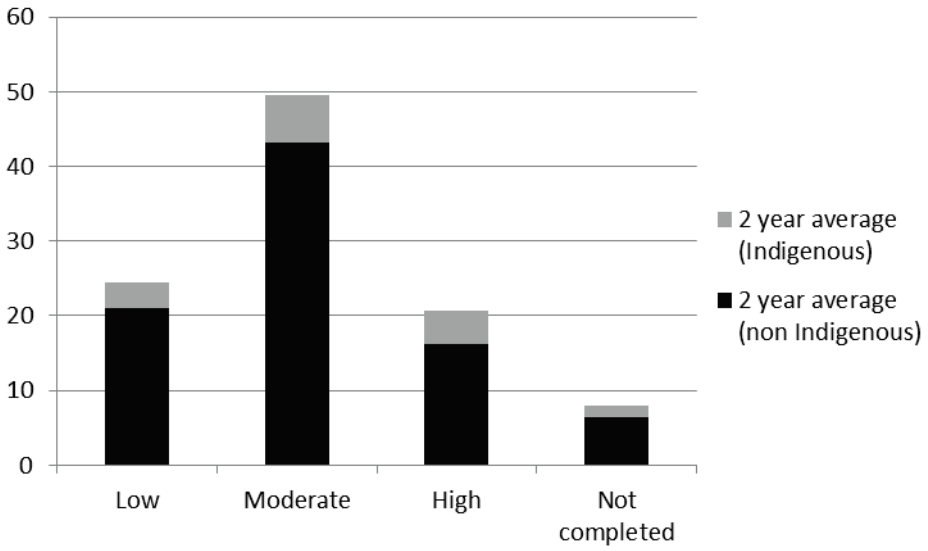
[5] http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf

Summary of key data: Gold Coast Youth Justice Service Centre

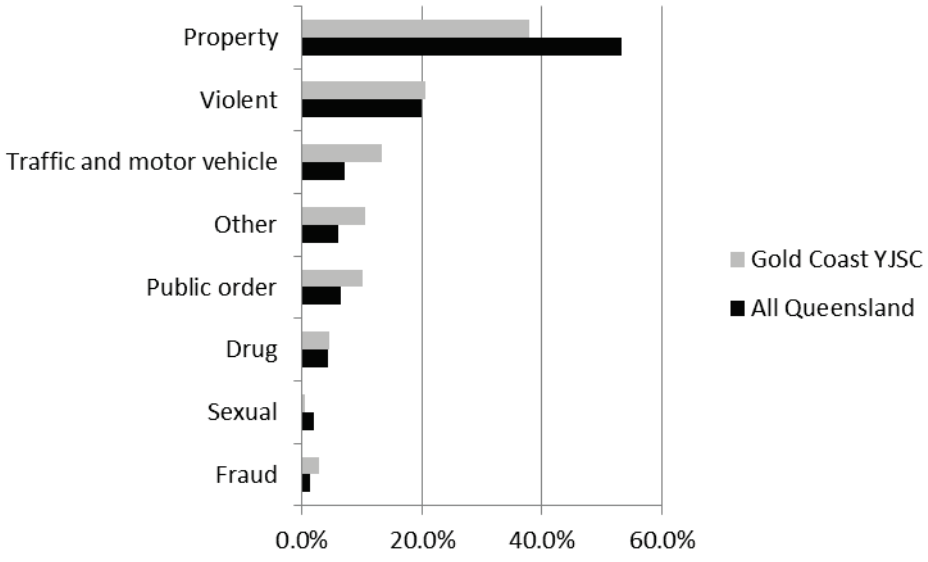
Admissions to orders, Mermaid Beach YJSC, 2011-12

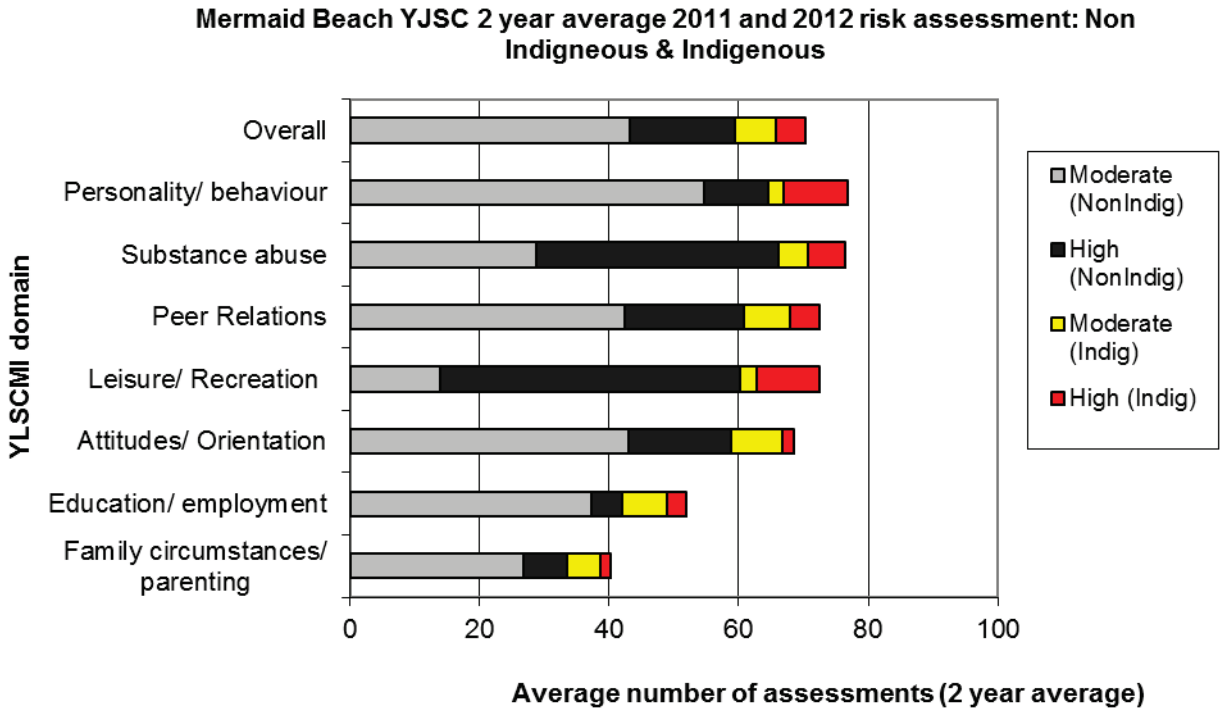
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	Average orders per young person: all QLD
CSO	24	2.86%	23	1.04	1.21
CRO	10	4.0%	10	1.00	1.07
Detention	9	2.79%	8	1.13	1.45
Probation	59	4.24%	52	1.13	1.23
SRO	4	1.84%	2	2.00	1.32

Overall risk level for Mermaid Beach YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Mermaid Beach YJSC and State-wide average





Family

83% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (this is significantly higher than the state-wide average of 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 89% (state-wide average 80%)
- Two or more identifiable mental health issue: 80%(state-wide average 60%)
- Conduct disorder: 79%(state-wide average 59%)
- Substance misuse disorder: 75% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

STRENGTHENING FAMILIES STRENGTHENING COMMUNITIES FACT SHEET

Introduction

Strengthening Families Strengthening Communities (SFSC) is a universal preventative programme for parents of young people aged 3 – 18.[1] SFSC is based on a culturally sensitive parent training curriculum originally developed in the USA by Dr Marilyn Steele, Jerry Tello, Ronald F Johnson and Marilyn F Marigna in the early 1990s which eventually became *Strengthening multi-ethnic families: A violence prevention parent training programme*. *Strengthening multi-ethnic families* is a unique integration of various prevention/intervention strategies geared towards reducing violence against self, family and community[2] and has demonstrated positive results in the USA with participants from a variety of cultural and ethnic backgrounds.[3] In 1999, the Race Equality Unit (now the Race Equality Foundation) worked closely with Dr Steele, parents and professionals to adapt the programme for use in the UK, renamed *Strengthening Families, Strengthening Communities: An Inclusive Parent Programme.*[4] It has been used extensively with families in a broad range of communities across England.[5]

About SFSC

SFSC was one of the first programmes assessed for the National Academy of Parenting Practitioner's Commissioning Toolkit and has been awarded Level 4 (the highest grade) for three of the four criteria

The SFSC programme is based on social learning theory and uses interactive learning methods. It is a 13 week programme for parents; each session is 3 hours long. The programme requires co-facilitation so each session must have 2 trained facilitators. Groups can be run with between 6 – 15 participants, although 8-12 is the optimum number. In some areas 'taster days' are also offered for parents. Activities are provided for parents to do at home each week. SFSC has also been delivered extensively in Sure Start children's centres since their inception and facilitator training has been provided to hundreds of staff delivering services to famlilies through these centres.The community based approach of SFSC,

[1] https://www.cwdcouncil.org.uk/assets/0001/1189/SP161-1010_IAG_SFSC.pdf

[2] http://www.strengtheningfamilies.org/html/programs_1999/35_SMEFC.html

[3] http://www.parentingacrosscultures.com/research/images/6REF.pdf

[4] http://www.parentingacrosscultures.com/research/images/6REF.pdf

[5] http://www.cwdcouncil.org.uk/assets/0000/9240/11017_SP640310_SFSC_prospectusv2.pdf

ensuring that parents are connected to local support and services fits well with what Sure Start childrens centres aim to achieve with their service users. [6]

Target Group

Parents of children and young people aged 3 – 18.

Key Aims

For parents to:

- develop a better understanding of child development
- use positive discipline techniques
- promote children's social skills and self-discipline
- Achieve positive change in family relationships.

Key Findings

Studies using data gathered from pre- and post-test questionnaires completed by parents have reported statistically significant change in:

- parents' self-esteem
- parents' confidence in their parenting
- family relationships
- relationships with children.[7]

Wilding and Barton's 2007 evaluation for the Race Equality Foundation found evidence of increased activities and discussion, increased use of positive discussion and communications strategies and an increase in parents' and child competence. They further noted that the majority of families evaluated were from 'minority ethnic groups and could be termed as 'hard-to-reach' families.'[8] Evidence from their second evaluation (2009) showed greater confidence among parents about their children's competence in relation to their ethnicity and avoiding dealing drugs (70% - 81%) but also in relation to their children staying out of gangs and asking for help.[9]

Farber and Maharaj (2005) also report statistically significant and practically meaningful trends on the use of the programme with 39 parents of high-risk families of children with disabilities[10].

[6] https://www.cwdcouncil.org.uk/assets/0001/1189/SP161-1010_IAG_SFSC.pdf

[7] https://www.cwdcouncil.org.uk/assets/0001/1189/SP161-1010_IAG_SFSC.pdf

[8] http://www.parentingacrosscultures.com/research/images/6REF.pdf

[9] http://www.raceequalityfoundation.org.uk/sites/default/files/publications/downloads/SFSC%20Full%20Report%20January%202009_0.pdf

[10] http://www.raceequalityfoundation.org.uk/our-work/strengthening-families-strengthening-communities/commissioners-and-facilitators/evidence-an

Further information

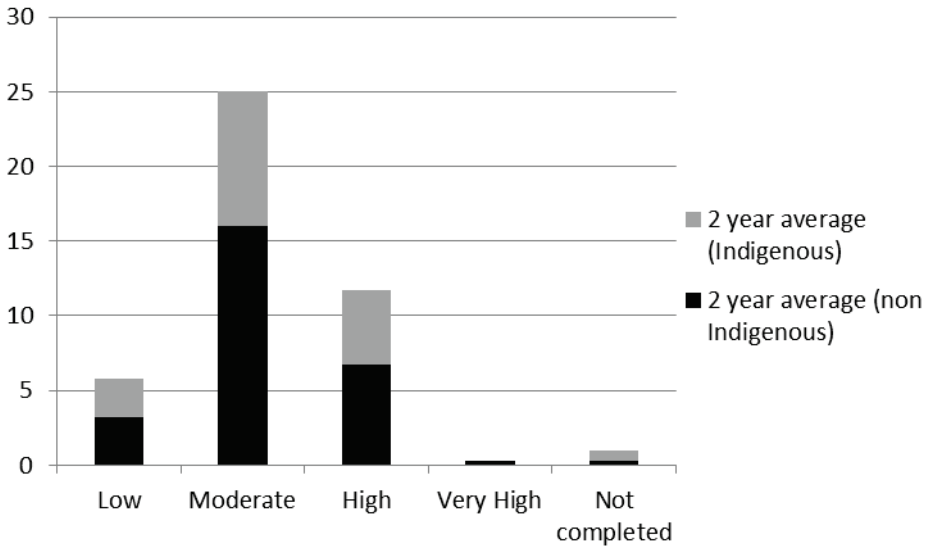
- **Race Equality Foundation**: http://www.raceequalityfoundation.org.uk/our-work/strengthening-families-strengthening-communities
- **YJB Directory of Emerging Practice:** http://www.yjb.gov.uk/dep/Default.aspx
- **Children's Workforce Development Council**: www.cwdcouncil.org.uk/

Summary of key data: Gladstone Youth Justice Service Centre

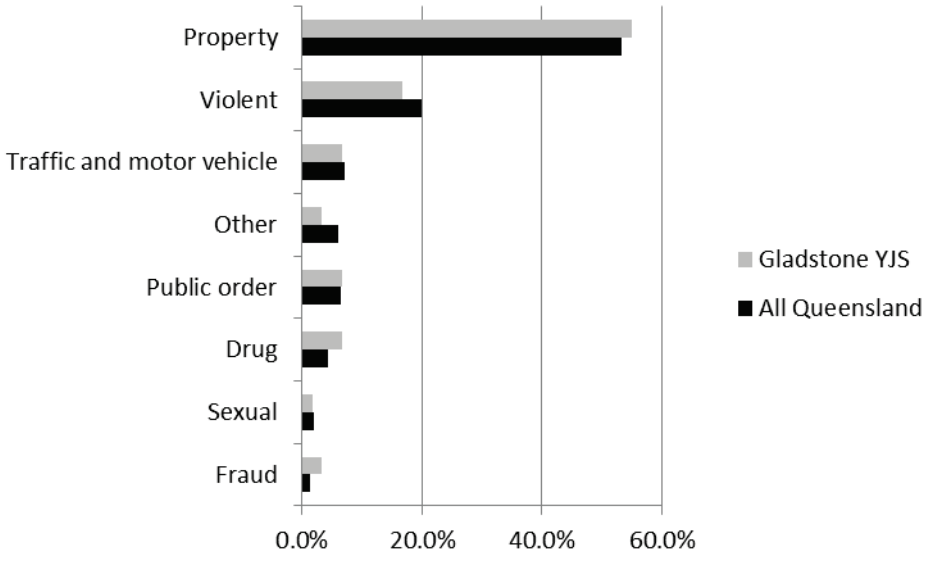
Admissions to orders, Gladstone YJSC, 2011-12

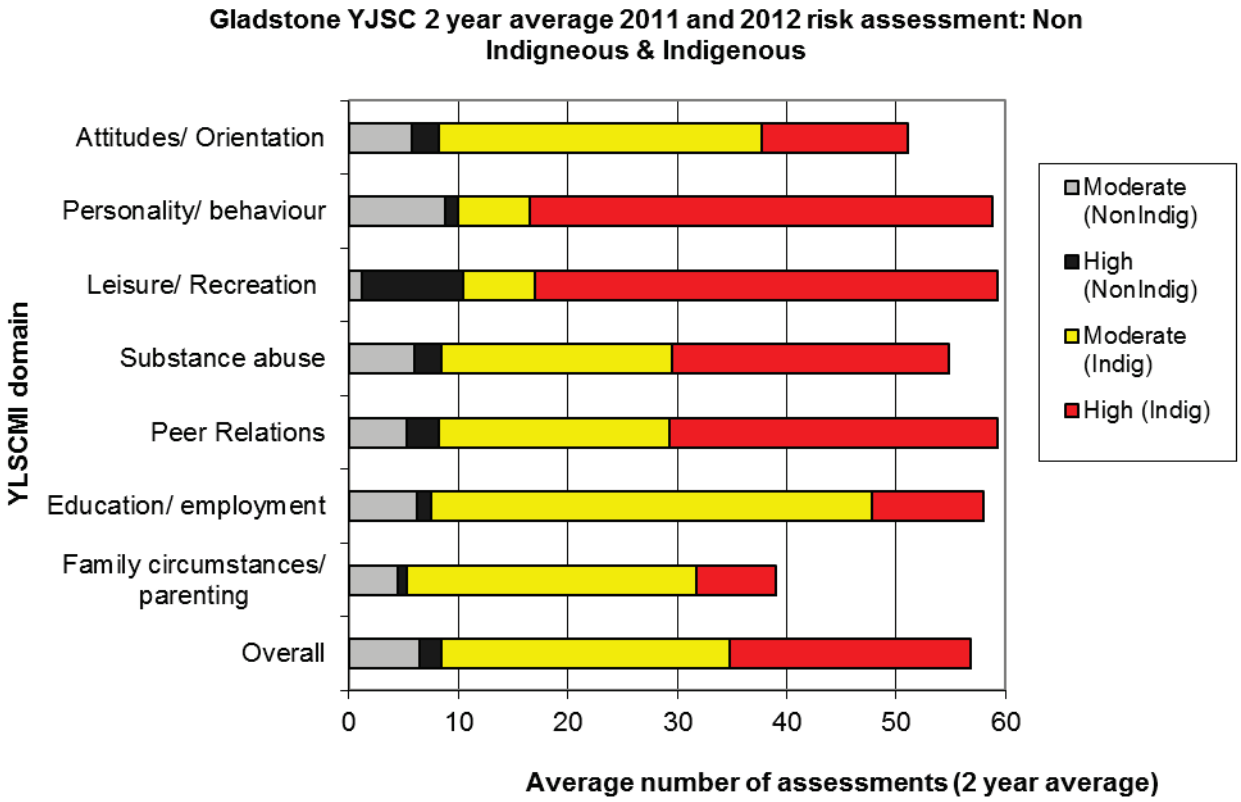
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	Average orders per young person: all QLD
CSO	15	1.8%	13	1.15	1.21
CRO	6	2.4%	6	1.00	1.07
Detention	8	2.5%	4	2.00	1.45
Probation	34	2.4%	25	1.36	1.23
SRO	6	2.8%	5	1.20	1.32

Overall risk level for Gladstone YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Gladstone YJSC and State-wide average





Family

74% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 90% (state-wide average 80%)
- Two or more identifiable mental health issue: 64%(state-wide average 60%)
- Conduct disorder: 64%(state-wide average 59%)
- Substance misuse disorder: 74% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

MULTIDIMENSIONAL TREATMENT FOSTER CARE FACT SHEET

Introduction

Multidimensional Treatment Foster Care (MTFC) is a structured and evidence-based treatment programme that was developed at the Oregon Social Learning Centre (OSLC). MTFC is based on social learning principles and systemic theory and uses a skills-based behavioural approach. This involves a team providing 'wraparound' care and close work with the young person, the foster carers, and the birth family to bring about a change in the young person's difficult behaviours and attitudes.[1]

Target Group

The original MTFC (A) programme developed in the USA targeted young people with long or serious histories of criminal behaviour at risk of imprisonment and those with severe mental health problems at risk of psychiatric hospitalisation.[2] There are three versions of MTFC, each serving specific age groups. Each version has been subject to careful scientific evaluations and found to be efficacious.[3] The programmes are:

- MTFC-A for adolescents (12-17 years)
- MTFC-C for middle childhood (7-11 years)
- MTFC-P for preschool-aged children (3-6 years)

MTFC-A is the most frequently used programme

Key Aims

The aim of the programme is to support young people in all areas of their lives and help them develop better relationships and life skills. The programme goals are to:

- Provide the young person with close supervision
- Closely monitor peer associations
- Reinforce normative and pro-social behaviours
- Specify clear and consistent limits and follow through on rule violations with non-violent consequences
- Encourage the young person to develop positive work habits and academic skills
- Support family members to increase the effectiveness of their parenting skills

[1] http://www.c4eo.org.uk/themes/vulnerablechildren/vlpdetails.aspx?lpeid=291

[2] http://www.colorado.edu/cspv/blueprints/modelprograms/MTFC.html

[3] http://www.mtfc.com/overview.html

- Decrease conflict between family members
- Teach the young person new skills for forming relationships with positive peers and for bonding with adults mentors and role models[4]

About MTFC

MTFC is a restricted programme and the site needs to be certified or be receiving clinical supervision from MTFC consultants. MTFC has a specific programme certification protocol that provides standardised measurement of all important MTFC model components and sets consistent standards that must be met for programmes to be considered certified. When a programme is certified, the certification is valid for two years, and re-certifications are valid for three years.

As described in YJB's *Key Elements of Effective Practice: Parenting,* MTFC is based on a detailed plan of activities, behavioral expectations, and rewards for the child or young person. MTFC involves the use of a three level point system, which provides the young person with structured feedback on their behaviour.

1) Level 1 includes constant foster parent supervision, and lasts for three weeks or until the young person earns enough points to become eligible for advancing to level 2.
2) Level 2 includes limited unsupervised activity time in the community, and privileges are expanded and offered on a weekly rather than daily basis.
3) Level three - privileges are expanded further, and the young person follows a less structured programme, allowing for some unsupervised peer contact and activities.

MTFC foster carers undergo training in the MTFC model. After completing training MTFC carers are provided with 24 hour support and regular supervision including a weekly foster carer meeting. Family therapy is provided for the biological or adoptive family with the goal of returning the young person back to the home. Home visits are made after the first 3 weeks of the MTFC placement and parents are encouraged to remain informed about their child's progress in the programme through the MTFC supervisor and Family Therapist. The Programme Supervisor also keeps frequent contact with the young person's case workers, teachers, and other involved adults.

Key Findings

Evaluations of MTFC have demonstrated positive results for the young people who have received the programme compared with control groups, including:

- 60% fewer days spent imprisoned at 12 month follow-up;
- Significantly fewer subsequent arrests;
- Ran away from their programmes, on average, three time less often;
- Significantly less hard drug use in the follow-up period;

[4] *Key Elements of Effective Practice – Parenting* (Source document), YJB, 2008 – available at www.yjb.gov.uk

- Quicker community placement from more restrictive settings (e.g., hospital, detention);
- Better school attendance and homework completion at 24 months follow-up. [5]

Other studies have shown evidence of cost effectiveness and also that young people who have undergone MTFC have about half the number of arrests of those in community based group care programmes (group care) at follow-up. Furthermore results show that young people referred from juvenile justice show greater benefits from participation in the MTFC than in group care, and MTFC youths have a higher rate of desistance from arrest than those in group care. Significant and meaningful differences in violent criminal activity between the MTFC and group care youths can also be shown as once the young person leaves their placement, those in MTFC spend significantly fewer days in locked settings (detention, training schools, hospitals, etc) at follow-up.[6]

Cost Effectiveness

MTFC has been evaluated for its cost effectiveness by the Washington State Institute for Public Policy and the results show that, of the 13 programmes that were evaluated, MTFC had the largest effect size of any of the juvenile justice programmes. [7] A 2004 publication estimates the economic return on investment for a range of parenting programmes, including MTFC, and found that the benefits per dollar of cost for MTFC were $10.88.[8]

Implementation of MTFC A in England

The MTFC A model has been implemented in England by the Youth Justice Board under the name 'Intensive Fostering' as an alternative to custody for sentenced young people, and by local authorities who received pump priming funding under a Department for Children, Schools and Families (DCSF) initiative for looked-after children.

The DCSF initiative was aimed at improving outcomes for difficult-to-place looked-after children. There are currently five local authorities in England that have MTFC A programmes. The DCSF (now Department for Education) commissioned a random control trial of the MTFC A implementation in England and the findings are expected to be published by the end of 2011.

The Intensive Fostering programme, funded by the YJB, provides highly intensive care for up to 12 months for each individual, as well as a comprehensive programme of support for their family.

The intervention is targeted at serious and persistent young offenders for whom the alternative to fostering would be custody or an Intensive Supervision and Surveillance Programme (ISSP). Under the Criminal Justice and Immigration Act 2008 courts can now impose Intensive Fostering as a condition of a Youth Rehabilitation Order (YRO).

[5] http://www.colorado.edu/cspv/blueprints/modelprograms/MTFC.html

[6] http://www.mtfc.com/program_effectiveness.html

[7] http://www.mtfc.com/cost_effectiveness.html

[8] http://www.wsipp.wa.gov/rptfiles/04-07-3901.pdf

Intensive Fostering has been piloted with foster care providers in Wessex, Trafford, London and Staffordshire. For further information see http://www.yjb.gov.uk/en-gb/practitioners/ReducingreoffendingIntensiveFostering/

Further information

For more information on MTFC please visit:

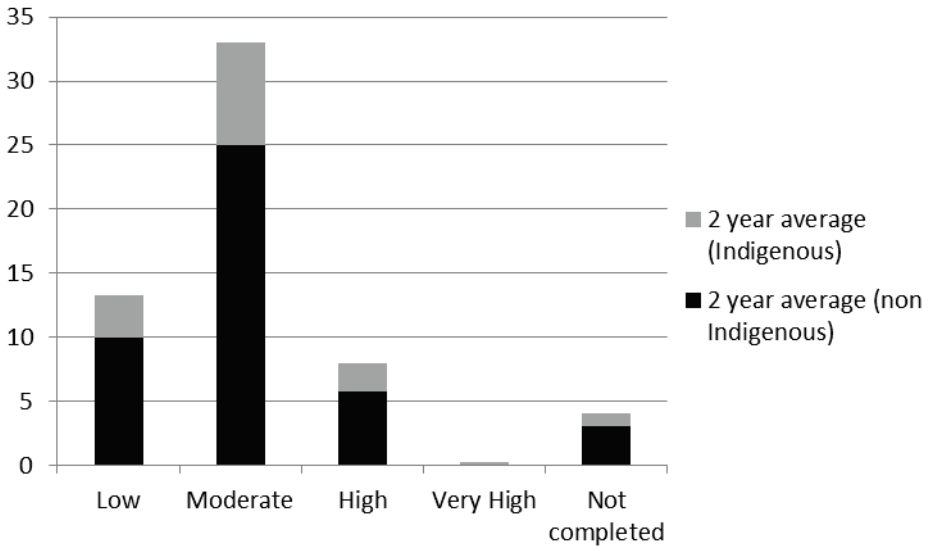
- http://www.c4eo.org.uk/themes/vulnerablechildren/vlpdetails.aspx?lpeid=291
- http://www.mtfc.com
- http://www.colorado.edu/cspv/blueprints/modelprograms/MTFC.html
- http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idProduct=389&eP=
- http://www.mtfce.org.uk/

Summary of key data: Hervey Bay Youth Justice Service Centre

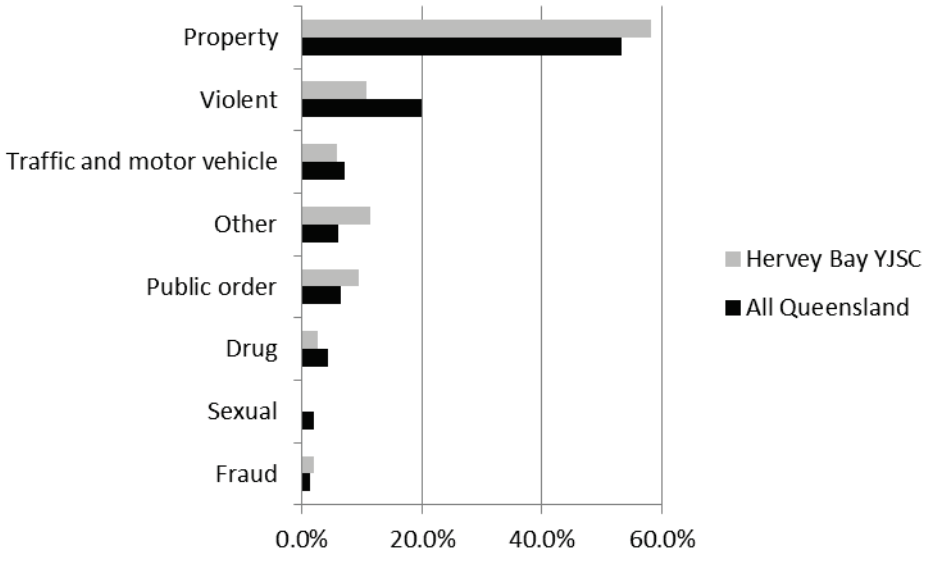
Admissions to orders, Hervey Bay 2011-12

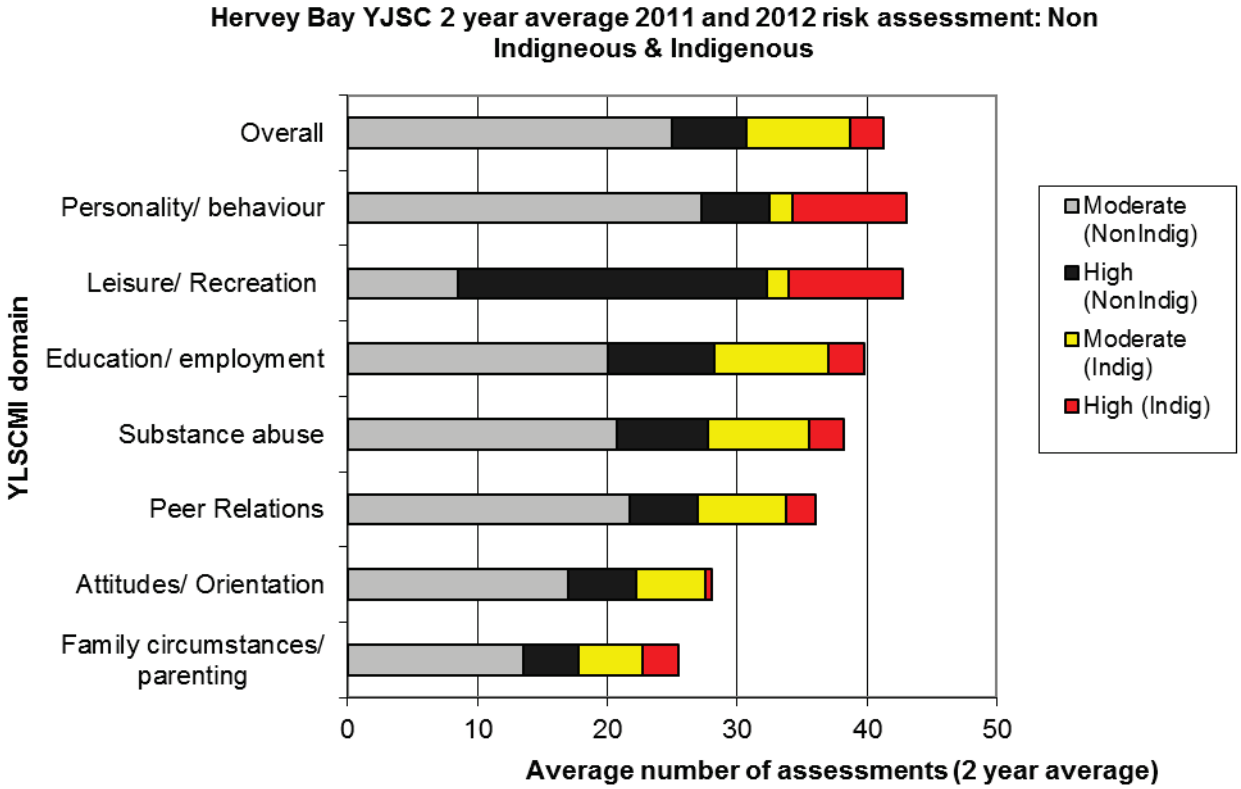
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	Average orders per young person: all QLD
CSO	37	4.4%	26	1.42	1.21
CRO	9	3.6%	8	1.13	1.07
Detention	4	1.2%	3	1.33	1.45
Probation	42	3.0%	36	1.17	1.23
SRO	2	0.9%	2	1.00	1.32

Overall risk level for Hervey Bay YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Hervey Bay YJSC and State-wide average





Family

88% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

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Queensland Government response to the Queensland Child Protection Commission of Inquiry final report

Taking Responsibility: A Roadmap for Queensland Child Protection

December 2013

Foreword

The Queensland Child Protection Commission of Inquiry (the Commission) delivers on the government's election commitment: *Establish a new 'Forde Inquiry' to review progress and chart a new roadmap for child protection for the next decade. In conjunction with community and key stakeholders, we will conduct a full audit and overhaul Queensland's child protection laws.*

On 1 July 2012, the Commission, led by the Honourable Tim Carmody QC, was established. The Commission was tasked with doing something no previous inquiry has ever done in Queensland: it was tasked with reviewing the entire child protection system. The 1998 Commission of Inquiry into Abuse of Children in Queensland Institutions conducted by the former Chancellor of Griffith University and Governor of Queensland, Ms Leneen Forde (the Forde Inquiry) and the 2004 Inquiry into Abuse of Children in Foster Care conducted by the Crime and Misconduct Commission (CMC), were both established in response to concerns about the abuse of children in out-of-home care. Recommendations from the Forde Inquiry focused on residential care facilities and those from the CMC Inquiry extended to include foster and kinship care.

By comparison to previous inquiries, the Commission was far more comprehensive in its terms of reference and deliberation. The Commission was asked to chart a roadmap for the state's child protection system for the next decade.

The Commission found that despite the hard work and good intentions of many and the large amounts of money invested in it since 2000, the child protection system is not ensuring the safety, wellbeing and best interests of children as it should or could.

The Commission also found that the perception of a system under stress is justified. Over the last decade, child protection intakes have tripled, the rate of Aboriginal and Torres Strait Islander children in out-of-home care has tripled, the number of children in out-of-home care has more than doubled, and children in care are staying there for longer periods. The budget for child protection services has more than tripled, going from $182.3 million in 2003-04 to $773 million in 2012-13.

Information provided to the Commission suggests that the two main factors contributing to the unsustainable demand on the Queensland statutory child protection system are:

- the high number of intakes to Child Safety (reporting stage)
- too many investigations being conducted by Child Safety (notification stage)

The overarching tenet of the report is clear in that parents (and families) should take primary responsibility for the protection of their children and that, where appropriate, parents should receive the support and guidance they need to keep their children safe. It is only as a last resort that the government should intervene in a statutory role to ensure the protection of children who are at significant risk of harm.

The Commission's report includes 121 recommendations that comprise the Child Protection Reform Roadmap, which provides government detailed directions about how the reform process should be undertaken to reform child protection in Queensland. The Commission views the development of strong collaborative partnerships between the government and the non-government sector as an essential component of the implementation of the Child Protection Reform Roadmap.

The Commission believes that with full implementation of the Child Protection Reform Roadmap, the child protection landscape in Queensland will be considerably different by 2019. A much greater emphasis will be placed on supporting vulnerable families to take proper care of their children.

The government has not merely accepted the Commission's recommendations at face value. The government has taken the time to properly review the full merits and impacts of each recommendation, which informs the response to the report. There is no motivation or interest in changing what is working merely for the sake of change, but the government is determined to deliver a reformed child protection system in Queensland that better provides for the safety, wellbeing and best interests of our most at-risk children when they cannot be properly cared for at home.

	Commission of Inquiry recommendation	Queensland Government response
	Chapter 1: The case for reform	
1	1.1 the Queensland Government promote and advocate to families and communities their responsibility for protecting and caring for their own children.	**Accepted** The government accepts this recommendation. Parents and families have a primary duty to protect and care for, and support the development, wellbeing and safety of their children.
	Chapter 4: Diverting families from the statutory system	
2	4.1 the Minister for the Communities, Child Safety and Disability Services propose that section 10 of the *Child Protection Act 1999* be amended to state that 'a child in need of protection is a child who has suffered significant harm, is suffering significant harm, or is at unacceptable risk of suffering significant harm'.	**Accepted** The government accepts this recommendation. The definitions in the *Child Protection Act 1999* will be amended to clarify for reporters about what is meant by terms such as 'significant harm' and when reports to Child Safety Services should be made. This will be introduced in early-2014 as one of a number of initiatives to strengthen how government, non-government agencies and professionals respond to vulnerable families and children.
3	4.2 the Department of the Premier and Cabinet and the Department of Communities, Child Safety and Disability Services lead a whole-of-government process to: • review and consolidate all existing legislative reporting obligations in the *Child Protection Act 1999* • develop a single 'standard' to govern reporting policies across core Queensland Government agencies • provide support through joint training in the understanding of key threshold definitions to help professionals decide when they should report significant harm to Child Safety Services and encourage a shared understanding across government.	**Accepted** The government accepts this recommendation. Responses to vulnerable families and children, and reporting practices to the child protection system, need to be more effective and consistent. This will be achieved by consolidating mandatory reporting obligations into one piece of legislation, the *Child Protection Act 1999,* together with training, guides and tools to enable more effective responses and referrals, and notifications when necessary.
4	4.3 the Queensland Police Service revoke its administrative policy that mandates reporting of all domestic violence incidents where at least one of the parties has a child residing with them to Child Safety Services, replacing it with a policy reflecting the standard recommended in rec.4.2.	**Accepted** The government accepts this recommendation. The existing Queensland Police Service (QPS) policy to report all domestic violence incidents to Child Safety Services is placing unnecessary pressure on the child protection system. The amended QPS reporting policy and practices will be consistent with the definition and standards resulting from recommendations 4.1 and 4.2. The government will pursue further reforms to improve prevention of and responses to domestic and family violence, especially where children are involved.

	Commission of Inquiry recommendation	Queensland Government response
5	4.4 as part of the review proposed in rec.4.2, the Queensland Police Service and the Department of Communities, Child Safety and Disability Services develop an approach to the exchange of information about domestic and family violence incidents that ensures it is productive and not a risk-shifting strategy.	**Accepted** The government accepts this recommendation. Information about domestic and family violence incidents will be shared across departments and community agencies where appropriate to enable more coordinated and effective responses to those families.
6	4.5 the Department of Communities, Child Safety and Disability Services establish a dual pathway with a community-based intake gateway that includes an out-posted Child Safety Officer as an alternative to the existing Child Safety intake process.	**Accepted** The government accepts this recommendation. The government is committed to enabling families to get the right support at the time that they need it to help them to care for and protect their children. The government will work with partners and experts to design and implement by 1 January 2015 a dual pathway approach, whereby the referrer has an option to refer to Child Safety Services or alternatively to a regional community based referral point, most effectively and efficiently.
7	4.6 the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to: • allow mandatory reporters to discharge their legal reporting obligations by referring a family to the community-based intake gateway, and afford them the same legal and confidentiality protections currently afforded to reporters • provide that reporters only have protection from civil and criminal liability if in making their report they are acting not only honestly but also reasonably • provide appropriate information sharing and confidentiality provisions to support community-based intake.	**Accepted** The government accepts this recommendation. The government will introduce amendments in early 2014 to the *Child Protection Act 1999* so that a dual referral pathway can operate effectively with appropriate protections and enabling provisions.

	Commission of Inquiry recommendation	Queensland Government response
8	4.7 the Department of Communities, Child Safety and Disability Services establish differential responses that include alternatives to a Child Safety investigation to respond to concerns that are currently categorised as notifications. This would provide three separate response pathways: • an investigation response by government of the most serious cases of child maltreatment • a family service assessment response by a non-government organisation where there is a low to moderate risk • a family violence response by a non-government organisation where a child has been exposed to violence. For the latter two responses to be employed, there is no need for a formal finding that a child is in need of protection.	**Accepted** The government accepts this recommendation. The establishment of a differential response will enable Child Safety Services to refocus its child protection investigations on the more serious cases. A differential response approach will mean that when a concern is reported to the child protection authority there are a number of options available to them to better focus how they engage with a child's family to meet the family's and the child's needs.
9	4.8 the Department of Communities, Child Safety and Disability Services in its review of the *Child Protection Act 1999* consider amending section 14(1) to remove the reference to investigation and to replace it with 'risk assessment and harm substantiation'.	**Accepted** The government accepts this recommendation. Amendments to the *Child Protection Act 1999* will be introduced in early 2014 to better reflect the role of child safety officers to substantiate whether a child has been harmed and assess whether there is a risk of future harm to a child.
10	4.9 the Department of Communities, Child Safety and Disability Services establish specialist investigation roles for some Child Safety officers to improve assessment and investigation work. These officers would work closely with the new departmental legal advisors (see rec. 13.16) and police.	**Accepted** The government accepts this recommendation. The department will strengthen its capability to undertake investigations of the most serious cases of alleged child maltreatment through specialist investigation and assessment roles in child safety.
11	4.10 the Department of Communities, Child Safety and Disability Services review the cases of all children on long-term guardianship orders to the chief executive and those who have been in out-of-home care for less than six months (over a two-year period), with a view to determining whether the order is still in the best interests of the child or whether the order should be varied or revoked.	**Accepted** The government accepts this recommendation. A review of cases, as proposed in the recommendation will be undertaken by mid-2014. The Department of Communities, Child Safety and Disability Services will review relevant cases, develop transition plans for children whose orders are identified as no longer being in their best interests and will work with non-government service providers to provide necessary support to these children to help them transition to new arrangements that are in their best interests.
12	4.11 the Department of Communities, Child Safety and Disability Services review its data-recording methods so that the categories of harm and the categories of abuse or neglect accord with the legislative provisions of the *Child Protection Act 1999.*	**Accepted** The government accepts this recommendation. The Department of Communities, Child Safety and Disability Services will progressively revamp and simplify data collection categories and methods to accord with the legislation.

	Commission of Inquiry recommendation	Queensland Government response
13	4.12 Child Safety, within the Department of Communities, Child Safety and Disability Services, cease the practice of progressing notifications relating to the relinquishment of children with a disability, and that Disability Services allocate sufficient resources to families who have children with a disability to ensure they are adequately supported to continue to care for their children.	**Accepted** The government accepts this recommendation. Disability and family support services will be improved, in particular through Queensland's transition to the National Disability Insurance Scheme, to assist families who have children with a disability to continue to care for them. There will continue to be some situations where a child protection intervention is required for a child with a disability after other services and supports have been exhausted.
14	4.13 the Premier establish a Child Protection Reform Leaders Group, chaired by the Deputy Director-General of the Department of the Premier and Cabinet, to have responsibility for leading the reform of the child protection system outlined in this report and for reporting to the Premier on implementation. The group would comprise of senior executives of: • Department of Communities, Child Safety and Disability Services • Queensland Health • Department of Education, Training and Employment • Department of Justice and the Attorney-General • Queensland Police Service • Department of Aboriginal and Torres Strait Islander and Multicultural Affairs • Department of Housing • Queensland Treasury and Trade • a non-government organisation	**Accepted** The government accepts this recommendation. The government will put in place strong cross-agency and senior executive-level leadership, accountability and coordination mechanisms to deliver the reforms, and to engage with non-government agencies and other stakeholders.
	Chapter 5: Designing a new family support system for children and families	
15	5.1 the Department of Communities, Child Safety and Disability Services, in conjunction with relevant departments and the non-government service sector, conduct a stocktake of current family support services to identify gaps, overlaps or duplications in order to inform the department's development of an integrated suite of services within an overarching Child and Family support program. (This suite of services should take account of rec 4.7).	**Accepted** The government accepts this recommendation. The government will work with other levels of government, across agencies and with community organisations to build an integrated suite of services that provide families with support that is responsive, accessible and effective. A stocktake of services (both government and non-government) will be completed by February 2014 to inform where and what services are available and identify gaps.

	Commission of Inquiry recommendation	Queensland Government response
16	5.2 the Department of Communities, Child Safety and Disability Services and Queensland Government agencies work collaboratively with the Australian Government to ensure that services to adults who are parents are cognisant of the impacts on a child and give priority access to high-risk adults.	**Accepted** The government accepts this recommendation. The government will work with Australian Government agencies and non-government organisations (NGOs) so that services for adults (such as programs for substance abuse, mental illness, domestic violence) are more aware and responsive to the person's responsibilities as a parent, and so that such services are more readily accessible to parents whose children are at risk of entering, or are in, the child protection system.
17	5.3 in developing the integrated suite of services, proposed in recommendation 5.1, the Department of Communities, Child Safety and Disability Services ensure all selected services demonstrate good outcomes for children and deliver value for money.	**Accepted** The government accepts this recommendation. Government agencies will reform family and child-related programs, procurement and performance management so that public investment is targeted towards the most effective services that can demonstrate good outcomes for children and families and deliver value for money.
18	5.4 the Department of Communities, Child Safety and Disability Services roll out the Helping Out Families initiative across the state progressively, and evaluate the program regularly to ensure it is achieving its aims cost-effectively.	**Accepted in principle** The government accepts this recommendation in principle. Lessons learnt from the Helping Out Families initiative will inform a plan for expanding and improving family and parenting support, including integrated and intensive family intervention services, across Queensland.
19	5.5 The Child Protection Reform Leaders, through their departmental Reform Roadmap strategies and Australian Government service agreements, support regional Child Protection Service Committees in building the range and mix of services that address the parental risk factors associated with child abuse and neglect.	**Accepted** The government accepts this recommendation. Implementation of the reforms, and the planning and delivery of integrated and effective services at regional and local levels will be facilitated through Child Protection Service Committees. These will be established progressively from early 2014.

	Commission of Inquiry recommendation	Queensland Government response
20	5.6 planning for future service delivery and investment occur within a three-tiered governance system: • Department of Communities, Child Safety and Disability Services working with other departments, the non-government service providers, local councils and Australian Government service providers, to develop local 'family-support needs plan' and 'family-support services plans' to identify which services are required and to monitor the demand for services • Regional Child Protection Service Committees to ensure services are available to implement the local plans • Child Protection Reform Leaders Group to oversee development and operation of the place-based planning and service-delivery process, and report on outcomes.	**Accepted** The government accepts this recommendation.
21	5.7 Family Support Alliances, along with relevant government departments, develop a collaborative case-management approach for high-end families that includes a single case plan and a lead professional.	**Accepted** The government accepts this recommendation. The government is committed to collaborative case management, and integrated service planning and delivery, especially for the most complex and vulnerable families. A lead professional will provide a single point of contact for high-end families and the development of a single case plan. The government will engage with key stakeholders and determine, by mid-2014, the most effective mechanism to support collaborative case-management and integrated service delivery.
	Chapter 6: Child protection and the non-government service sector in Queensland	
22	6.1 the Family and Child Council (proposed in rec.12.3) ensure the establishment and maintenance of an online statewide information source of community services available to families and children to enable easy access to services and to provide an overview of services for referral and planning purposes.	**Accepted** The government accepts this recommendation.

	Commission of Inquiry recommendation	Queensland Government response
23	6.2 the Queensland Government forge a strong partnership between the government and non-government sectors by: • including a non-government representative at all levels of the governance structure outlined in the Child Protection Reform Roadmap • establishing a stakeholder advisory group (comprising government and non-government organisations) within the Department of Communities, Child Safety and Disability Services to implement policy and programs required by the Child Protection Reform Roadmap.	**Accepted** The government accepts this recommendation. Successful implementation of the reforms will require productive partnerships between the government and NGOs. The stakeholder advisory group will be established in December 2013.
24	6.3 the Family and Child Council (proposed in recommendation 12.3) support the development of collaborative partnerships across government and non-government service sectors, and regularly monitor the effectiveness and practical value of these partnerships.	**Accepted** The government accepts this recommendation. In response to recommendation 12.3, the government will establish a new Queensland Family and Child Commission, with an advisory council made up of consumer, provider and other expert representatives.
25	6.4 the Department of Communities, Child Safety and Disability Services work collaboratively with non-government organisations in a spirit of flexible service delivery, mutual understanding and respect, and efficient business processes, including to develop realistic and affordable service delivery costings.	**Accepted** The government accepts this recommendation. The Social and Human Services Investment Blueprint will drive changes to the way government works with NGOs.
26	6.5 the Department of Communities, Child Safety and Disability Services review the progress made in building the capacity of non-government organisations after five years with a view to determining whether they can play a greater role by undertaking case management and casework for children in the statutory protection system.	**Accepted** The government accepts this recommendation. The Queensland Government is committed to increasing the role of NGOs in service delivery.
27	6.6 the Family and Child Council (proposed in recommendation 12.3) lead the development of a capacity-building and governance strategy for non-government agencies, especially those with limited resources, that will: • improve relationships between government and non-government agencies • facilitate the establishment of a community services industry body, which will champion the non-government service sector in its delivery of high-quality community services.	**Accepted** The government accepts this recommendation. The Social and Human Services Blueprint will focus on stronger partnerships with the non-government sector. The establishment of the independent Community Services Industry Body is underway and will be operational by early 2014.

	Commission of Inquiry recommendation	Queensland Government response
	Chapter 7: A new practice framework for Queensland	
28	7.1 the Department of Communities, Child Safety and Disability Services implement the Signs of Safety practice framework (or similar) throughout Queensland.	**Accepted** The government accepts this recommendation. From mid-2014 the Department of Communities, Child Safety and Disability Services will implement a new practice framework that supports effective engagement with families and children to improve their outcomes.
29	7.2 the Department of Communities, Child Safety and Disability Services improve the family group meeting process by ensuring that: • meetings are conducted by qualified and experienced independent convenors within the department who report to a senior officer outside the Child Safety Service Centre • the department retain the capacity to appoint external convenors, where appropriate, to address power imbalances and better cater to the needs of particular parties • meetings are held at a location suitable to the family, such as the family's home or at a proposed child and youth advocacy hub • convenors ensure that appropriate private family time is provided during the meeting, consistent with the intent of the family group meeting model.	**Accepted** The government accepts this recommendation. Family group meetings are an important way for families to be directly involved in planning to meet their children's needs that enable them to take responsibility. They are also a critical mechanism for service providers to come together to collaboratively discuss a case plan for a child. Fair, transparent and inclusive processes are more likely to achieve better outcomes for children and families. The Department of Communities, Child Safety and Disability Services will introduce improved family group meeting process through a new practice framework.
30	7.3 the Department of Communities, Child Safety and Disability Services develop and implement a pilot project to trial the Aboriginal Family Decision Making model for family group meetings in Aboriginal and Torres Strait Islander families.	**Accepted** The government accepts this recommendation. The government will engage with Aboriginal and Torres Strait Islander stakeholders to identify the most appropriate model for Aboriginal and Torres Strait Islander Family Decision Making, and to develop and implement a pilot project to trial this in selected communities.
31	7.4 the Department of Communities, Child Safety and Disability Services routinely consider and pursue adoption (particularly for children aged under 3 years) in cases where reunification is no longer a feasible case-plan goal.	**Accepted** The government accepts this recommendation. The government acknowledges that adoption as a permanency option for children in out-of-home care is a contentious issue. It is important that family reunification remains the preferred outcome for children in the child protection system where possible. Where reunification is not possible, other options, including adoption, that are in the best interests of the child will be considered.

	Commission of Inquiry recommendation	Queensland Government response
32	7.5 the Department of Communities, Child Safety and Disability Services include in the cultural support plans for Aboriginal and Torres Strait Islander children a requirement that arrangements be made for regular contact with at least one person who shares the child's cultural background.	**Accepted** The government accepts this recommendation. The government acknowledges the importance for Aboriginal and Torres Strait Islander children who are in out-of-home care to maintain links with their cultural background.
33	7.6 the Department of Communities, Child Safety and Disability Services include in the local family support needs plan information on the different cultural and linguistic groups in their local communities, engage in consultation with those communities to determine what cultural support they can provide to children in care and ensure that their frontline workers, foster and kinship carers and non-government service providers are given appropriate cultural training, and that the cultural support plans specify arrangements for regular contact with at least one person who shares the child's cultural background.	**Accepted** The government accepts this recommendation. An effective integrated family support system needs to be tailored to meet the needs of families in the local community. Child Protection Service Committees will engage with local communities to understand the diverse needs of vulnerable families in the community.
34	7.7 in accordance with the elements of the National Clinical Assessment Framework for Children and Young People in Out-of-Home Care, the Department of Communities, Child Safety and Disability Services, in conjunction with Queensland Health, ensure that every child in out-of-home care is given a Comprehensive Health and Developmental Assessment, completed within three months of placement.	**Accepted** The government accepts this recommendation. Queensland already has a requirement that children in out-of-home care have a health passport that includes a health check within 30 days of being in care. The government is committed to comprehensive health and development assessments for every child in out-of-home care, completed within three months of placement.
35	7.8 the Department of Communities, Child Safety and Disability Services negotiate with Queensland Health and other partner agencies to develop a service model for earlier intervention specialist services for children in the statutory child protection system, including those still at home. This may require the expansion of the Evolve program or the development of other services to meet their needs, or a combination of both approaches.	**Accepted** The government accepts this recommendation. By the end of 2014, the government will revamp early intervention specialist services for children in and at risk of entering the statutory child protection system, including those still at home.
	Chapter 8: Options for children in out-of-home care	
36	8.1 the Department of Communities, Child Safety and Disability Services identify the number of children in its care at each level of need— moderate, high, complex, extreme—to determine whether the capacity of current placement types matches the assessed needs of children in care. This should be done on a regional basis.	**Accepted** The government accepts this recommendation. The Department of Communities, Child Safety and Disability Services will identify the number of children in its care at each level of need on a regional basis by mid-2014.

	Commission of Inquiry recommendation	Queensland Government response
37	8.2 the Department of Communities, Child Safety and Disability Services ensure transitionally funded residential placements are subject to the same level of oversight as grant-funded residential placements.	**Accepted** The government accepts this recommendation. Transitionally funded residential placements will be subject to the same level of oversight as grant-funded residential placements by early 2014.
38	8.3 the Department of Communities, Child Safety and Disability Services build on efforts already begun to articulate the uniqueness of kinship care and its importance as a family-based out-of-home care placement option so that kinship carers feel they are part of the care team.	**Accepted** The government accepts this recommendation. Kinship carers play an important role in providing out-of-home care. Kinship care generally provides children with less disruption, more continuity and a stronger sense of belonging. The government accepts that the support provided to kinship carers should not differ from that afforded to foster carers particularly in the areas of training and short breaks (respite).
39	8.4 the Department of Communities, Child Safety and Disability Services engage non-government agencies to identify and assess kinship carers.	**Accepted** The government accepts this recommendation. The non-government sector will be more fully engaged in identifying and assessing kinship care options for children commencing mid-2014.
40	8.5 the Department of Communities, Child Safety and Disability Services transfer the provision of all foster and kinship carer services to non-government agencies, including: • responsibility for identifying, assessing and supporting foster and kinship carers • developing recruitment and retention strategies • managing matters of concern. The department will retain responsibility for foster care certification and for overseeing the response to matters of concern.	**Accepted** The government accepts this recommendation. The non-government sector already manages the majority of foster and kinship carers. The transfer of remaining carers will commence mid-2014.
41	8.6 the Department of Communities, Child Safety and Disability Services provide foster and kinship carers in receipt of a high-support needs allowance or complex-support needs allowance with training related to the specific needs of the child.	**Accepted** The government accepts this recommendation. Carers caring for children with complex needs will be provided additional practical support and training from mid-2014.
42	8.7 the Department of Communities, Child Safety and Disability Services partner with non-government service providers to develop and adopt a trauma-based therapeutic framework for residential care facilities, supported by joint training programs and professional development initiatives.	**Accepted** The government accepts this recommendation. Residential care tends to be an option for children and young people who have complex behavioural problems and high levels of placement instability, meaning they have high care needs. Development of a trauma based therapeutic framework will commence in early 2014.

	Commission of Inquiry recommendation	Queensland Government response
43	8.8 the Department of Communities, Child Safety and Disability Services complete, and report to government about, the evaluation of the pilot therapeutic residential care program that was begun in 2011.	**Accepted** The government accepts this recommendation. A formal evaluation will commence early 2014.
44	8.9 if and when the Queensland Government's finances permit, the Department of Communities, Child Safety and Disability Services develop a model for providing therapeutic secure care as a last resort for children who present a significant risk of serious harm to themselves or others. The model should include, as a minimum, the requirement that the department apply for an order from the Supreme Court to compel a child to be admitted to the service.	**Accepted in principle** The government accepts this recommendation in principle. The government acknowledges that strategies to better meet the needs of young people in out-of-home care who present a significant risk of serious harm to themselves or others need to be considered. The government is of the view that the model for secure care will need to be thoroughly researched, planned and well resourced.
45	8.10 the Department of Communities, Child Safety and Disability Services investigate the feasibility of engaging professional carers to care for children with complex or extreme needs, in terms of, for example, remuneration arrangements and other carer entitlements, contracting/employment arrangements, and workplace health and safety considerations.	**Accepted** The government accepts this recommendation. The government will investigate the feasibility of engaging professional carers to look after children with complex or extreme needs.
46	8.11 the Department of Communities, Child Safety and Disability Services increase the use of boarding schools as an educational option for children in care and consult with boarding school associations about some schools becoming carers (under s.82 of the *Child Protection Act 1999*).	**Accepted** The government accepts this recommendation.
	Chapter 9: Transition from care	
47	9.1 the Child Protection Reform Leaders Group develop a coordinated program of post-care support for young people until at least the age of 21, including priority access to government services in the areas of education, health, disability services, housing and employment services, and work with non-government organisations to ensure the program's delivery.	**Accepted** The government accepts this recommendation. The government will develop an integrated program for transition planning and post-care support until at least the age of 21 for young people leaving care.

	Commission of Inquiry recommendation	Queensland Government response
48	9.2 the Department of Communities, Child Safety and Disability Services fund non-government agencies (including with necessary brokerage funds) to provide each young person leaving care with a continuum of transition-from-care services, including transition planning and post-care case management and support.	**Accepted** The government accepts this recommendation.
49	9.3 the Child Protection Reform Leaders Group include in the coordinated program of post-care support, access and referrals to relevant Australian Government programs, negotiating for priority access to those programs.	**Accepted** The government accepts this recommendation. The government will commence negotiations with the Australian Government to seek priority access for young people leaving care.
	Chapter 10: Child protection workforce	
50	10.1 the Department of Communities, Child Safety and Disability Services require Child Safety Officers and team leaders to have tertiary qualifications demonstrating the core competencies required for the work—with a preference for a practical component of working with children and families, demonstrating a capacity to exercise professional judgement in complex environments.	**Accepted** The government accepts this recommendation. In order for families to be supported and children to be protected, the workforce needs to have the necessary competencies including skills, abilities and knowledge. The Department of Communities, Child Safety and Disability Services will work with universities to identify ways to enable courses to more directly relate to the work undertaken in these roles.
51	10.2 the Department of Communities, Child Safety and Disability Services refocus professional development and training towards embedding across the organisation the Signs of Safety model (or similar) including a practice of 'appreciative inquiry'.	**Accepted** The government accepts this recommendation. As indicated in recommendation 7.1, the government is committed to implementing a new practice framework that assists practitioners by providing a method of engaging with vulnerable children and their families across Queensland. This will commence in mid 2014.
52	10.3 the Department of Communities, Child Safety and Disability Services: • review the role description for Child Safety Service Centre Manager to include professional casework supervision as an important component, and • make this role subject to the same prerequisite qualifications as those for the Child Safety officer and team leader roles as recommended above.	**Accepted in principle** The government accepts this recommendation in principle. Child safety centre managers, as local service system managers, require specific expertise in the provision of family support and child protection services, and will also play an integral role in overseeing the changes necessary to successfully implement the reforms. Consistent with recommendation 10.1, further investigation is required to identify the best means of building and funding a workforce with appropriate skills, training and expertise.

	Commission of Inquiry recommendation	Queensland Government response
53	10.4 the Department of Communities, Child Safety and Disability Services reduce the caseloads of frontline child safety officers down to an average of 15 cases each.	**Accepted** The government accepts this recommendation. The government will reduce the caseloads of child safety officers as the number of children in the statutory system reduces as a result of these reforms.
54	10.5 the Department of Communities, Child Safety and Disability Services implement a program to support Aboriginal and Torres Strait Islander workers to attain the requisite qualifications to become Child Safety officers.	**Accepted** The government accepts this recommendation. A dedicated Aboriginal and Torres Strait Islander workforce and organisational development strategy, aligned to broader reforms and workforce initiatives, will be developed in conjunction with key stakeholders—to be implemented from mid-2014.
55	10.6 the Department of Communities, Child Safety and Disability Services ensure training in the Signs of Safety (or similar) model for relevant officers in partner agencies, with an option for joint training if appropriate.	**Accepted** The government accepts this recommendation. As indicated in recommendations 7.1 and 10.2, the government is committed to implementing a new practice framework to assist practitioners to engage with vulnerable children and their parents.

	Commission of Inquiry recommendation	Queensland Government response
56	10.7 the Family and Child Council (proposed in rec 12.3) lead the development of a workforce planning and development strategy as a collaboration between government, the non-government sectors and the vocational education and training sector and universities. The strategy should consider: • shared practice frameworks across family support, child protection and out-of-home care services • the delivery of joint training • opportunities for workplace learning including practicum placements, mentoring, and internship models of learning • enhanced career pathways, for example, through considering senior practitioner roles for the non-government sector and creating opportunities for secondments across agencies including between government and non-government agencies • staged approach to the introduction of mandatory minimum qualifications for the non-government sector, with particular focus on the residential care workforce • a coordinated framework for training where training opportunities align with the Australian Qualification Training Framework • the development of clearly articulated, accessible and flexible pathways between vocational training and tertiary qualifications, particularly for the Child Safety support officer role • working with universities to investigate the feasibility of developing a Bachelor degree in child protection studies and/or a Masters level or Graduate Diploma level qualification in child protection.	**Accepted** The government accepts this recommendation. The government will commence the preparation of a Queensland workforce planning and development strategy, commencing in mid-2014.
57	10.8 the Department of Communities, Child Safety and Disability Services introduce 10 Aboriginal and Torres Strait Islander Practice Leader positions (at a senior level) to drive culturally responsive practice through all levels of the organisation.	**Accepted** The government accepts this recommendation. The government will work with Aboriginal and Torres Strait Islander partners to determine where Aboriginal and Torres Strait Islander practice reform leaders are best placed.

	Commission of Inquiry recommendation	Queensland Government response
	Chapter 11: Aboriginal and Torres Strait children and the child protection system	
58	11.1 the Department of Communities, Child Safety and Disability Services extend eligibility for Aboriginal and Torres Strait Islander Family Support Services to include families whose children are at risk of harm, without requiring prior contact with the department. Services should be able to take referrals through as many different referral pathways as possible, including through the proposed dual intake pathways. Building the capability of these services should be a major priority over the next 10 years.	**Accepted** The government accepts this recommendation. Eligibility will be broadened so that families can access the support services that they need, including Aboriginal and Torres Strait Islander Family Support Services, without first being referred to Child Safety Services. The Department of Communities, Child Safety and Disability Services is currently reviewing the Aboriginal and Torres Strait Islander Family Support Services (ATSIFSS) program. Outcomes of the review along with findings from the stocktake of family support services (recommendation 5.1) will inform progression of this recommendation.
59	11.2 the Child Protection Reform Leaders Group establish an Aboriginal and Torres Strait Islander Child Protection Service Reform Project to: • assess the adequacy of all existing universal, early intervention and family support services of particular relevance to child protection identifying gaps, overlaps and inefficiencies • develop and implement strategies and service delivery models that would enhance the accessibility of services for Aboriginal and Torres Strait Islander families and improve collaboration between service providers, and • incorporate a collaborative case-management approach for high-needs Aboriginal and Torres Strait Islander families. The project should include a particular focus on the delivery of services in the discrete communities. The project should be time-limited and be carried out by a committee comprising Child Protection Senior Officers. The committee should be jointly chaired by the deputy directors-general of the Department of the Premier and Cabinet and the Department of Aboriginal and Torres Strait Islander and Multicultural Affairs (DATSIMA) and report to the Child Protection Reform Leaders Group.	**Accepted** The government accepts this recommendation. Aboriginal and Torres Strait Islander children and families are overrepresented in the child protection system, and the government is committed to this complex issue receiving urgent and priority attention. The government will partner with relevant Aboriginal and Torres Strait Islander peaks, providers, community representatives and other stakeholders at regional and state levels to develop and implement a comprehensive and concerted Strengthening Indigenous Families, Protecting Children Reform Project. This will bring together a number of projects arising from the government's response to recommendations related to the Aboriginal and Torres Strait Islander children and families who are overrepresented in the child protection system.
60	11.3 the Department of Communities, Child Safety and Disability Services develop a 'shared practice' model to allow recognised entities to work more closely with departmental officers to: • coordinate and facilitate family group meetings • identify and assess potential carers • develop and monitor cultural support plans • prepare transition-from-care plans.	**Accepted** The government accepts this recommendation. A shared practice framework across government and non-government agencies will assist practitioners to engage with and support vulnerable children and families to help keep children safe at home.

	Commission of Inquiry recommendation	Queensland Government response
61	11.4 the Department of Communities, Child Safety and Disability Services review training needs of recognised entities and develop a program that includes training in child protection processes, court procedures, and preparing and giving evidence.	**Accepted** The government accepts this recommendation. The government will work collaboratively with key partner agencies to develop an appropriate training and development program in alignment with the implementation of recommendations 7.1 and 10.6.
62	11.5 the Department of Communities, Child Safety and Disability Services: • review the level of financial and practical support available to potential Aboriginal and Torres Strait Islander kinship and foster carers to see whether additional support could be provided to enable carers to provide more placements for Aboriginal and Torres Strait Islander children • consider introducing simplified kin-care assessment tools such as the Winangay Kinship Care Assessment Tools as an alternative to, or component of, the carer-assessment process.	**Accepted** The government accepts this recommendation. The government recognises that keeping children connected to family, community and culture is of central importance to the long-term well-being of all children. Aboriginal and Torres Strait Islander children should be placed with kin, as a first preference, or with culturally appropriate Aboriginal and Torres Strait Islander foster carers as far as possible. This will be considered through the Strengthening Indigenous Families, Protecting Children Reform Project.
63	11.6 the Department of Communities, Child Safety and Disability Services develop and fund a regional Aboriginal and Torres Strait Islander Child and Family Services program in Queensland to integrate the programs of: • Aboriginal and Torres Strait Islander Family Support • Family Intervention Services • Foster and Kinship Care Services • recognised entity These services should be affiliated with Aboriginal Community Controlled Health Services or with an alternative, well-functioning Aboriginal and Torres Strait Islander or mainstream provider.	**Accepted** The government accepts this recommendation. The government will work with Aboriginal and Torres Strait Islander child and family services, peaks and related bodies to develop and deliver an integrated service model at regional levels. This will be undertaken following the stocktake of family support services (recommendation 5.1) and in the context of developing an overarching child and family service program.

	Commission of Inquiry recommendation	Queensland Government response
64	11.7 the Department of Communities, Child Safety and Disability Services fund a peak body to plan and develop the capacity of Aboriginal and Torres Strait Islander-controlled agencies to provide regional Aboriginal and Torres Strait Islander Child and Family services. The capacity development plan should promote partnerships, mentoring and secondments with other agencies and address: • service delivery standards • workforce development • appropriate governance and management arrangements.	**Accepted in principle** The government accepts this recommendation in principle. Delivering better outcomes for Aboriginal and Torres Strait Islander children is one of the government's highest priorities and Aboriginal and Torres Strait Islander controlled agencies play a critical role in achieving this. The government will review existing arrangements in conjunction with Aboriginal and Torres Strait Islander controlled agencies to investigate streamlining opportunities and ensure services are delivered in the most effective way possible. The government agrees that Aboriginal and Torres Strait Islander controlled agencies need to increase their capacity and that this can be assisted through: setting service delivery standards; developing their workforce with partnerships, mentoring and secondments with other agencies; and improved governance and management.
65	11.8 The Queensland Police Service in consultation with local community organisations review current arrangements for the enforcement of domestic violence orders in discrete communities with respect to the adequacy of assistance being given to parties to seek orders, the adequacy of enforcement of orders and support for parties to keep orders in place.	**Accepted** The government accepts this recommendation.
66	11.9 the Queensland Government, in taking into account the safety of women and children in determining whether an Alcohol Management Plan (AMP) should be withdrawn or have alcohol carriage limits reduced, should: • give particular consideration to the potential implications for the safety, health and wellbeing of children on that community, including the potential harm to unborn children of consumption of alcohol during pregnancy • require 'transition plans' to have specific harm-reduction targets in relation to child protection to be achieved before the transition from an AMP can occur • following transition from an AMP, a mechanism be established to trigger a review of alcohol availability on a community if harm levels exceed agreed levels as stated in the transition plan.	**Accepted** The government accepts this recommendation. Alcohol is one of the primary factors contributing to violence in discrete communities. This is consistent with the government's current policy, as the Alcohol Management Plan Review's paramount consideration is the safety of community residents, particularly women and children including child protection issues. The review will also consider the need to increase school attendance. The government will consider each community's proposal for the future of alcohol management on the basis of these considerations.

	Commission of Inquiry recommendation	Queensland Government response
67	11.10 the providers of family, health, policing and other services on discrete Aboriginal and Torres Strait Islander communities be made aware of the option for residents to initiate dry place declarations under the *Aboriginal and Torres Strait Islander Communities (Justice, Land and Other Matters) Act 1984* and to advise and, if appropriate recommend, the option to clients if they become aware that alcohol consumption in the household is adversely affecting their client or other members of the household.	**Accepted** The government accepts this recommendation. The government will support community residents to seek dry place declarations and encourage service providers to assist residents to consider this option.
68	11.11 the Aboriginal and Torres Strait Islander Child Protection Service Reform Project: • work with individual communities and assist them to develop appropriate community-based referral processes on the discrete communities—this could involve conducting one or more trials of different models best suited to particular communities. Importantly, the models should build on existing child protection groups within the communities and, in those communities where there are no such groups, the project should assist communities to develop them • explicitly address the delivery of services to support differential responses in discrete communities, including services necessary to provide family assessment or family violence responses as alternatives to investigation of notifications.	**Accepted** The government accepts this recommendation.
69	11.12 the Aboriginal and Torres Strait Islander Child Protection Service Reform Project assess and provide advice to the government on the following matters: • the extent to which safe houses are operating in accordance with the intended model of co-locating intensive family support services and whether links to these services could be improved • whether there is a case for extending existing safe houses and establishing new safe houses, based on an assessment of community desire or on the benefits, demand and relative cost of alternative placements • whether there is a case for establishing safe houses as a long-term placement option to keep children connected to their community.	**Accepted** The government accepts this recommendation.

	Commission of Inquiry recommendation	Queensland Government response
	Chapter 12: Improving public confidence in the child protection system	
70	12.1 the Premier specify the child protection responsibilities for each department through Administrative Arrangements and Ministerial Charter Letters, and include outcomes for each department in senior executive performance agreements.	**Accepted** The government accepts this recommendation.
71	12.2 the Child Protection Senior Officers (formerly the Child Protection Directors Network) support the Child Protection Reform Leaders Group, facilitate and influence change across their departments, and implement strategies to achieve departmental outcomes.	**Accepted** The government accepts this recommendation.
72	12.3 the Premier establish the Family and Child Council to: • monitor, review and report on the performance of the child protection system in line with the *National Framework for Protecting Australia's Children 2009-2020* • provide cross-sectoral leadership and advice for the protection and care of children and young people to drive achievement of the child protection system • provide an authoritative view and advice on current research and child protection practice to support the delivery of services and the performance of Queensland's child protection system • build the capacity of the non-government sector and the child protection workforce. The council should have two chairpersons, one of whom is an Aboriginal person or Torres Strait Islander.	**Accepted** The government accepts this recommendation. However, the government will name the organisation the Queensland Family and Child Commission.
73	12.4 Regional Child Protection Service Committees, incorporating regional directors from each department responsible for child protection outcomes implement the Child Protection Reform Roadmap and achieve outcomes in their region.	**Accepted** The government accepts this recommendation. The government acknowledges the importance of accountability and responsibility for service delivery and operational outcomes being directed to the regional level, along with building partnerships across government and non-government sectors. Regional Child Protection Service Committees will be established across Queensland in late 2013 to coordinate reform implementation and facilitate effective working relationships at regional and local levels.

	Commission of Inquiry recommendation	Queensland Government response
74	12.5 each department with responsibility for child protection outcomes establish: • quality assurance and performance monitoring mechanisms to provide sufficient internal oversight • a schedule of internal audit and review linked to strategic risk plans and informed by findings of investigations and complaints management.	**Accepted** The government accepts this recommendation. The detailed implementation plan will include a whole-of-system performance framework. Each relevant government department will ensure robust quality assurance and performance monitoring mechanisms, which include internal audits and complaints management systems, align to this and other reporting requirements.
75	12.6 the Department of Communities, Child Safety and Disability Services ensure that all managers of Child Safety service centres implement a quality-assurance approach to monitoring Signs of Safety-based casework practice—one that uses a range of techniques to involve staff in reflecting on practice, mentoring and using multidisciplinary professional expertise.	**Accepted** The government accepts this recommendation. A quality assurance approach will be implemented to monitor the implementation of a new practice framework.
76	12.7 the role of the Child Guardian be refocused on providing individual advocacy for children and young people in the child protection system. The role could be combined with the existing Adult Guardian to form the Public Guardian of Queensland, an independent statutory body reporting to the Attorney-General and Minster for Justice.	**Accepted** The government accepts this recommendation. The government is committed to children having access to an independent, individual advocate who will safeguard their rights in the child protection system. The Child Guardian role will be refocused to provide individual advocacy for children and young people and appropriate support to manage their rights in the child protection system. The Child Guardian and Adult Guardian will be merged to be the Public Guardian of Queensland and will commence 1 July 2014.
77	12.8 the role of the Child Guardian—operating primarily from statewide 'advocacy hubs' that are readily accessible to children and young people—assume the responsibilities of the child protection community visitors and re-focus on young people who are considered most vulnerable.	**Accepted** The government accepts this recommendation.
78	12.9 complaints about departmental actions or inactions, which are currently directed to the Children's Commission, be investigated by the relevant department through its accredited complaints-management process, with oversight by the Ombudsman.	**Accepted** The government accepts this recommendation. Individual departments will be responsible for investigating complaints made about their actions or inactions. The Ombudsman will provide independent oversight of each department's administrative actions including actions taken in relation to complaints.

	Commission of Inquiry recommendation	Queensland Government response
79	12.10 each department with responsibility for child protection improve public confidence in their responsiveness to complaints by: • regularly surveying complainants • publishing a complaints report annually • working with the Child Guardian to provide child-friendly complaints processes.	**Accepted** The government accepts this recommendation.
80	12.11 the Department of Communities, Child Safety and Disability Services: • establish a specialist investigation team to investigate cases where children in care have died or sustained serious injuries (and other cases requested by the Minister for Communities, Child Safety and Disability Services) • set the timeframe for such a child 'being known' to the department at one year • provide for reports of investigations to be reviewed by a multidisciplinary independent panel appointed for two years.	**Accepted** The government accepts this recommendation. Deaths of children who are known to the child protection system within one year of their death will be externally reviewed. The review process will establish whether there are lessons to be learned about the way professionals and organisations work together, including systemic issues identified for improvement.
81	12.12 Regional Child Protection Service Committees develop and support inter-agency, cross-sectoral working groups, including local government, to facilitate strong collaboration and coordination of services to achieve regional goals and outcomes for children and young people.	**Accepted** The government accepts this recommendation. Regional Child Protection Services Committees will be established to lead and facilitate inter-agency, cross sectoral collaboration and coordination to achieve regional goals and outcomes for children and young people.
82	12.13 the Family and Child Council develop a rolling three-year research schedule with research institutions and practitioners to build the evidence base for child protection practice.	**Accepted** The government accepts this recommendation. The government is committed to evidence-informed policy, programs and practice to address what works and what is best value. The new Queensland Family and Child Commission, informed by an Advisory Council, will lead and facilitate, along with research institutions and practitioners and other stakeholders, an evaluation framework and a rolling three-year research schedule.

	Commission of Inquiry recommendation	Queensland Government response
83	12.14 each department with child protection responsibilities: • develop an evaluation framework in the initial stages of program design to ensure the inputs needed for success are in place, theory of change is well understood and supported by an implementation plan, and to provide milestones for monitoring the quality of outputs, the achievement of outcomes and the assessment of impacts • undertake and source research to inform policy and service delivery, identify service gaps and better understand the interface between children, young people and the service system.	**Accepted** The government accepts this recommendation. Government departments will engage with the new Queensland Family and Child Commission, to identify, prioritise and facilitate research and evaluation that contributes to better services and outcomes for vulnerable families and children.
84	12.15 the Child Protection Reform Leaders Group and the Family and Child Council lead a change process to develop a positive culture in the practice of child protection in government and the community, including setting benchmarks and targets for improvement of organisational culture, staff satisfaction and stakeholder engagement, and report this in the Child Protection Partnership report.	**Accepted** The government accepts this recommendation. The Reform Leaders Group and the new Queensland Family and Child Commission, along with government and NGOs, will develop and facilitate a process of positive cultural change and stakeholder engagement, and will report on progress and performance annually.
85	12.16 each department that funds community services to deliver child protection and related services work with the Office of Best Practice Regulation within the Queensland Competition Authority to identify and reduce costs of duplicate reporting and regulation. These departments should aim to adopt standardised and streamlined reporting requirements and, where possible, access information from one source rather than requiring it more than once.	**Accepted** The government accepts this recommendation.
86	12.17 the Department of Communities, Child Safety and Disability Services progress and evaluate red-tape reduction reforms, including: • transferring employment screening to the Queensland Police Service and streamlining it further • considering ceasing the licensing of care services • streamlining the carer certification process including a review of the legislative basis for determining that carers and care service personnel do not pose a risk to children.	**Accepted** The government accepts this recommendation. The government will progress red-tape reforms including the transfer of child related employment screening functions. The Department of Communities, Child Safety and Disability Services will streamline licensing and carer approval processes whilst maintaining safeguards for children in out-of-home care.

	Commission of Inquiry recommendation	Queensland Government response
	Chapter 13: Children and the legal system	
87	13.1 the Department of Justice and Attorney-General establish the Court Case Management Committee to develop a case management framework for child protection matters in the Childrens Court. The committee should be chaired by the Childrens Court President and include the Chief Magistrate and representatives of the Department of Justice and Attorney-General, Legal Aid Queensland and the Queensland Law Society, the proposed Official Solicitor (or other senior officer) of the Department of Communities, Child Safety and Disability Services (see Rec.13.16) and the proposed Director of Child Protection (see Rec.13.17).	**Accepted** The government accepts this recommendation. This will commence early 2014. It is appropriate for this work to be led by the President of the Childrens Court and Chief Magistrate, with the appropriate governance structure for the development of the case management framework also to be determined by the President and Chief Magistrate.
88	13.2 The proposed case management framework include: • the stages, timeframes and required actions for the progress of matters, including any necessary special provisions to apply to complex matters (for example, those in which there may be multiple children the subject of orders) • the ability for the Court to give directions to a parent to undertake testing, treatments or programs or to refrain from living at a particular address. The extent to which the parent complies should be considered by the Court in deciding whether to make a child protection order. The Chief Magistrate and the President of the Childrens Court should support the case management framework and develop necessary Practice Directions.	**Accepted** The government accepts this recommendation. The aim of the case management framework will be to have matters more expeditiously and efficiently dealt with to ensure better outcomes for children. The government will consider legislative amendments required to enable the court to give directions to parents as part of the review of the *Child Protection Act 1999*.

	Commission of Inquiry recommendation	Queensland Government response
89	13.3 the Attorney-General and Minister for Justice propose amendments to the *Childrens Court Act 1992* and the *Magistrates Act 1991* to clarify the respective roles of the President of the Childrens Court and the Chief Magistrate to: • give the Chief Magistrate responsibility for the orderly and expeditious exercise of the jurisdiction of the Childrens Court when constituted by Childrens Court magistrates and magistrates and for issuing practice directions with respect to the procedures of the Childrens Court when constituted by magistrates, to the extent that any matter is not provided for by the Childrens Court Rules—this should be done in consultation with the President of the Childrens Court. • ensure that the powers and functions of the Chief Magistrate extend to the work of the Childrens Court magistrates and magistrates.	**Accepted** The government accepts this recommendation. This will be completed by mid-2014. This legislative amendment will ensure the orderly and expeditious functioning of the Childrens Court when constituted by magistrates.
90	13.4 the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to: • forbid the making of one or more short-term orders that together extend beyond two years from the making of the first application unless it is in the best interests of the child to make the order (subject to any proposed legislative amendment to the best interests principle arising from rec 14.4) • allow the Court to transfer and join proceedings relating to siblings if the court considers that having the matters dealt with together will be in the best interests of justice.	**Accepted** The government accepts this recommendation. This will be completed by early 2014 and will clarify the use of short-term orders and enable the court to consider the matters of siblings together. The government notes the caveat that if it is in the best interests of the child to make one or more short-term orders that together extend beyond two years, this will not be forbidden.
91	13.5 the Court Case Management Committee review the disclosure obligations on the department and propose to the Minister for Communities, Child Safety and Disability Services amendments to the *Child Protection Act 1999* to introduce a continuing duty of disclosure on the department with appropriate safeguards.	**Accepted** The government accepts this recommendation. The Court Case Management Committee will conduct a review and provide recommendations for legislative amendment.

	Commission of Inquiry recommendation	Queensland Government response
92	13.6 the Court Case Management Committee propose to the Minister for Communities, Child Safety and Disability Services amendments to the *Child Protection Act 1999* to provide a legislative framework for court-ordered conferencing at critical and optimal stages during child protection proceedings.	**Accepted** The government accepts this recommendation. A legislative framework will be developed for court-ordered conferencing at critical and optimal stages during child protection proceedings. Relevant administrative and operational processes will be developed to support this approach. The Court Case Management Committee will be tasked with providing recommendations regarding the development of the legislative and administrative framework. Amendments to support this approach will be proposed during the review of the *Child Protection Act 1999*.
93	13.7 the Department of Communities, Child Safety and Disability Services and the proposed Director of Child Protection develop appropriate policies and procedures to ensure that court-ordered conferences are attended by officers with the requisite authority to make binding concessions in the matter.	**Accepted** The government accepts this recommendation. The government accepts that for court ordered conferencing processes to operate effectively, departmental officers who attend must have the appropriate delegation or authority to make binding decisions and concessions in a matter.
94	13.8 the Attorney-General and Minister for Justice, in consultation with the Chief Magistrate appoint existing magistrates as Childrens Court magistrates in key locations in Queensland (subject to rec 13.3).	**Accepted** The government accepts this recommendation. This will be completed by mid-2014. The government supports the greater specialisation of magistrates constituting the Childrens Court and in consultation with the Chief Magistrate will make additional Governor-in-Council appointments of existing magistrates as Childrens Court magistrates in appropriate locations.
95	13.9 the Department of Justice and the Attorney-General fund the Magistrates Court to finalise the review of the child protection benchbook and make it publicly available.	**Accepted** The government accepts this recommendation. The completion of the development of the child protection benchbook will assist consistency of decision making by providing a guide to assist Magistrates to manage child protection proceedings.
96	13.10 the Department of Justice and the Attorney-General and the Chief Magistrate collaborate to develop and fund a pilot project in at least two sites, in which the Childrens Court can access expert assistance under s 107 of the *Child Protection Act 1999*. The pilot project is to be evaluated to determine the extent to which it improves the decision-making of the court and to assess its cost-effectiveness.	**Accepted** The government accepts this recommendation. The Department of Justice and Attorney-General and the Chief Magistrate will commence work to identify potential pilot sites and develop an independent expert assistance model.

	Commission of Inquiry recommendation	Queensland Government response
97	13.11 the State Government review the priority funding it provides Legal Aid Queensland with a view to ensuring that increased funding is applied for the representation of vulnerable children, parents and other parties in child protection court and tribunal proceedings.	**Accepted in principle** The government accepts this recommendation in principle. The Department of Justice and Attorney-General will review the priority funding it provides to Legal Aid Queensland.
98	13.12 Legal Aid Queensland review the use of Australian Government funding received for legal aid grants to identify where funding can be used for child protection matters.	**Accepted** The government accepts this recommendation. Under current arrangements, funding from the Australian Government to Legal Aid Queensland can be used for legal representation in relation to child protection matters where there are other connected family law issues. The allocation of Australian Government funding for child protection matters will be reviewed.
99	13.13 the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to require the views of children and young people to be provided to the court either directly, that is personally (through an independent child advocate or direct representative) or through a separate legal representative where children and young people are of an age and are willing and able to express their views.	**Accepted** The government accepts this recommendation. This will be completed by early 2014. The government notes such amendments will build on the current provisions in the *Child Protection Act 1999* that require the Childrens Court to be satisfied that the child's wishes or views (if able to be ascertained) have been made known to inform decision making under the Act.
100	13.14 the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to provide clarity about when the Childrens Court should exercise its discretion to appoint a separate legal representative and also about what the separate legal representative is required to do. These amendments might require separate legal representatives to: • interview the child or young person after becoming their separate legal representative and explain their role and the court process • present direct evidence to the Childrens Court about the child or young person and matters relevant to their safety, wellbeing and best interests • cross-examine the parties and their witnesses • make application to the Childrens Court for orders (whether interim or final) considered to be in the best interests of the child or young person.	**Accepted** The government accepts this recommendation. This will be completed by early 2014. The government supports appropriate guidance being provided to the Childrens Court regarding when to consider making an order that a child be separately legally represented, and to clarify the role of separate legal representatives. This should be considered as part of the proposed review of the *Child Protection Act 1999.*

	Commission of Inquiry recommendation	Queensland Government response
101	13.15 parents be supported through child protection proceedings by: • the Department of Communities, Child Safety and Disability Services ensuring they are provided with information about how to access and apply for legal advice or representation, and that parents are provided with reasonable time within which to seek such advice • the Childrens Court considering, at the earliest possible point in proceedings, the position of parents to determine whether they are adequately represented before the matter progresses • Legal Aid Queensland amending its policies with a view to providing legal representation to those families where the court has directed the family be legally represented, but where the family are unable to secure representation without legal aid assistance • where a consent order is being sought in the absence of parental legal representation, the Childrens Court reasonably satisfying itself that parents understand the implications and effect of the order before it can be ratified by the court.	**Accepted** The government accepts this recommendation. The government recognises that the provision of timely information about how to access and apply for legal advice or representation and access to appropriate legal representation is critical to ensuring that the child protection system produces good and just outcomes for children and their families.
102	13.16 the Department of Communities, Child Safety and Disability Services enhance its in-house legal service provision by establishing an internal Office of the Official Solicitor within the department which shall have responsibility for: • providing early, more independent legal advice to departmental officers in the conduct of alternative dispute-resolution processes and the preparation of applications for child protection orders • working closely with the proposed specialist investigation teams so that legal advice is provided at the earliest opportunity • preparing briefs of evidence to be provided to the proposed Director of Child Protection in matters where the department considers a child protection order should be sought.	**Accepted** The government accepts this recommendation noting that during the inquiry there were concerns about the participation of Child Safety Services in legal proceedings, in particular, the need for clear advice prior to the initiation of proceedings. An Office of the Official Solicitor will be established within the Department of Communities, Child Safety and Disability Services to provide legal advice to Child Safety Service Centres about child protection matters and to prepare court material for urgent applications to ensure a child's immediate safety.

	Commission of Inquiry recommendation	Queensland Government response
103	13.17 the Queensland Government establish an independent statutory agency—the Director of Child Protection—within the Justice portfolio to make decisions as to which matters will be the subject of a child protection application and what type of child protection order will be sought, as well as litigate the applications. Staff from the Director of Child Protection will bring applications for child protection orders before the Childrens Court and higher courts, except in respect of certain interim or emergent orders where it is not practicable to do so. In the latter case, some officers within the Department of Communities, Child Safety and Disability Services will retain authority to make applications.	**Accepted** The government accepts this recommendation. The Director of Child Protection will be placed in Crown Law so that the government builds on its established expertise in child protection legal practice. The Director of Child Protection will have responsibility for deciding whether an application for a child protection order should be made, after consultation with the Department of Communities, Child Safety and Disability Services and on the basis of the evidence available in the particular case.
104	13.18 the Department of Communities, Child Safety and Disability Services move progressively towards requiring all court coordinators to be legally qualified and for their role to be recast to provide legal advice (within the Office of the Official Solicitor) or to transfer the role to the independent Director of Child Protection office.	**Accepted in principle** The government accepts this recommendation. The government will consider how to ensure that staff are appropriately trained and where the roles will be located.
105	13.19 the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to permit the Childrens Court discretion to allow members of the child's family or another significant person in the child's life to be joined as a party to the proceedings where the court agrees the person has a sufficient interest in the outcome of the proceedings. These parties should also have the right to be legally represented.	**Accepted** The government accepts this recommendation. This will be completed in early 2014. The government notes that the current provisions of the *Child Protection Act 1999* mean that important family members and individuals in a child's life are often excluded from child protection proceedings.
106	13.20 the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to provide that: • before granting a child protection order, the Childrens Court must be satisfied that the department has taken all reasonable efforts to provide support services to the child and family • participation by a parent in a family group meeting and their agreement to a case plan cannot be used as evidence of an admission by them of any of the matters alleged against them.	**Accepted** The government accepts this recommendation. The proposed amendments to the *Child Protection Act 1999* are consistent with the proposed child protection reforms that promote more support to families earlier through the secondary service system.

	Commission of Inquiry recommendation	Queensland Government response
107	13.21 the Department of Communities, Child Safety and Disability Services ensure, when filing an application for a child protection order, its supporting affidavit material attests to the reasonable steps taken to offer support and other services to a child's family and to work with them to keep their child safely at home.	**Accepted** The government accepts this recommendation, which will be completed by early 2014. The proposed amendments to the *Child Protection Act 1999* are consistent with the proposed child protection reforms that promote more support to families earlier through the secondary service system.
108	13.22 the Department of Communities, Child Safety and Disability Services increase its capacity to work with families under an intervention with parental agreement or a directive or supervisory order with appropriate support services and develop a proposal for legislative amendment to provide for effective sanctions for non-compliance with supervisory or directive orders.	**Accepted** The government accepts this recommendation to increase the use of intervention with the agreement of a child's parents when this approach meets a child's needs. This general approach is in line with the shift in focus towards parents and families having responsibility to care for their children embedded throughout the Child Protection Reform Roadmap.
109	13.23 the Minister for Communities, Child Safety and Disability Services propose amendments to section 116 of the *Child Protection Act 1999* to allow the Childrens Court discretion to make an order for costs in exceptional circumstances.	**Accepted** The government accepts this recommendation, which will be completed by early 2014. The government notes that the Childrens Court does not currently have any discretion to order costs against a party for child protection proceedings.
110	13.24 the Court Case Management Committee examine whether the Childrens Court, in making a long-term guardianship order, can feasibly make an order for the placement and contact arrangements for the child. In this examination, the Committee should take account of the impact of such a proposal on the court case management system and the departmental case management processes.	**Accepted** The government accepts this recommendation. The government recognises that the determination of where the child will live, and who they will have contact with, is an important part of providing for their safety and wellbeing. The Court Case Management Committee will be tasked with examining this issue.
111	13.25 the Minister for Communities, Child Safety and Disability Services propose an amendment to Schedule 2 of the *Child Protection Act 1999* to include a reviewable decision where the department refuses a request to review a long-term guardianship order by a child's parent or the child.	**Accepted** The government accepts this recommendation. This will be completed by early 2014. The government notes that the Commission expressed concern about the low number of applications to revoke long-term guardianship orders, wondering whether children are 'drifting through the care system once they have entered it'.
112	13.26 the Family and Child Council develop key resource material and information for children and families to better assist them in understanding their rights, how the child protection system works including court and tribunal processes and complaints and review options in response to child protection interventions.	**Accepted** The government accepts this recommendation. The government supports the development of resource material for children and families to assist them in understanding their rights when coming in contact with the child protection system.

	Commission of Inquiry recommendation	Queensland Government response
113	13.27 the Queensland Civil and Administrative Tribunal consider, as part of its current review, improved practices and processes in the following areas: • child inclusive and age-appropriate processes, for example increased use of child and youth advocates • more timely consideration to reduce unnecessary delays and the dismissal of matters • enable publication of outcomes of matters being resolved as part of the compulsory conference process.	**Accepted** The government accepts this recommendation. This work to improve processes will be given priority and undertaken independently of the current Queensland Civil and Administrative Tribunal legislative review.
114	13.28 the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to allow the Childrens Court to deal with an application for a review of a contact or placement decision made to the Queensland Civil and Administrative Tribunal if it relates to a proceeding before the Childrens Court.	**Accepted** The government accepts this recommendation, which will be completed by early 2014. The government acknowledges the need to deal with applications in a timely manner and notes that there are occasions when related applications for the same child are underway in both the Childrens Court and the Queensland Civil and Administrative Tribunal.
	Chapter 14: Legislative review	
115	14.1 the Department of Communities, Child Safety and Disability Services review the *Child Protection Act 1999.*	**Accepted** The government accepts this recommendation. The *Child Protection Act 1999* will be thoroughly reviewed, commencing in 2014, to ensure it provides a contemporary legislative framework for the new system, noting that amendments will be made to support the implementation of specific recommendations prior to the thorough review of the *Child Protection Act 1999* commencing.
116	14.2 the Department of Communities, Child Safety and Disability Services review the existing information exchange and confidentiality provisions in the *Child Protection Act 1999* and propose to the Minister for Communities, Child Safety and Disability Services the amendments necessary to implement the Commission's recommendations.	**Accepted** The government accepts this recommendation. The government will introduce changes to the *Child Protection Act 1999*, to facilitate the exchange of relevant information in certain circumstances.

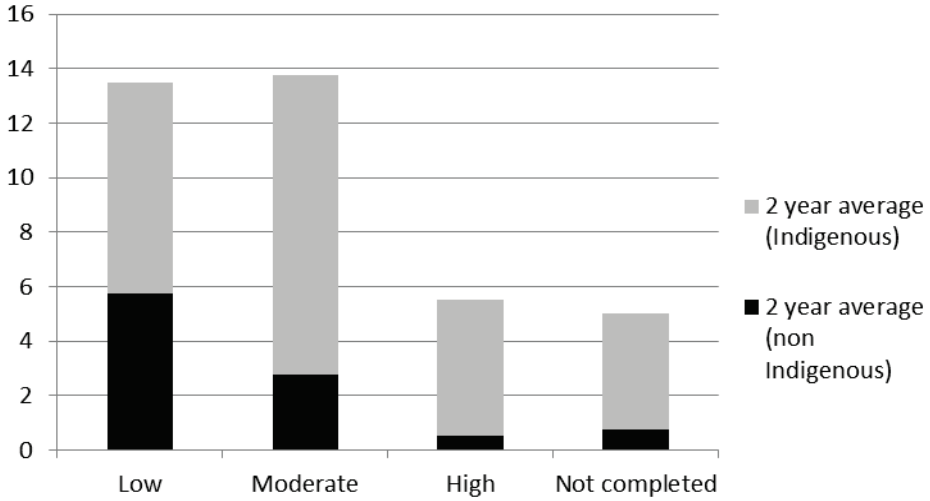
	Commission of Inquiry recommendation	Queensland Government response
117	14.3 the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* so that the chief executive administering the Act and the Director of Child Protection have limited legal authority to make public or disclose information that would otherwise be confidential (including, in rare cases, identifying particulars) to correct misinformation, protect legitimate reputational interests or for any other public interest purpose. In particular, it should be considered whether some of the confidentiality obligations should not apply when the child in question is deceased.	**Accepted** The government accepts this recommendation. This amendment will be progressed as part of the review of the *Child Protection Act 1999*.
118	14.4 the Minister for Communities, Child Safety and Disability Services propose amendments to the *Child Protection Act 1999* to: • clarify that the best interests of the child is to guide all administrative and judicial decision-making under the Act • include a provision based on section 349 of the *Children and Young People Act 2008* (ACT) setting out the relevant matters to be considered in determining the best interests of a child.	**Accepted** The government accepts this recommendation.
119	14.5 the Department of Communities, Child Safety and Disability Services rationalise the principles for the administration of the *Child Protection Act 1999* and propose to the Minister for Communities, Child Safety and Disability Services amendments that rationalise and consolidate all the principles in one place, for example section 5B or section 159B.	**Accepted** The government accepts this recommendation. The principles for administering the *Child Protection Act 1999* are currently located in a number of sections throughout the Act. The government will make amendments to consolidate all principles in one place.
120	14.6 the Department of Communities, Child Safety and Disability Services in its review of the *Child Protection Act 1999*, incorporate the concept of 'parental responsibility' in child protection orders.	**Accepted** The government accepts this recommendation. This amendment will be considered as part of the review of the *Child Protection Act 1999*.
	Chapter 15: Implementing the Child Protection Reform Roadmap	
121	15.1 that the Queensland Government commit to the Child Protection Reform Roadmap with the intention of significantly reducing the number of children in the child protection system, and improving outcomes for children in out-of-home care.	**Accepted** The government accepts this recommendation. Commissioner Carmody's roadmap sets a path for improving the Queensland child protection system over the next ten years moving away from a risk adverse system focused on placing too many children in care, to one focused on better supporting families and keeping them together.

Summary of key data: Innisfail Youth Justice Service Centre

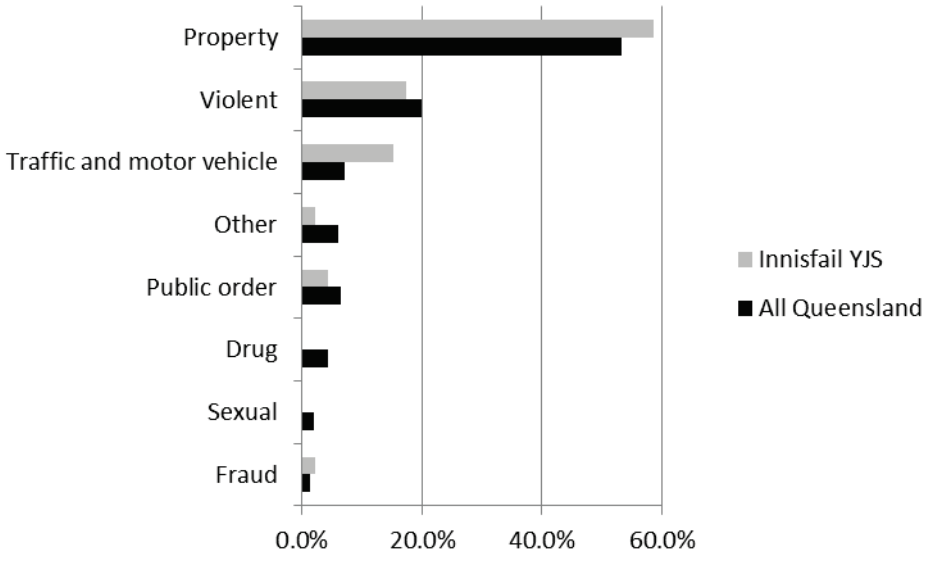
Admissions to orders, Innisfail 2011-12

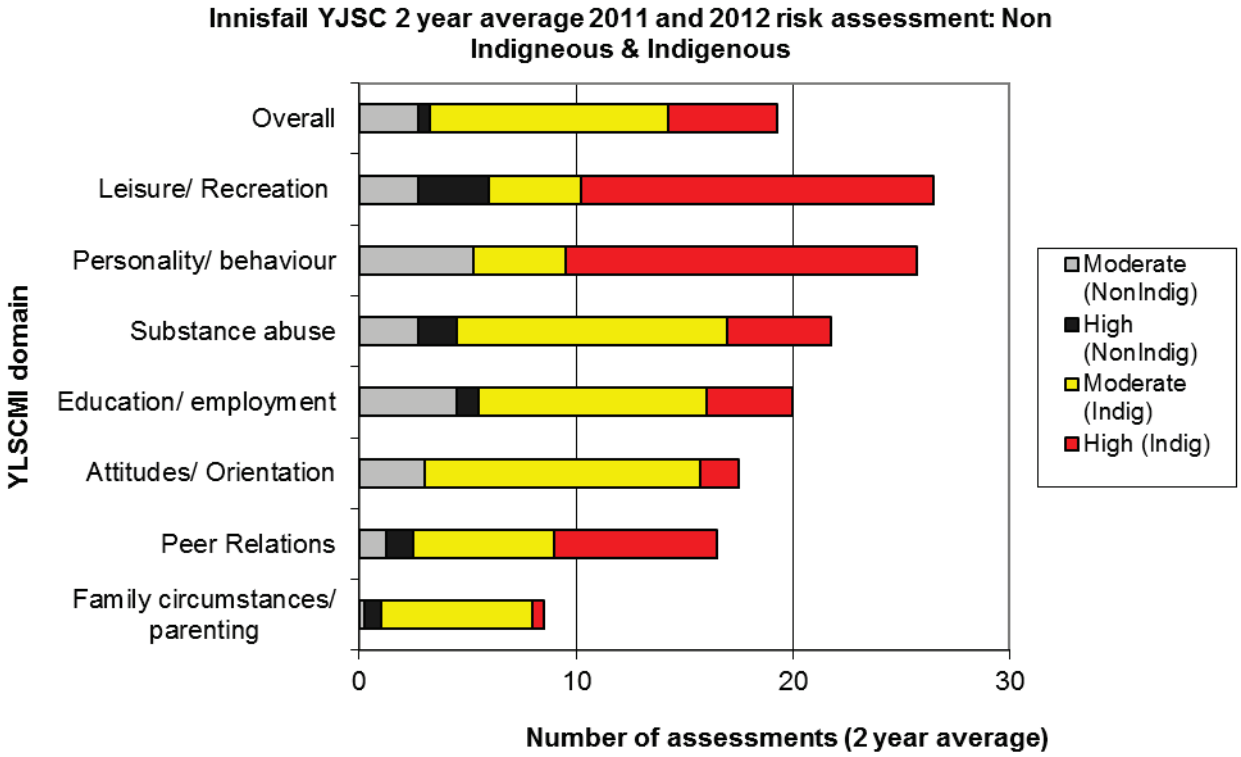
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	Average orders per young person: all QLD
CSO	7	0.83%	7	1.00	1.21
CRO	6	2.4%	6	1.00	1.07
Detention	12	3.7%	7	1.71	1.45
Probation	25	1.8%	19	1.32	1.23
SRO	5	2.3%	5	1.00	1.32

Overall risk level for Innisfail YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Innisfail YJSC and State-wide average





Family

48% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 67% (state-wide average 80%)
- Two or more identifiable mental health issue: 38%(state-wide average 60%)
- Conduct disorder: 38%(state-wide average 59%)
- Substance misuse disorder: 48% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

ENGAGING SERVICE USERS: BARRIERS AND ENABLERS

Why is effective engagement important?

Enabling service users to actively engage with, and participate in, parenting support services is key to ensuring interventions are effective. Even the highest quality intervention plans may not be fully effective unless the service user (parents, carers and other relevant family members) is committed to its goals and content. Good engagement means service users will be less likely to 'drop out' and lack commitment to the programme, which may result in better outcomes for young people, parents/carers and wider family members.

The way in which parents/carers are approached and treated from their first point of contact, how the service is 'sold' (including benefits for the child or young person), and the skills and behaviours of the practitioner are all vital in influencing whether or not parents fully engage with parenting services.

Effectively engaging service users can be split into three stages;

1. the process of first attracting or motivating service users to attend the service for the first time
2. enabling the service user to recognise the benefits, goals and expectations of the service, and
3. building a relationship between the practitioner and service user and engaging them sufficiently to begin delivering meaningful and beneficial support that is accessible and suitable to the individual

Service users can experience a range of barriers to engaging with parenting support services, so the challenge for practitioners is to identify and overcome these barriers to enable effective support services to be delivered.

Research comparing different approaches to engaging parents/carers and families is relatively scarce. This guide aims to assist practitioners with engaging service users by providing a range of information on common barriers to engagement, tips and strategies for overcoming them, and examples of local solutions and practice.

Common barriers to service users' engagement include;

- Service users' initial hostility and anger at receiving a court order
- Physical location of the sessions
- Time and day of sessions
- Clashes with other meetings and appointments
- Childcare availability
- Transport availability
- Relationship with parenting worker/trainer
- Attitudes towards the service (not thinking they need help)

- Service users perceive negative connections between the parenting service and the court order, or negative associations with other statutory agencies they may be in contact with
- Service users don't think intervention content and activities are relevant to them
- Stigmatisation and fear of judgement
- Not wanting to admit they need help
- Can't relate to the parenting worker/trainer
- Under-representation of particular groups such as fathers or minority ethnic service users
- Delivery methods are not accessible and/or don't provide choice– e.g., reading materials, internet-based support, CDs/DVDs, phone line support etc
- Feeling that they have no say or influence over the content and purpose of the sessions
- Lack of confidence
- Language barriers
- Cultural barriers

Common behaviours which can reflect parents/carers levels of engagement with services include;

Indicators of engagement	**Signs of engagement problems**
High attendance rates	Difficulty scheduling appointments
Completion of homework assignments	Missed appointments
Emotional involvement in sessions	Intervention plans not being followed
Progress being made towards meeting treatment goals	Goals identified by service users contain little substance
	Treatment progress is uneven
	Family members lie about important issues

Strategies for overcoming barriers to engagement;

The process of attracting and motivating service users to attend parenting services and beginning to deliver meaningful, beneficial work can be split into three stages; 'getting,' 'keeping,' and 'engaging' service users. Good practice includes;

'Getting' – persuading parents to attend the service in the first place

- minimising the delay between first referral and first contact with new users
- initiating personal contact between a service worker and new users, by home visit, or else by telephone
- offering initial visit by user to service site to meet staff, see set-up, get acclimatised etc

'Keeping' – persuading service users to regularly attend sessions and complete the course

- ensure welcoming environment at first visit

- offering suitable and convenient times to use service
- provide transport if out of home
- provide childcare
- provide meals and refreshments
- provide other useful facilities

'Engaging' – making it possible for service users to engage actively with what the service has to offer

- provide some degree of choice or menu of options in service offer
- encourage 'social' element – opportunity to meet other parents, form new relationships, etc
- provide ongoing telephone support and feedback
- seek (and incorporate) user feedback
- culturally-aware staff
- suitably trained, skills and supervised staff

- Whether a referral is voluntary or court-ordered, the speed at which the referral process takes places may be important. Evidence suggests there may be something akin to a 'window of opportunity' during which parents are most receptive to the idea of engaging with services. In other words, it may be important for services to ensure that they 'catch' the parent at the point when the likelihood of establishing positive relationships is greatest. This period may be a few hours after a court order is made, or the first time when a parent makes contact with or visits a service provider. Practitioners should therefore ensure there is swift progression through the various stages leading up to assessment and accessing support once a parent is introduced to them.
- Staff should convey to service users the purpose of the service, its goals and expectations, and the criteria used to measure success as evidence suggests that this can help service users to fully engage with interventions and maintain their commitment.

Engaging families: lessons from Family Intervention Projects (FIPs)

FIP workers employ the following strategies to build relationships and ensure families engage with the service. They;

- Spend a lot of time with the family
- Attempt to build trust
- Build rapport
- Focus first on the issues of most importance to the family
- Involve the family in the development of their service plan
- Set some short-term, achievable goals

Being persistent is an essential element of the FIP approach and is vital for ensuring families engage with the service in the longer term. Alongside sheer determination, FIP workers need to be creative in finding solutions to address barriers to

engagement. As part of this 'persistent approach,' FIP workers;

- Help the family's organisation and time management by giving them diaries and calendars
- Remind them of appointments by text message or phone call, and sometimes accompany them to appointments
- Remind families of the benefits of engaging with the FIP as well as the possibly consequences of non-engagement
- Explore the barriers and difficulties underpinning their reluctance to engage

For further information see ***Family Intervention Projects: An evaluation of their design, set-up and early outcomes*** (Department for Children, Schools and Families, 2008) ***pages 89-90 and 126-127***

http://www.education.gov.uk/publications/RSG/publicationDetail/Page1/DCSF-RW047

Tips for practitioners;

The Trust for the Study of Adolescence asked a group of parents who had attended YOT parenting programmes the following question:

"If we were running a training course for future parenting practitioners, what are the essential things we need to pass on to them about what they should do, and how would you tell if they were doing it?"

The responses were as follows;

Being a good listener:

- Taking notice
- Looking interested
- Remembering what's been said by a parent and referring back to it
- Good body language (paying attention – active listening)

Having a positive approach:

- Being relaxed
- Being calm
- Being in control
- Being welcoming – coffee/tea
- Knowing what parents are talking about, i.e. understanding usual teenage behaviour, how to set boundaries with young people etc
- Having been through it themselves and knowing what it's like
- Being supportive
- Having a laugh

Not judging negatively:

- Can tell by the way people talk (not talking down to you)
- Establishing rules for the group (so it feels safe to talk)
- Group gives some of the feeling of a positive family (as actually family may

or may not be supportive) – can talk about family issues

Establishing trust:

- Confidentiality – what's said stays in the group
- Knowing the names of parents'/carers' children and what's happening with them
- Offering some counselling, 1-1 work when a crisis occurs and making parents/carers feel able to talk about their situation

Lessons from "Parent Training with Low-income Families: Promoting Parental Engagement through a Collaborative Approach" by Carolyn Webster-Stratton

It is reported that the recruitment and retention of low-income families to parenting programmes is low and that such parents are unmotivated, resistant, unreliable, disengaged, chaotic, in denial, disorganised, uncaring, dysfunctional, and unlikely to learn from therapeutic programmes – in short, "unreachable."

However Webster-Stratton argues that these families may well describe traditional clinic-based programmes as "unreachable" – they may be too far from home, too expensive, insensitive, distant, inflexible in terms of scheduling and content, foreign in terms of language and blaming or critical of families' lifestyles. An alternative model of providing parenting interventions may therefore be needed.

Webster-Stratton hypothesises that interventions fail when they lack certain characteristics that enable families to remain engaged in a programme and therefore benefit from it. Webster-Stratton presents key findings from a theory-based parenting training programme called PARTNERS which is designed to enhance family protective factors by strengthening parenting competence, fostering parent's involvement in children's learning, and promoting social support networks.

Key messages about engaging parents with the programme:

- *Involving school personnel and parents in planning:* The involvement of school teachers, administrators and family support staff was key to attracting parents to the programme in the first instance. Teachers and administrators participated in mock sessions so that they were familiar with the programme and able to be enthusiastic recruiters to it.
- *Encouraging every parent to participate:* the programme was offered on a universal basis so that parents didn't feel stigmatised or singled out. Although the ultimate aim of the programme was to reduce conduct disorder, it was 'sold' to parents on the basis that it would help improve their child's school success, as the majority of parents identified this as something they wanted to help with.
- *Accessibility and feasibility of interventions*: Quality child care provision was essential in order to enable parents to participate. Providing child care during the period in which the parenting programme was delivered also gave parents a much-needed break from child care – this was advertised as one of the benefits of attending the programme. Where needed, transport was provided to and from the sessions, which were located a near as possible to where the majority of parents lived and worked. Sessions were held in schools, churches, and housing units.
- *Incentives:* Financial incentives for initial engagement as well as following completion of the programme were given (although at the end of the

programme, 95.8% of parents said they would have participated even if they hadn't been given financial incentives.) Raffles and lotteries were not valued by parents as they felt it devalued their commitment to the programme. Providing substantial food at the meetings was also an incentive to attend sessions - for some parents it made the difference between attending or not, as often parents would often not have time to pick their children up from child care and feed them before attending an evening session. Husbands and partners were also more likely to attend if food was provided.

Keeping engagement: Trainers employed a range of techniques for keeping parents engaged with the programme, including;

- Taking a collaborative approach to delivering parenting support – i.e., non-hierarchical and non-blaming
- Developing parent support networks by assigning parent buddies and using group sessions – parents were asked to keep records of their home experiences and to share these with the group
- Using a variety of learning techniques including role-playing and rehearsal, videotapes, reading materials and home work assignments. Parents were given personal folders in which to record their experiences – this was an opportunity for shy parents to communicate in private with the trainer and receive written advice or comments
- Trainers telephoned parents at home to 'check in' with their progress and any problems they may be having. Where parents were frequently resistant or didn't complete homework assignments the trainer would call to check what the problem was, encourage engagement and allow a relationship outside of the formal sessions to develop
- Using humour to defuse anger and help parents to relax
- Identifying group goals, ensuring the sessions had enough structure and purpose, and implementing weekly evaluations of the sessions, which helped ensure parents remained engaged and that any reasons for disengagement were identified quickly

"Parent training with low-income families" is taken from the *Handbook of child abuse research and treatment* and is available to read in full at http://www.incredibleyears.com/library/paper.asp?nMode=1&nLibraryID=467

Engaging fathers

While the majority of evaluations present few findings in relation to gender, the limited evidence available suggests it is more effective to engage both parents in parenting programmes. If parents cannot be engaged together, it may be helpful to engage them separately where it is safe to do so.

In their guide to *Commissioning Father-Inclusive Parenting Programmes*, the Fatherhood Institute sets out a 10-point checklist for commissioning parenting services and provides a series of tips for recruiting and retaining fathers to parenting interventions.

The Fatherhood Institute reports that fathers can find mainstream parenting programmes unsatisfactory for a number of reasons including;

- Content may not be of primary interest to them
- Commitment may seem too long term
- Topics covered may be too 'threatening'

- Materials may be explicitly mother-focused
- Discussions may not be sensitive to gender issues and how they affect men

Practitioners can sometimes alienate fathers, for example by;

- Actively or passively excluding them by affording mothers the status of the primary parent and aiming interventions only at them
- Assuming fathers' parenting capacity to be low
- Communicating that they are not important
- Failing to refer fathers to services

Strategies and tips for engaging fathers include;

Tips for recruiting fathers	Tips for retaining fathers
Present fathers' engagement as expected and important from the outset	Clearly set out the goals, content and expectations of the parenting intervention.
Provide sessions at flexible times and in appropriate environments	Consult with fathers about their goals for participation and tailor content accordingly
Repeatedly emphasise the benefit of fathers' engagement and attendance to their child	Adopt a strengths-based approach which supports the father's capabilities
Engage non-resident fathers wherever possible	Introduce 'active' course elements
Encourage mothers (and fathers) to think about the father's importance and help recruit them to the programme/intervention	Address couple-relationship issues and gender roles
▪ Visit www.fatherhoodinstitute.org for further information ▪ Download a free executive summary of Commissioning Father-Inclusive Parenting Programmes at http://www.fatherhoodinstitute.org/uploads/publications/444.pdf ▪ For a case study of how Stoke FIP engages with fathers visit http://www.fatherhoodinstitute.org/2010/case-study-how-stoke-family-intervention-project-engages-with-fathers/	

Engaging effectively with minority ethnic service users;

In addition to experiencing the range of engagement barriers already identified, minority ethnic parents/carers may experience a range of addition difficulties engaging with parenting services, including;

- Discrimination
- Language barriers
- Cultural differences – parenting styles, techniques, disciplinary measures, support structures etc

- Additional cost, travel and time barriers to attendance, as research shows minority ethnic parents may be disproportionately affected due to a higher likelihood of experiencing deprivation
- Lack of awareness of services and information about how to access them
- Feeling isolated

The Department for Children, Schools and Families review of *Engaging Effectively with Black and Minority Ethnic Parents in Children's and Parental Services* provides a range of information on engaging with ethnic minority service users, including **10 good practice case studies** and a range of tips for overcoming barriers to engagement, including;

- Recognise diversity – foster an environment that welcomes parents from all minority ethnic backgrounds. Having culturally aware and suitably trained staff is essential
- Challenge racism – services should emphasise the importance of cultural identity in parenting and challenge negative stereotypes
- Take a holistic approach to families' needs and aspirations
- Provide dedicated resources and/or spaces for parents to make use of e.g., dedicated point of contact (parenting worker) or room that can be used for prayer
- Recruit members of the local community to support the parenting service, possibly through an innovative support role or outreach function
- Enable parents to build their support networks e.g., through facilitating coffee mornings or other social occasions where service users can meet other parents and discuss common experiences

- See 'Engaging Effectively with Black and Minority Ethnic Parents in Children's and Parental Services' (DCSF, 2007) http://www.education.gov.uk/publications/RSG/publicationDetail/Page1/DCSF-RR013
- 'What makes parenting programmes work in disadvantaged areas?' (Joseph Rowntree Foundation, 2006) http://www.jrf.org.uk/publications/what-makes-parenting-programmes-work-disadvantaged-areas

USEFUL MATERIALS

- See 'Key Elements of Effective Practice – Parenting source document' (YJB, 2008) for information on delivering effective parenting services. http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=389&eP=

  See pages 29-34 for information on Service Delivery.
- Chapter 6, 'Barriers and Facilitators to engaging parents and carers,' in *Improving Children's and Young People's Outcomes through Support for Mothers, Fathers and Carers* (C4EO, 2010) pp. 37-44. See www.c4eo.org.uk/themes/families/effectivesupport/files/effective_support_research_review.pdf

- ‘Fathers and Family Centres: Engaging fathers in preventive services,’ (Joseph Rowntree Foundation, 2000). See http://www.jrf.org.uk/publications/how-family-centres-are-working-with-fathers
- ‘Engaging multiproblem families in treatment: Lessons learned through the development of multi-systemic therapy’ (Cunningham and Henggeler, Family Process journal, vol 38, 1999). See www.familyprocess.org
- ‘A review of how Fathers can be better recognised and supported through DCSF policy’ (DCSF, 2008). See http://www.education.gov.uk/publications/eOrderingDownload/DCSF-RR040.pdf
- ‘Engaging multiproblem families in treatment: Lessons learned through the development of multi-systemic therapy’ (Cunningham and Henggeler, 1999) provides a summary of universal engagement strategies, frequent barriers to engagement and some specific strategies for overcoming them. See Family Process journal, vol. 38 (1999)

References:

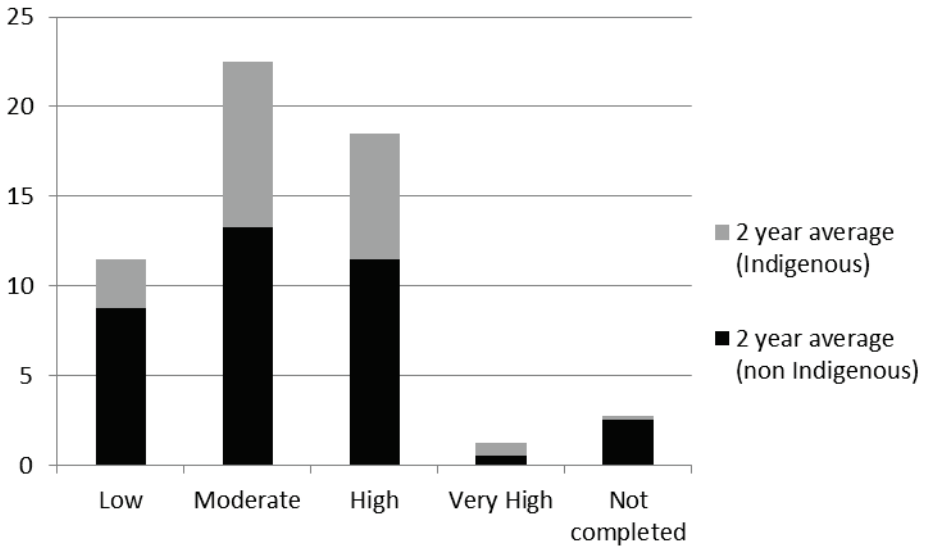
1. YJB: Key Elements of Effective Practice – Parenting (2008)
2. Webster-Stratton, ‘Parenting Training with low-income families: promoting parental engagement through a collaborative approach’ (1998)
3. Cunningham and Henggeler, ‘Engaging multiproblem families in treatment: lessons learned from the development of multi-systemic therapy’ (1999)
4. The Fatherhood Institute: Commissioning Father-Inclusive Parenting Programmes (2009)
5. Page et al, ‘Engaging effectively with black and minority ethnic parents in Children’s and parental services (DCSF, 2007)

Summary of key data: Ipswich Youth Justice Service Centre

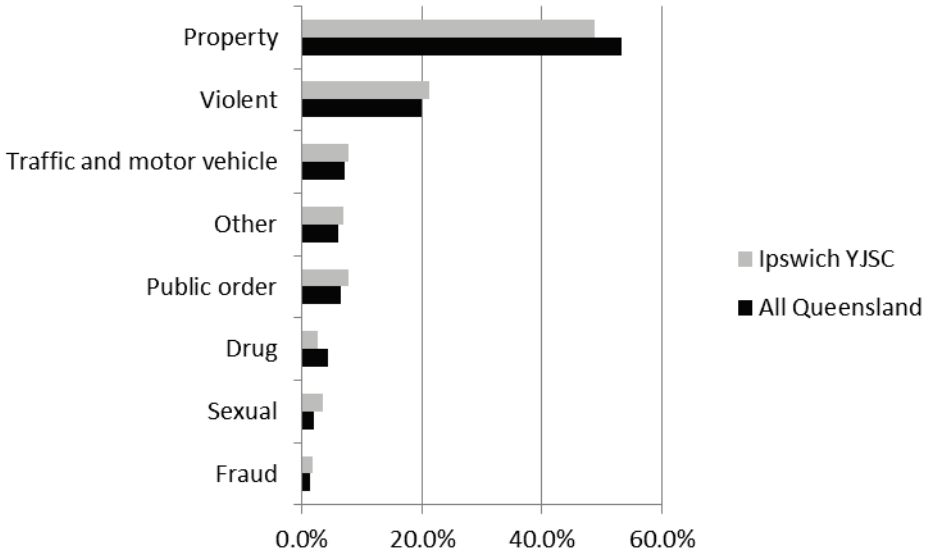
Admissions to orders, Ipswich 2011-12

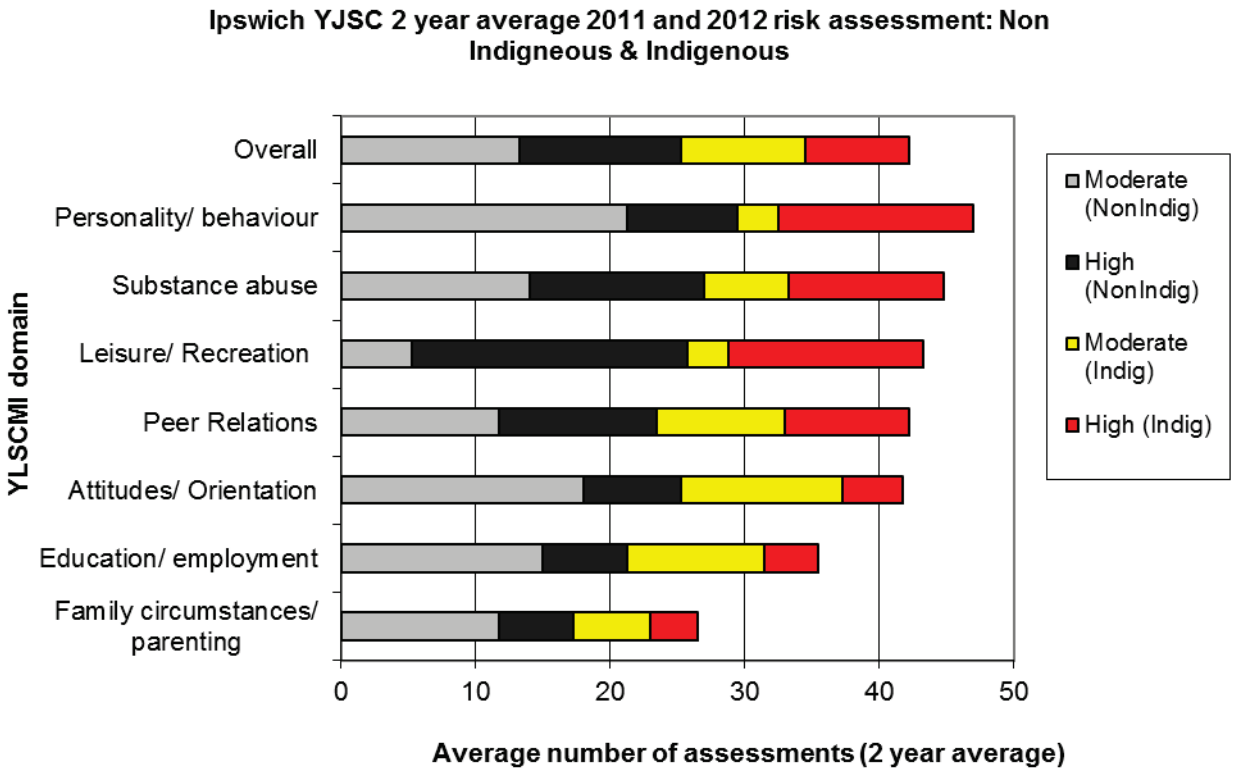
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	Average orders per young person: all QLD
CSO	62	7.38%	52	1.19	1.21
CRO	19	7.6%	19	1.00	1.07
Detention	17	5.3%	11	1.55	1.45
Probation	114	8.2%	90	1.27	1.23
SRO	11	5.1%	10	1.10	1.32

Overall risk level for Ipswich YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Ipswich YJSC and State-wide average





Family

69% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 77% (state-wide average 80%)
- Two or more identifiable mental health issue: 57% (state-wide average 60%)
- Conduct disorder: 53% (state-wide average 59%)
- Substance misuse disorder: 60% (state-wide average 62%)

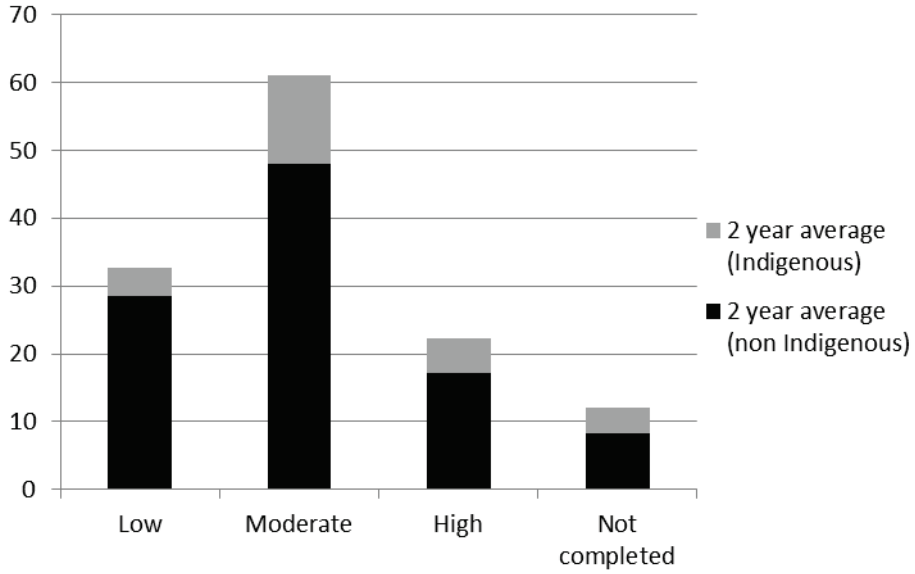
[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

Summary of key data: Logan Youth Justice Service Centre

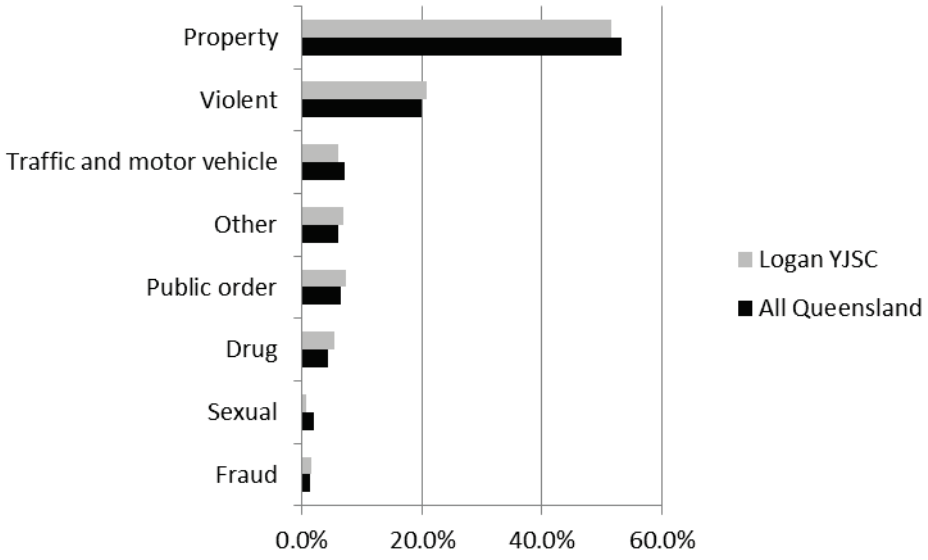
Admissions to orders, Woodridge YJSC 2011-12

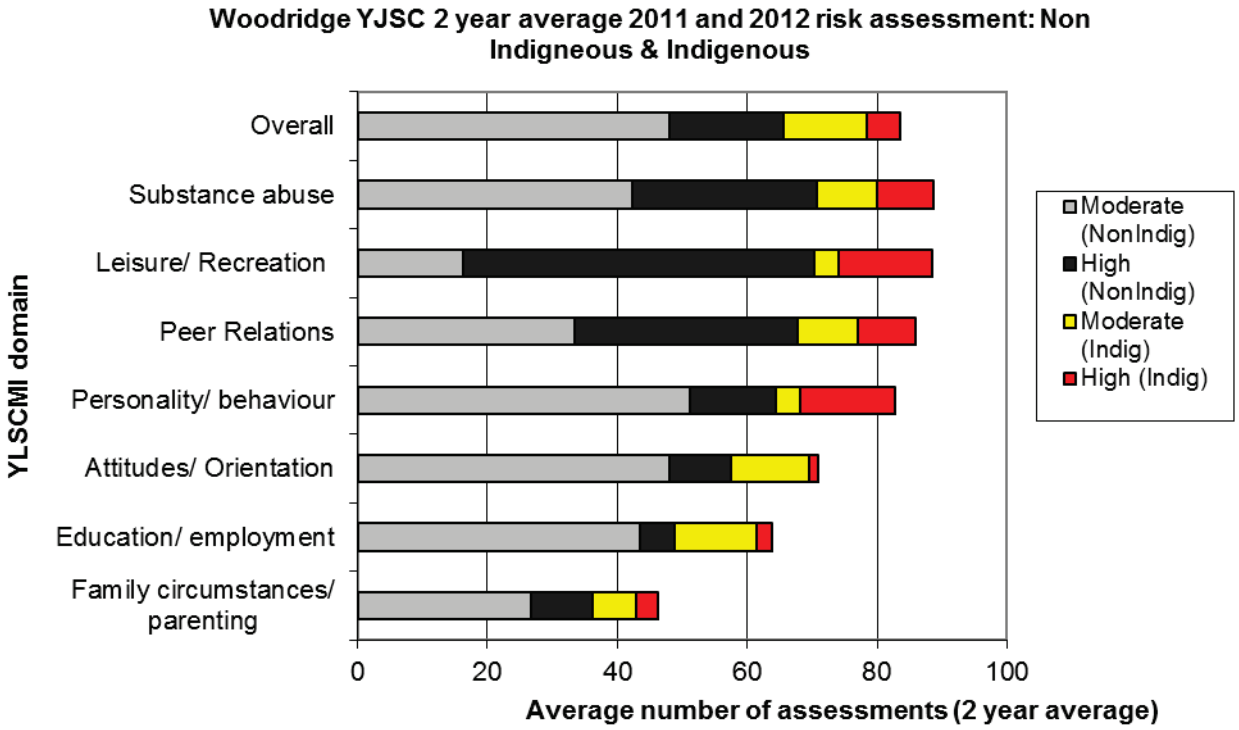
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person
CSO	41	4.9%	39	1.05
CRO	13	5.2%	12	1.08
Detention	9	2.8%	8	1.13
Probation	85	6.1%	73	1.16
SRO	7	3.2%	6	1.17

Overall risk level for Woodridge YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Woodridge YJSC and State-wide average





Family

79% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 77% (state-wide average 80%)
- Two or more identifiable mental health issue: 58% (state-wide average 60%)
- Conduct disorder: 56% (state-wide average 59%)
- Substance misuse disorder: 64% (state-wide average 62%)

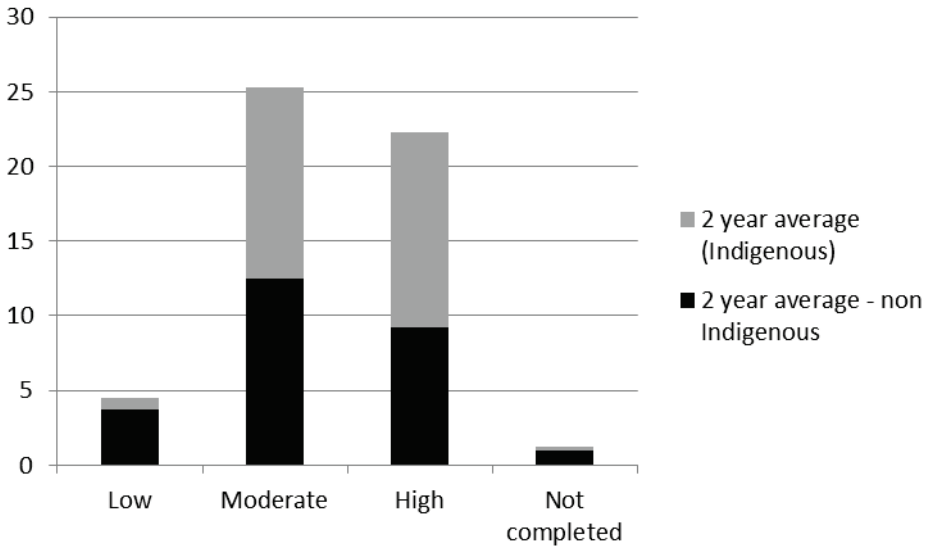
[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

Summary of key data: Mackay Youth Justice Service Centre

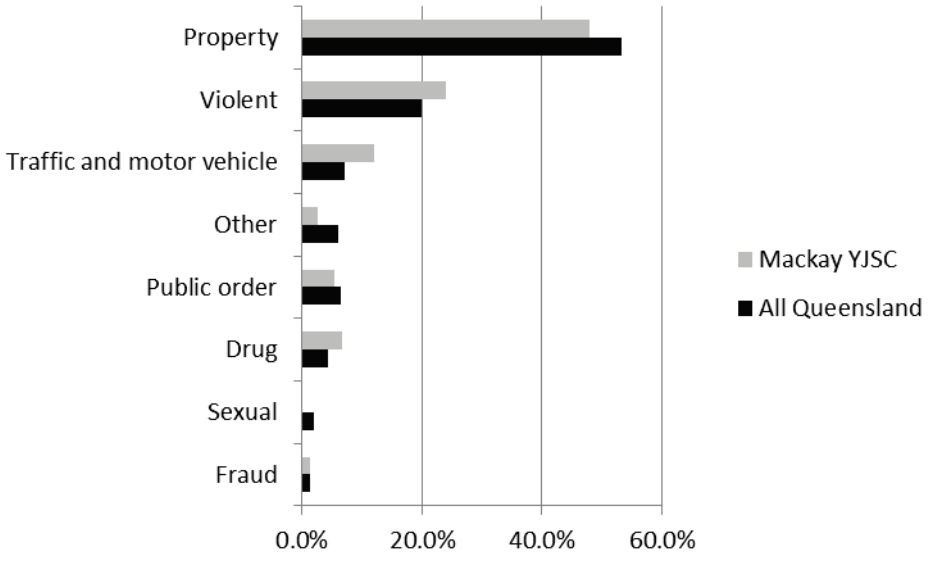
Admissions to orders, Mackay YJSC, 2011-12

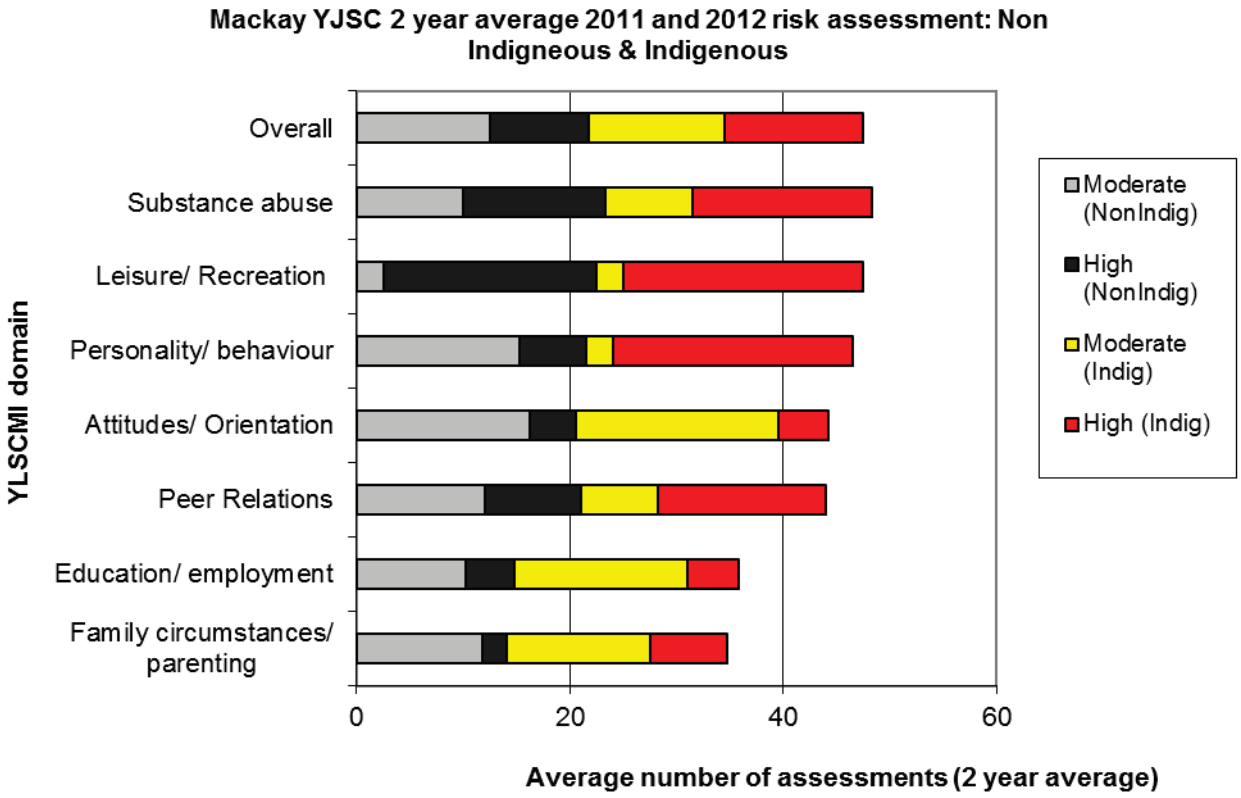
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	Average orders per young person: all QLD
CSO	19	2%	17	1.12	1.21
CRO	8	3%	7	1.14	1.07
Detention	13	4%	7	1.86	1.45
Probation	45	6%	71	1.14	1.23
SRO	10	5%	6	1.67	1.32

Overall risk level for Mackay YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Mackay YJSC and State-wide average





Family

83% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 87%(state-wide average 80%)
- Two or more identifiable mental health issue: 78% (state-wide average 60%)
- Conduct disorder: 78% (state-wide average 59%)
- Substance misuse disorder: 76% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

The preparation of this Monograph was supported by Pennsylvania Commission on Crime and Delinquency (PCCD) Subgrant #07/08/09-JG/J-02/04/02-20268, awarded by the PCCD to Shippensburg University for implementation by the Center for Juvenile Justice Training and Research, and by Subgrant #07/08/09/10/11-JG/J-03-21173, awarded by the PCCD to the Pennsylvania Council of Chief Juvenile Probation Officers. The awarded funds originate with the Office of Justice Programs, U.S. Department of Justice. Points of view or opinions contained within this document are those of the authors and do not necessarily represent any official position, policy, or view of the Department of Justice.

FOREWORD

The world around us is rapidly changing. Knowledge is growing at an exponential rate. New processes leading to improved outcomes are routinely generated. These changes are affecting all aspects of our lives, including juvenile justice. New assessment tools, interviewing techniques, community-based interventions, and practitioner tools are constantly emerging and improving. Today's professional is challenged to keep abreast of these changes and to integrate this knowledge and innovation in day-to-day practice. Like a whitewater rafting experience, the fast-paced waters can make one uneasy and exhilarated at the same time. Today, there is an undeniable sense of anticipation, a realization that the strategic application of these research findings can produce—will produce—outcomes that make communities safer. A similar sense of expectancy was stirring in the 1990s, when Pennsylvania's juvenile justice system embraced its balanced and restorative justice (BARJ) mission. From this BARJ effort came many improvements including, but not limited to, a greater emphasis on the needs of victims, community participation in addressing the consequences of delinquency, and a readiness to determine how the justice system could partner with others to repair harm caused by illegal activity.

The goals of Pennsylvania's Juvenile Justice System Enhancement Strategy (JJSES) align with those of BARJ. JJSES seeks to reduce harm by applying the best-known research to the principles and goals of BARJ. Using actuarial assessment tools, cognitive behavioral interventions, and performance measures to make incremental improvements, and addressing not just the youthful offender but the entire family, are just a few ways that JJSES supports a BARJ mission of reduced harm.

JJSES is a "from the bottom up" initiative. In recent years, various counties throughout Pennsylvania have been adopting evidence-based practices. However, those efforts have been loosely supported and uncoordinated from a statewide perspective. It was recognized that evidence-based practices would advance more quickly and comprehensively if the counties received support. Through the leadership and collaborative partnership of three agencies—the Juvenile Court Judges' Commission, the Pennsylvania Council of Chief Juvenile Probation Officers, and the Pennsylvania Commission on Crime and Delinquency—the JJSES initiative was launched.

This initiative provides juvenile justice stakeholders with training, technical assistance, literature, web-based support documents, and overall guidance. The purpose of this Monograph is to provide these stakeholders with practical information on how daily practices can be improved to achieve better juvenile justice outcomes. The Monograph divides and groups the implementation activities of JJSES into four stages. Support resources for each stage are identified.

A heartfelt appreciation is extended to the dozens of individuals who contributed to the development of this Monograph. The many hours of spirited debate and sacrifice have produced what we hope will be a roadmap to achieve and improve upon the outcomes so clearly articulated in our BARJ mission.

A WORD ABOUT VICTIMS AND COMMUNITIES

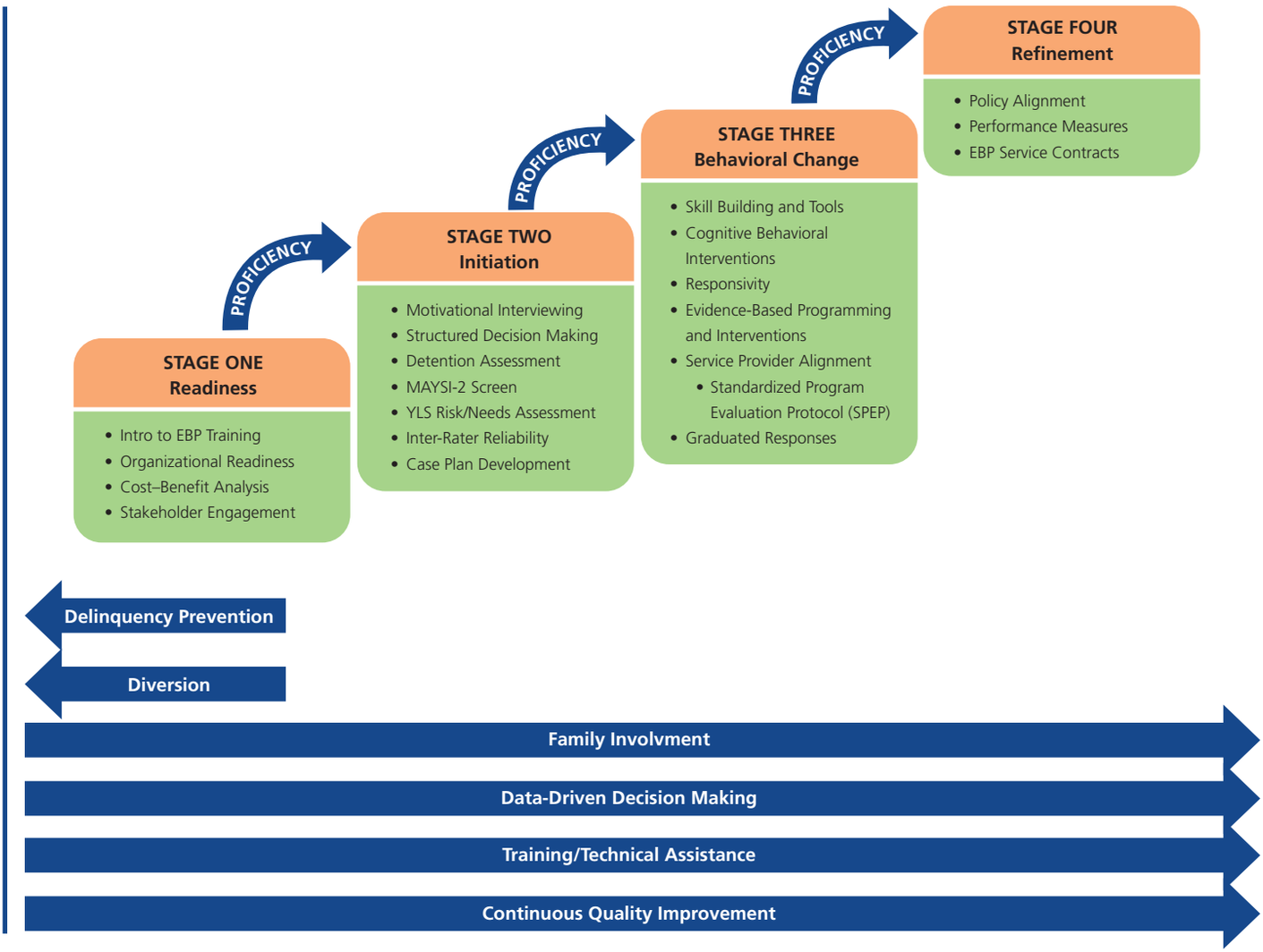
The reader may notice that while the Juvenile Justice System Enhancement Strategy (JJSES) emphasizes those processes related to reducing the risk of reoffense and enhancing public safety, little direct reference is made to victims or communities. This Monograph purposefully highlights the research and subsequent key activities needed to achieve a reduction in victimization and thereby advance safer communities. By doing so, it enhances the ability to achieve our balanced and restorative justice (BARJ) mission. The activities, processes, products, and outputs described in this Monograph are designed to achieve greater community protection for the citizens of Pennsylvania through reduced recidivism.

One of the benefits of a balanced and restorative justice mission is that it does not pit one stakeholder group against another (i.e., victim against juvenile, community against victim, or juvenile against community). Instead, the true spirit of BARJ is demonstrated when each affected party's need is attended to and future harm is diminished. We are excited about the potential implications that a successful application of JJSES can achieve: fewer victims, safer communities, and youth who gain prosocial competencies and who contribute to their families and communities.

TABLE OF CONTENTS

PENNSYLVANIA'S JUVENILE JUSTICE SYSTEM ENHANCEMENT STRATEGY: A MONOGRAPH

Welcome to the Juvenile Justice System Enhancement Strategy (JJSES) Monograph. This document is designed to assist juvenile justice stakeholders throughout the Commonwealth in implementing strategies that are grounded in evidence-based practices (EBP) and that aim to enhance youth's competencies and to change youthful behavior that leads to unlawful acts. Consistent with Pennsylvania's balanced and restorative justice (BARJ) mission, EBP seeks to prevent delinquency and out-of-home placement by working with juveniles to reduce their risk of recidivism and to enhance those protective factors that result in a law-abiding life. JJSES is the framework within which EBP will become a reality in Pennsylvania's juvenile justice system. It consists of four stages of implementation:



This Monograph is divided into four sections that match the Framework's stages:

- Stage One: Readiness
- Stage Two: Initiation
- Stage Three: Behavioral Change
- Stage Four: Refinement.

Each of these sections includes short descriptions of the tasks to be accomplished at each stage, background information about the purpose of the tasks, and helpful hints about how to achieve them.

Other steps involved in implementing the JJSES Framework—ones that cut across all stages—are included in the final section of the Monograph, "Key JJSES Building Blocks." These include

- delinquency prevention
- diversion
- family involvement
- data-driven decision making
- training/technical assistance
- continuous quality improvement.

We hope that you find this Monograph useful in implementing evidence-based practices to achieve the goals of balanced and restorative justice. It is meant to provide you with guidance, tips, and resources that will help you as you work with juveniles to prevent delinquency, avoid over-reliance on detention, and reduce recidivism for the benefit of all who live and work in the Commonwealth.

Evidence-Based Practice Defined

"Evidence-based practice" simply means applying what we know in terms of research to what we do in our work with youth, their families, and the communities in which we live. It is the progressive, organizational use of direct, current scientific evidence to guide and inform efficient and effective services. It is through the use of research evidence and the demonstration of outcomes that Pennsylvania's juvenile justice system can achieve and confirm the effectiveness of its BARJ mission.

AN INTRODUCTION TO PENNSYLVANIA'S JUVENILE JUSTICE SYSTEM ENHANCEMENT STRATEGY

As a national leader in juvenile justice, Pennsylvania has an ongoing commitment to improving its balanced and restorative justice outcomes through innovation and vision, strong partnerships at both the state and local levels, and cooperation with both public and private sector service providers. Most recently, between 2005 and 2010, the John D. and Catherine T. MacArthur Foundation selected Pennsylvania as the first state in the country to participate in its Models for Change initiative. Virtually all components of Pennsylvania's juvenile justice system were engaged, in some way, in system reform.

Pennsylvania's Models for Change reform efforts focused on three targeted areas of improvement: coordinating the mental health and juvenile justice systems, improving aftercare services and supports for youth and their families, and addressing disproportionate minority contact within the juvenile justice system. Models for Change accelerated the pace of Pennsylvania's previous efforts at reform at both the state and local levels, and supported various evidence-based practices, such as the introduction of screening and assessment instruments. A number of juvenile probation departments began working toward implementing a valid and reliable risk/needs instrument, developing a case plan model to address the identified risks and needs, and providing targeted evidence-based interventions.

In June 2010, with the five-year commitment of the MacArthur Foundation drawing to a close, the Executive Committee of the Pennsylvania Council of Chief Juvenile Probation Officers and Juvenile Court Judges' Commission (JCJC) staff agreed, at their annual strategic planning meeting, that the "Juvenile Justice System Enhancement Strategy" (JJSES) was needed, both to consolidate the gains of the previous five years "under one roof" and to develop strategies to sustain and enhance those efforts.

Pennsylvania's JJSES rests on two interlinked foundations: the best empirical research available in the field of juvenile justice and a set of core beliefs about how to put this research into practice. These beliefs assert that

- children should be diverted from formal court processing whenever appropriate
- meeting the needs of victims is an important goal of the juvenile justice system
- we need to develop and maintain strong partnerships with service providers
- we can, and should, do a better job of involving families in all that we do.

To these ends, a JJSES coordinator was appointed, a leadership team was created, and The Carey Group, Inc. was retained to begin developing an implementation strategy.

One year later, the Center for Juvenile Justice Reform at Georgetown University selected Berks County and the Commonwealth of Pennsylvania as one of four sites in the nation to participate in its Juvenile Justice System Improvement Project (JJSIP).[1] The JJSIP assists states in improving outcomes for juvenile offenders by better translating knowledge on "what works" into everyday policy and practice—an approach very consistent with Pennsylvania's JJSES. Pennsylvania intends to incorporate "lessons learned" from Berks County's participation in the JJSIP into the statewide Juvenile Justice System Enhancement Strategy.

Pennsylvania's JJSES rests on two interlinked foundations: the best empirical research available in the field of juvenile justice and a set of core beliefs about how to put this research into practice.

BALANCED AND RESTORATIVE JUSTICE

One of the most significant reforms in the history of Pennsylvania's juvenile justice system occurred in 1995, when the purpose of the system was fundamentally redefined during a special legislative session on crime. The Juvenile Act now states that the purpose of Pennsylvania's juvenile justice system is

"… to provide for children committing delinquent acts programs of supervision, care, and rehabilitation which provide balanced

1 The JJSIP takes the vast amount of knowledge gained through Dr. Mark Lipsey's meta-analysis of effective juvenile justice programs, which he translated into the Standardized Program Evaluation Protocol (SPEP), and embeds it within the Office of Juvenile Justice and Delinquency Prevention's *Comprehensive Strategy for Serious, Violent, and Chronic Juvenile Offenders*, developed by Dr. James C. Howell and John Wilson. (For more information on this approach, please refer to *Improving the Effectiveness of Juvenile Justice Programs: A New Perspective on Evidence-Based Practice* by Mark Lipsey et al.)

attention to the protection of the community, the imposition of accountability for offenses committed, and the development of competencies to enable children to become responsible and productive members of the community."

So how does Pennsylvania's Juvenile Justice System Enhancement Strategy correspond to the principles of balanced and restorative justice—the foundation upon which our juvenile justice system is built? Simply put, JJSES emphasizes the use of research evidence to achieve one of the core BARJ objectives: increasing youth skills (competency development) in order to reduce the likelihood that those involved in the juvenile justice system will commit delinquent acts in the future.

STATEMENT OF PURPOSE

The first concrete step in developing Pennsylvania's JJSES was to create a Statement of Purpose. The Statement of Purpose was designed to reflect the underlying goals of BARJ and of the JJSES initiative:

- enhancing the capacity of our juvenile justice system to achieve its balanced and restorative justice mission through the implementation of evidence-based practices
- demonstrating an ongoing commitment to data collection, analysis, and research
- demonstrating a commitment to continuous quality improvement in every aspect of the system.

A significant and growing number of state agencies, statewide organizations, and service providers have endorsed the Statement of Purpose. If your department or organization has not yet endorsed the Statement of Purpose for JJSES, we invite you to do so.

JJSES Statement of Purpose

We dedicate ourselves to working in partnership to enhance the capacity of Pennsylvania's juvenile justice system to achieve its balanced and restorative justice mission by

- employing evidence-based practices with fidelity at every stage of the juvenile justice process;
- collecting and analyzing the data necessary to measure the results of these efforts; and, with this knowledge,
- striving to continuously improve the quality of our decisions, services, and programs.

The Nexus Between Balanced and Restorative Justice (BARJ) and JJSES

Act 33 of Special Session No. 1 of 1995 amended the purpose clause of Pennsylvania's Juvenile Act to establish balanced and restorative justice as the philosophical and theoretical framework for Pennsylvania's juvenile justice system. The statute clearly defined three goals for Pennsylvania's juvenile justice system:

- the protection of the community
- the imposition of accountability for offenses committed
- the development of competencies to enable children to become responsible and productive members of the community.

Since the statute's enactment, juvenile justice agencies throughout the Commonwealth have devoted a great deal of time and resources to implement policies, practices, and programs that advance BARJ and to accomplish the goals embodied in Act 33. To enhance and support these efforts, the Juvenile Justice System Enhancement Strategy emphasizes the following:

- **The use of research-based evidence to guide the development of policy and practice in all aspects of BARJ:** Evidence-based practices is a mindset or way of going about the business of juvenile justice. New information is constantly challenging existing processes and providing opportunities for improved outcomes. Evidence should be used to help guide practitioners' actions, whether those actions are to protect the community from further harm, restore the harm done to victims and the community, or redeem youth involved in the system.
- **The application of evidence-based research to protect the community from further harm by reducing rearrest and recidivism rates for youth involved in the juvenile justice system through a process of behavioral change:** Ultimately, juveniles must take full responsibility for their past actions and gain the motivation and competencies to change their conduct in the future. Probation officers, treatment providers, family members, and other prosocial people in the lives of juveniles must take advantage of the best available research and knowledge as they work to reach these goals.

THE APPLICATION OF EVIDENCE-BASED PRACTICES TO JUVENILE JUSTICE

Juvenile justice organizations around the world are moving to align their programs and services with what has become known as evidence-based practice (EBP). Starting in the medical profession two decades ago, EBP asserts that public policy and practice should be based on the best available scientific evidence in order to effectively achieve stated goals and efficiently use taxpayers' dollars. Failure to match services to rigorous, evidentiary standards not only makes poor use of limited public funds but can even lead to an exacerbation of the problems and issues that government seeks to resolve. In the juvenile justice context, research has demonstrated that the proper implementation of EBP can lead to significant reductions in juvenile delinquency and recidivism.

RESTORATION AND PUBLIC SAFETY ARE THE GOALS

Juvenile justice interventions and programs are considered effective when they reduce a juvenile's risk to reoffend. In this context, the application of evidence-based practices translates directly into enhanced public safety. The research over the last two decades is both clear and compelling regarding those interventions that result in reduced recidivism. Juvenile probation departments in the Commonwealth of Pennsylvania must adopt the principles of EBP in order to achieve their stated mission of repairing harm to victims, restoring the health and welfare of communities, and enabling juveniles to become productive and law-abiding members of society.

KEY CONCEPTS IN EVIDENCE-BASED PRACTICE: THE RISK, NEEDS, AND RESPONSIVITY PRINCIPLES

The *risk principle* refers to the probability that a youth will reoffend, based on characteristics that are correlated with future delinquency. These risk factors are static, or non-changeable. They include, for example, current age, age at first arrest, and number of prior arrests. Risk information is used to classify juveniles for purposes of supervision and to determine the level of external control and treatment required during that supervision.

The *need principle* defines the juvenile's individual and environmental attributes that are predictive of future delinquent behavior and that can be changed (i.e., that are dynamic in nature). These are known as criminogenic needs. Examples of criminogenic needs include antisocial attitudes and beliefs, antisocial peers, temperament issues (such as impulsivity and poor problem-solving and decision-making skills), lack of family support, substance abuse, lack of education, and lack of prosocial leisure outlets. In order to reduce the probability of delinquency and recidivism, a juvenile's criminogenic needs must be accurately assessed and then effectively addressed through individual supervision and programmatic interventions. The primary tool for formally establishing, tracking, and documenting the accomplishment of these goals is a comprehensive case plan that describes the steps that must be taken by the juvenile probation officer, service provider, and juvenile to reduce the risk of recidivism.

The *responsivity principle* emphasizes the importance of characteristics that influence a juvenile's ability and motivation to learn. Individual traits that interfere with—or facilitate—learning are known as "responsivity factors." The basic assumption underlying the responsivity principle is that all juveniles and all programs are not the same. As such, better treatment outcomes will result from properly matching a young person's individual characteristics (e.g., culture, cognitive ability, maturity, and gender) with service characteristics (e.g., location, structure, length, dosage, methodology, and facilitator traits).

In short, the risk principle helps identify *who* should receive juvenile justice interventions and treatment. The need principle focuses on *what* about the young person must be addressed. The responsivity principle underscores the importance of *how* treatment should be delivered, with behavioral and cognitive behavioral skill-building techniques being the most effective.

THE EIGHT PRINCIPLES OF EFFECTIVE INTERVENTIONS

There are eight evidence-based principles for effective intervention with juveniles:

Eight Principles	In Practitioners' Language
Assess risk/needs using actuarial instruments	**Use assessments** to guide case decisions by applying actuarial and statistically valid tools that describe the *who* (which juveniles will most likely require interventions), the *what* (which specific needs must be addressed to reduce reoffense), and the *how* (how to match interventions with an individual's traits) of supervision.
Enhance intrinsic motivation	**Get juveniles treatment-ready** and keep them engaged by using motivational interviewing, strength-based approaches, and rewards and sanctions.
Target interventions	**Apply a laser-like focus on the criminogenic factors** that are proven to be linked to future delinquency, and work to enhance those protective factors that act as barriers against delinquent behavior. Pay attention to youths' responsivity factors, including developmental age, gender, ethnic and cultural background, and learning style.
Develop skills through directed practice	**Use behavioral and cognitive behavioral techniques** to help medium and high-risk juveniles learn thinking patterns, skills, and behaviors that can reduce their risk of recidivism. Train juvenile probation officers and service providers to reinforce, in the community and family, new skills that youth have learned in treatment groups.
Increase positive reinforcement	**Use rewards and incentives** to encourage prosocial attitudes and behavior. Seek to provide four to six positive affirmations for every message of disapproval.
Engage ongoing support in natural communities	**Strengthen the influence of prosocial communities** in juveniles' lives, and support the ability of families to assist youth as they learn prosocial values, attitudes, beliefs, and skills.
Measure relevant processes and practices	Ensure that the department is **routinely measuring** and documenting key indicators that inform individual staff members and the department whether programs and services are being implemented with sufficient quality and whether intended changes are occurring. The identification of these outcome measurements is foundational to evidence-based organizations.
Provide measurement feedback	**Use data to provide feedback and make adjustments**. Outcomes will more likely be improved when feedback is offered to those individuals providing services, developing policy, and managing staff.

THE DAY-TO-DAY APPLICATION OF THESE PRINCIPLES

From a criminogenic risk perspective: The evidence is clear that low-risk juveniles should be given the least amount of attention because they are already largely connected to prosocial communities and are likely to be self-correcting. Juvenile justice intervention beyond arrest and prosecution will likely only increase the probability of reoffense for this population. Medium and high-risk youth are much more likely to respond positively to interventions, if administered correctly. The intensity of treatment

programs should be matched to each person's risk level, with higher dosages, lengths, and intensities applied to higher-risk offenders.

Therefore, in terms of supervision and treatment, the juvenile justice system should

- **use minimal intervention with low-risk juveniles.** Supervision staff should manage the risk of reoffense but avoid vigorously applying juvenile justice system interventions to low-risk juveniles unless individual traits change, resulting in a youth's increased risk level. Interventions should be the least restrictive in nature.
- **maximize accountability with extremely high-risk juveniles.** Employ techniques such as surveillance, electronic monitoring, curfew, and police–probation partnerships to control the risk. These youths' risk levels can be reduced through the strategic application of interventions that match their risk (i.e., interventions become more intensive as risk increases), criminogenic needs, and responsivity traits (e.g., learning disabilities, mental health, gender), but they may need external control until these interventions take hold.
- **focus programs and services specifically on medium and high-risk juveniles.** Levels of risk can especially be reduced for medium and high-risk juveniles by applying appropriately matched services and supervision.

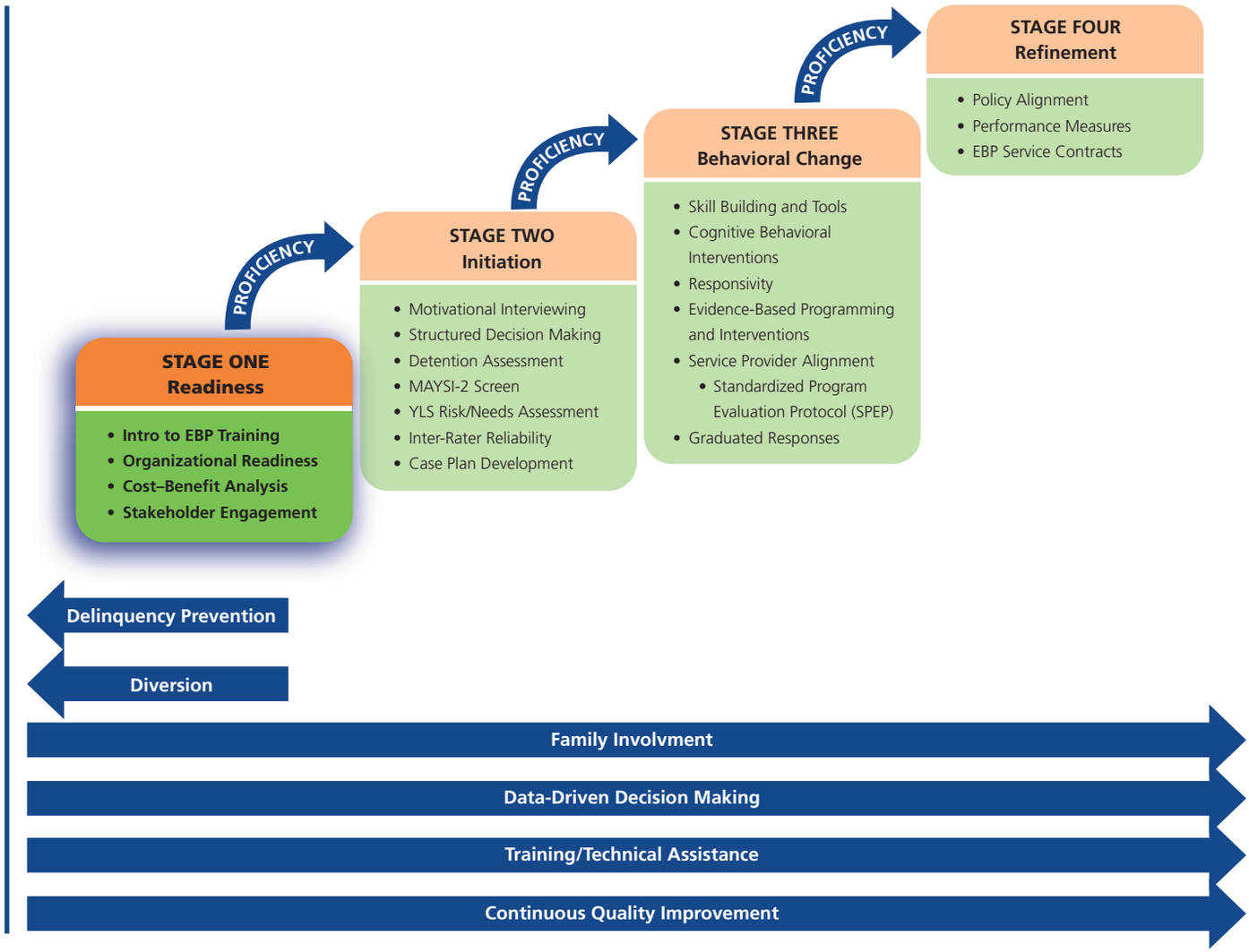
From a criminogenic need perspective: Traits that are delinquency-influencing and changeable should be targeted for intervention. Attention to non-criminogenic needs will not yield positive recidivism results and may even do harm.

From a responsivity perspective: Interventions should be closely matched to each individual's unique qualities and attempts should be made to increase the youth's intrinsic motivation to engage in behavior change. The most effective interventions create a match between a youth's traits, the characteristics of treatment, and the counselor/facilitator's attributes, and acknowledge the youth's current stage of change.

SUMMARY

The body of knowledge that serves as the foundation for evidence-based practices in juvenile justice (Andrews & Bonta, 2006; Barnoski, 2004; Lipsey & Cullen, 2007) is both clear and convincing. Today, the challenge for juvenile justice policymakers and practitioners is not so much *what* should be done; scientific research has shed much light on this question over the past two decades. Instead, the challenge today lies in transforming our current system of juvenile justice from one based solely on gut instinct and officer experience to one that routinely uses research to inform practice and policy.

STAGE ONE: READINESS



"After all is said and done, there is no such thing as managing change. You lead change or you follow it."

Peter Drucker

Nearly 70 percent of all innovation and implementation initiatives in the public and private sectors fail. While new technologies, programs, and procedures are introduced on a daily basis, most efforts to make them a reality result in disappointment and frustration. Stage One of the Framework was crafted with this problem in mind. It recognizes that change is a long-term process—one that requires strategic and careful planning before an initiative truly begins.

A number of tasks are recommended to help ensure a successful launch of JJSES. Some of these tasks include preparing and engaging juvenile probation staff and stakeholders by

- informing them of the JJSES model, anticipated tasks and timelines, and ways in which the juvenile justice and service delivery system may change

- providing training about research that could guide practice
- setting up a planning process that allows stakeholders to help shape the local JJSES plan.

In addition, local probation departments are urged to take an honest look at their readiness to undertake a change initiative. If conditions are not conducive to moving forward, the JJSES effort will likely not succeed, and attempts to reinitiate it later could be resisted by those who view the first effort as flawed. One way to understand and cope with these preliminary conditions is to conduct an organizational readiness-to-change analysis, referred to here as a "cost–benefit analysis," to increase awareness of the amount of time and effort that will be required to implement all four stages of the JJSES initiative.

INTRODUCTION TO EBP TRAINING

In order to determine a department's or juvenile justice system's readiness to proceed with evidence-based practices, the department must know what EBP is and what it entails. Many departments mistakenly view EBP as applying an actuarial risk/needs instrument, as if it were a singular event. While implementing a risk/needs assessment is foundational to evidence-based practices, it is just one activity. A department needs to know the totality of what it is committing to in order to successfully implement change.

Conducting an "Introduction to Evidence-Based Practices" training session is a key part of preparing for JJSES. This one-day training should be designed to ground participants in the *what* and *why* of EBP. It provides basic knowledge about evidence-based and risk reduction research and explores how the principles of risk, need, and responsivity are relevant to decisions made by staff (e.g., how intensively to supervise the youth, which criminogenic needs to target for case management, and how to customize the approach based on the youth's unique traits) and other juvenile justice system stakeholders (e.g., who should be eligible for diversion, what dispositional conditions to impose, how to handle violations, and how court reports might be structured). An "Introduction to Evidence-Based Practices" does not provide training in how to apply this knowledge, but it reviews why such application is needed. It is the foundation upon which all other training is built.

Lessons learned about EBP implementation suggest that probation departments should take a staged approach to staff development. Staff often have difficulty accepting and integrating knowledge and skills acquired through training when they have not received the appropriate prerequisite training. Just as one has to learn how to walk before running or to swim before SCUBA diving, one has to understand the risk principle before being asked to use an actuarial assessment instrument. There is an important sequence that must be followed when providing training to staff. Following this sequence will increase the likelihood that staff will be receptive to new information, adopt and adapt to new practices and approaches, and retain information and skills for a longer period of time.

If juvenile justice system stakeholders seem reluctant to embrace an evidence-based practices model, the juvenile probation department may want to reevaluate its strategy regarding JJSES implementation. It may want to take more time collecting outcome information, examining other jurisdictions' experiences, and understanding EBP's potential benefit before making a concerted push toward JJSES.

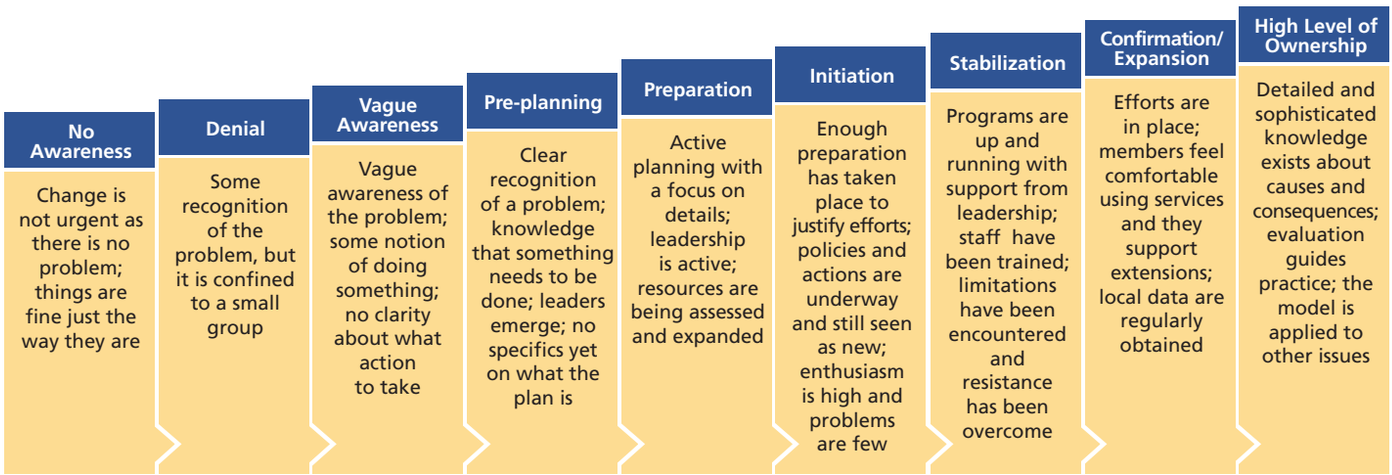
ORGANIZATIONAL READINESS

Implementing JJSES and the principles of evidence-based practices that underlie it requires juvenile justice organizations to modify their way of doing business in order to be successful. Unfortunately, research shows that this is not an easy task, as demonstrated by implementation failure rates of 70 percent or more for new initiatives. These dismal rates make the very idea of change daunting.

The reasons for failure are fairly common, including a lack of department resources, an overreliance on the status quo, high workloads, a lack of will on the part of leadership, and stakeholder reluctance. Organizations can avoid these pitfalls and maximize the potential for successfully implementing JJSES/EBP by using readiness assessment tools. These tools help department leadership determine whether the climate of their organization is conducive to change, since an unsuccessful change effort will only lead to more difficult hurdles later when change is attempted again.

Fortunately, a myriad of experiences by other jurisdictions implementing system improvements point to factors that increase the likelihood of successful change efforts. A department will be more likely to successfully implement a change effort if its leadership is firmly committed to change, if direct service staff is convinced that change is necessary, if there is agreement that EBP is the right strategic fit, and if implementing the change will result in improvements that are relevant to staff's individual

COMMUNITY READINESS MODEL



needs. Departments that simply pile EBP activities onto an existing pool of activities run the risk of marginalizing the importance of EBP initiatives.

> "Whenever there is a complex problem, there is a simple, fast, and wrong solution."
>
> Author unknown

Before starting a major change process, there should be a "gut check." That is, leadership should revisit its core BARJ mission[2] and be clear about what its primary function is, decide whether EBP gets the department closer to that function, and determine what trade-offs may be required to put in motion EBP activities. There needs to be a "strategic fit" between these new practices and what the department ultimately intends to accomplish with its resources. If this fit is not clear or if there is not a willingness to make choices that may require redirecting resources, the department should rethink how it wants to move forward with JJSES.

Just as important is how well an organization functions and performs. According to Rensis Likert's research (1967), there are a few areas within an organization that need to be high-functioning in order for a change effort to be successful. Some of them include good communication "up and down" the chain of command, shared values, support for the mission, effective use of rewards, effective leadership, and shared responsibility. Indeed, research on implementation readily supports the concept of addressing shortcomings before initiating system enhancement activities. Without this preparation, departments are more likely to experience perfunctory change "on paper" instead of actual modified staff activities (Rogers, Wellins, & Conner, 2002).

JJSES has developed a set of activities and products to help jurisdictions determine their readiness for change. One of them is an organizational readiness survey. This survey should be taken by all levels of an organization to determine its strengths and weaknesses in terms of implementing change. Individuals rate certain aspects of the organization (e.g., communication and shared responsibility) on a scale, indicating the preferred level compared to the actual level. Small gap scores indicate strengths and readiness for change; large gap scores indicate weaknesses and areas that need attention before successful change initiatives can be maximized.

Edwards, Jumper-Thurman, Plested, Oetting, & Swanson (2000) developed a model of organizational readiness entitled the Community Readiness Model, as shown above. According to this model, communities tend to be in one of nine stages of readiness for change. Different strategies can be employed within each stage to improve change sustainability.

2 For more information on core missions, consider the concept of BHAG (Big, Hairy, Audacious Goal), as described by Jim Collins and Jerry Porras in their book *Built to Last: Successful Habits of Visionary Companies.*

While the Community Readiness Model is applied to community-based efforts, the concepts can be applied to organizations. Departments engaged in the JJSES initiative are encouraged to determine their current stage of readiness by comparing their condition with the characteristics of these nine stages. An action plan can then be put in place depending on which stage of change the department is in.

COST–BENEFIT ANALYSIS

One of the goals of the first stage of JJSES is to analyze what an EBP effort costs from human, political, mission, and fiscal points of view. Starting initiatives is relatively easy; sustaining them takes persistence and strategy. Organizational resources are finite and activities consume resources—especially attention and time. Attention spans can be short as new pressures, statutes, and directives are added to the list of urgent "must do's." In addition, a remarkable number of departments jump right into action only to find out later that they underestimated the requisite resources and did not foresee certain issues that ultimately threaten their efforts. This can result in expending precious time and goodwill without the benefit of advancing JJSES.[3]

While the organizational readiness assessment will help identify possible barriers to implementation, the cost–benefit analysis will help quantify the costs required to overcome these barriers and to make more informed decisions as to whether, when, and under what conditions to move ahead with JJSES. Some questions to consider include the following:

- What exactly do EBP and JJSES entail? What exactly are we committing to?
- How much time and what kinds of tools, resources, caseloads/workloads, and supports are needed to do it right?
- Are we committed to doing the hard work to make the necessary changes? Can we sustain the effort over a number of consecutive years?
- Do we have the right personnel in the right places?
- How and when might this effort be communicated to staff?
- How will we get input and buy-in from all levels of the organization and the juvenile justice system?
- Is this the right timing for us as a department? Do we have issues that we need to address first, such as morale, workload, or the immersion of too much recent change, before taking on yet another initiative?
- Do we have the information technology capacity to implement and monitor fidelity to EBP?
- How will we know if our current services are achieving positive outcomes and, if they are not, what is the cost/benefit of enhancing these services?
- What are the anticipated positive outcomes of EBP and JJSES from a public safety and risk reduction point of view?
- How will those risk reduction outcomes benefit potential victims, taxpayer costs, and our departments?
- Are there other benefits that should be anticipated, such as improved staff job satisfaction and morale?
- How might these changes benefit our working relationships with other stakeholders?

A cost–benefit guidebook will be made available to help you analyze your department and system capacities before significant action steps are taken. The guidebook will include a self-administered checklist to examine the likely personnel, political, and fiscal costs of full or partial JJSES implementation, as well as the potential benefits.

To conduct a cost–benefit analysis (especially to analyze the time and money required to implement JJSES), it is recommended that a work team made up of a diagonal slice of the department be put in place to examine the issues described above. This team might talk with other jurisdictions, read key documents from other departments that have implemented JJSES, and conduct a "field trip" to a department that has undertaken a similar effort and that can offer advice on what to do or not to do.

> "For every minute spent in organizing, an hour is earned."

Once staff are trained and the department decides to further explore the steps toward JJSES, a more detailed action plan is needed. This plan will identify what immediate next steps need to be taken to deal with the issues that arose from the readiness assessment and cost–benefit analysis, who will be responsible for these steps, and what will be put on hold until these first steps are completed. This plan should not be longer than roughly 18 months in duration. The landscape often changes within a year and a half; therefore, it is usually not useful to plan any

3 Implementation research by Howard Adelman and Linda Taylor (2003) emphasizes the need to develop an understanding of the "big picture" when considering how JJSES may contribute to the intended benefits of public safety and risk reduction.

further. Furthermore, despite best intentions, there are often unanticipated delays and changes in direction that will need to be attended to, making longer-term plans irrelevant.

STAKEHOLDER ENGAGEMENT

The juvenile justice system is comprised of a constellation of individual stakeholders and departments, including victims, judges, prosecutors and defense counsel, probation officers, juveniles, families, the community, those responsible for government budgets, and departments that protect the rights of the accused, represent the needs of victims, ensure that the process is fair and in accordance with the law, and hold law violators accountable. Sometimes stakeholders' interests are similar; sometimes they are different and potentially conflicting. The success of JJSES is partially dependent on aligning the missions, intentions, understandings, and resources of the stakeholders. Research demonstrates that when system activities are driven by a unified purpose through collaboration, outcomes are improved (Adler, Kwon, & Heckscher, 2008; Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 1998; Larson & LaFasto, 1989). Successful results are less likely to be achieved when stakeholders are pulling in different directions.

JJSES proposes that all stakeholders rally around a unifying principle: harm reduction. The principle of harm reduction aligns with BARJ principles, as demonstrated by its targeted outcomes of safer and stronger communities, fewer victims, reduced delinquency rates, improved confidence in the juvenile justice system, and reduced taxpayer costs. To ensure that the entire juvenile justice system and its community partners work together to achieve these outcomes, certain processes must be implemented, including

- sharing, in a user-friendly way, research evidence that supports evidence-based practices
- establishing a set of common performance measures
- conducting a service gap assessment
- engaging in continuous quality improvement.

The cultures of juvenile justice systems differ across counties. In some, the courts, service providers, and other stakeholders are actively involved in helping shape juvenile justice policy. In others, stakeholders prefer to support initiatives without a significant role in shaping them. Facilitators of a JJSES process will want to take this matter into account when assessing juvenile justice system readiness and developing action plans.

SUMMARY

A department's action plan should contain a sufficient amount of detail, such as how to restructure caseloads, whether to specialize, how to handle the various offender populations based on risk level, what strategies to put in place to involve stakeholders, how to conduct a service gap analysis, and how to get the service provider community involved and aligned with EBP. Just as importantly, the action plan should include follow-up steps from the organizational readiness survey.

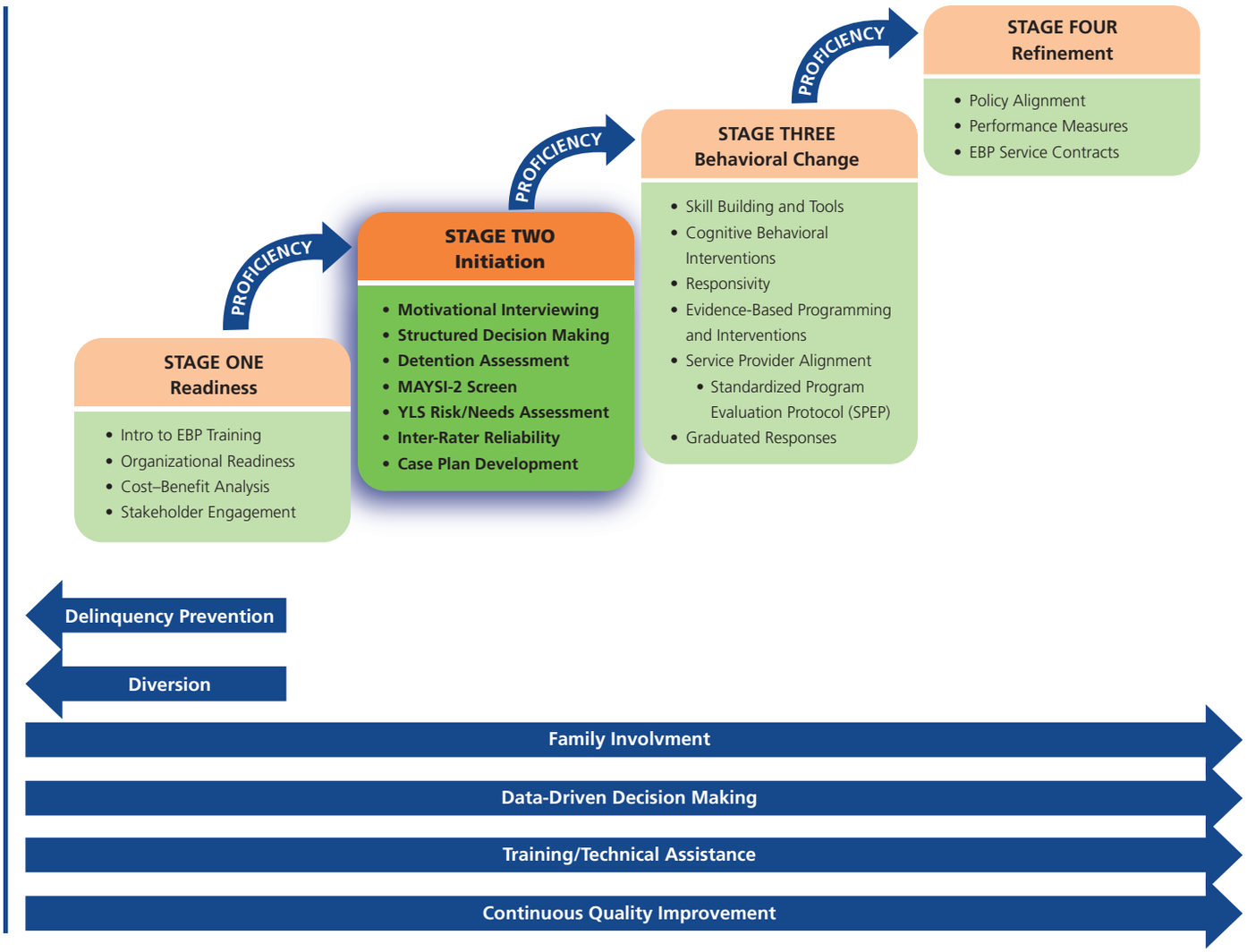
The following sequence of events summarizes the recommendations for Stage One:

Survey
- Conduct an organizational readiness survey.
- Review the results and, if necessary, develop a follow-up plan to address score gaps.

Train
- Hold introductory training on evidence-based practices and JJSES.
- Examine the experiences of others who have initiated EBP.
- Educate local stakeholders about evidence-based practices and make an initial judgment as to their relative support.

Analyze and Plan
- Complete a cost–benefit analysis of JJSES.
- If the benefits outweigh the costs, develop an initial 18-month plan.

STAGE TWO: INITIATION



"Long-range vision and strategic planning are great tools, but we need to get some things done before lunch."

Author unknown

After a department has adequately prepared itself and its stakeholders for the JJSES change initiative, Stage Two: Initiation can begin. This stage helps departments prepare for behavioral change practices that are effective in reducing the risk to reoffend. These practices are identified in Stage Three.

During the assessment process, a number of actuarial tools are used that more accurately identify the needs of youth. These tools identify a juvenile's risk to reoffend, criminogenic and non-criminogenic needs, and the appropriate level of supervision. They are not meant to replace decision-makers' discretion; rather, they are intended to help guide and inform decisions related to detention, diversion, disposition, violations, and referrals for service. The importance of these assessments cannot be overstated; they are significantly more effective at identifying risk and need than professional judgment alone. However, they

will only remain valid assessments if there is a system in place to ensure quality through inter-rater reliability. Stage Two, therefore, includes procedures to ensure that all assessors utilize the tools properly in order to retain their predictive properties, thereby allowing decision makers to rely on the accuracy of the data.

MOTIVATIONAL INTERVIEWING

One of the most important skills introduced in Stage Two is motivational interviewing. This skill enhances the amount and quality of information collected during the assessment process and helps engage youth and families in creating their own case plans.

Originally described by William R. Miller in 1983 based on his experience in the addiction field, motivational interviewing is a "collaborative, person-centered form of guiding to elicit and strengthen motivation for change" (Miller & Rollnick, 2009). It helps case managers explore and resolve their clients' ambivalence to change by focusing on motivational processes within individuals that facilitate change. It seeks to align individuals' own values with their concerns regarding change; as such, it is distinguished from coercive, externally controlled methods of motivating change.

Criminal and juvenile justice fields began using motivational interviewing in earnest approximately 20 years ago; its application has expanded as practitioners have noted how much more information is elicited when administered appropriately. Practitioners were frustrated at the ineffective results and unrewarding process derived from techniques such as lecturing, arguing, challenging, and threatening. Their experiences contradicted the prevailing view that motivation is a condition that wholly resides within an offender—that is, only an offender can motivate him/herself. That view, however, has been disputed through motivational interviewing research findings and field experience. Using an effective interviewing approach, probationers can be guided to positions where they literally talk themselves into change (Walters, Rotgers, Saunders, Wilkinson, & Towers, 2003). In fact, practitioners have discovered that motivational interviewing changes and strengthens their relationships with their probationers so that they become guides. This, in turn, helps move probation departments into the "business of behavior change" (Clark, Walters, Gingerich, & Meltzer, 2006). It elevates the officer's role from that of a mere observer and reporter of compliance to that of a professional with specialized skills to influence positive behavior change.

For most people, change is a process that unfolds over time. People can range from having no interest in making changes (precontemplation), to having some awareness or mixed feelings about change (contemplation), to preparing for change (preparation), to having recently begun to make changes (action), to maintaining changes over time (maintenance). Practitioners must adapt their style to meet their clients where they are in the change process.

Motivational interviewing does not address a skill deficit; it prepares probationers and their families for change. Furthermore, it helps establish a professional alliance—one in which juvenile justice professionals establish rapport and align their approach with probationers' goals. These outcomes set the stage for probation officers, probationers, and youths' families to work on the issues identified through the assessment and case planning sessions. For these reasons, JJSES places motivational interviewing in Stage Two: Initiation instead of in Stage Three: Behavioral Change.

To help counties establish effective motivational interviewing practices, JJSES will provide training, coaching, and continuous quality improvement assistance. It should be noted that it often takes years for staff to become proficient in motivational interviewing. County probation departments and their service providers should be prepared to attend to the required proficiency processes. Some of those processes include observing staff–youth sessions, providing booster trainings, conducting coaching sessions, and integrating motivational interviewing terminology and concepts into policies and practices.

STRUCTURED DECISION MAKING

System professionals must make key decisions at numerous points as youth move through Pennsylvania's juvenile justice system. These decisions determine not only how a case will be processed but, ultimately, how youth, their families, victims, and the community will be impacted by and engaged in restorative practices. Decisions include whether to divert a case and, if so, at what point; whether to detain a youth pending further processing; whether to handle an allegation through informal or formal means; how to determine which services and what level of supervision should be incorporated into a disposition; whether placement out of the home is necessary and, if so, into what type of service; when to initiate a violation action; and when to appropriately close a case.

A cornerstone of the juvenile justice system is the concept of fundamental fairness. In a most basic sense, this concept ensures that all youth are treated in the same manner under similar circumstances. The use of structured decision-making tools designed to help system professionals make consistent, appropriate, effective, and fundamentally fair decisions has increased dramatically in the juvenile justice system over the past number of years. These tools, which are based on the results of research, provide a protocol and framework that every worker can use in every case. Combined with the professional judgment of staff, they enhance the decision-making process. Examples of these tools include everything from simple decision-making "trees" to more involved and complex forms of screening and assessment tools. In Pennsylvania, many jurisdictions use tools such as detention risk assessment instruments to determine the necessity of pre-adjudicatory detention; the Massachusetts Youth Screening Instrument (MAYSI-2) to identify potential mental health and substance abuse needs; and the Youth Level of Service/ Case Management Inventory (YLS/CMI) to determine the risk of recidivating and to identify criminogenic factors for targeted intervention services. The YLS/CMI is also used in some jurisdictions to assist with decisions regarding diversion and level of supervision.

Structured decision-making tools provide for consistent, evidence-based, objective, and fair decisions at any of a number of critical junctures in the juvenile justice system. Their inclusion as part of the systemic implementation of evidence-based practices and procedures is essential to the long-term success of these efforts.

DETENTION RISK ASSESSMENT INSTRUMENTS

The decision to place a juvenile in a secure detention center represents one of the most important decisions of juvenile court processing and one of the most significant events in a young person's life. Detention decisions should be based on clearly defined, objective criteria that are understood and employed by all juvenile court staff. The use of a validated detention risk assessment instrument to assist in making decisions about detention can help ensure that those decisions will be structured and consistent, as well as racially and ethnically neutral. These instruments also provide a concrete, non-biased rationale that juvenile justice practitioners can share with families when engaging them in understanding decisions made about their children, as well as when eliciting their input and cooperation in response to these decisions.

In Pennsylvania, detention decisions are guided by the Juvenile Act and the Juvenile Court Judges' Commission (JCJC) Standards Governing the Use of Secure Detention Under the Juvenile Act. The Juvenile Act, at 42 Pa.C.S. §6325 (relating to detention of children), provides that "a child taken into custody shall not be detained or placed in shelter care prior to the hearing on the petition unless his detention or care is required to protect the person or property of others or of the child or because the child may abscond or be removed from the jurisdiction of the court or because he has no parent, guardian, or custodian or other person able to provide supervision and care for him and return him to the court when required, or an order for his detention or shelter care has been made by the court pursuant to this chapter." The JCJC Standards Governing the Use of Secure Detention Under the Juvenile Act were developed on the premise that decisions regarding admissions to secure detention must be based on a commitment to utilize the most appropriate level of care consistent with the circumstances of the individual case. When the admission of a child to a secure detention facility is being considered by a judge, master, or juvenile probation officer, preference should be given to non-secure alternatives that could reduce the risk of flight or danger to the child or community.

The importance of employing a detention risk assessment instrument to assist in standardized, objective decision making at the detention stage of juvenile court processing was underscored when, in 2010, the Interbranch Commission on Juvenile Justice endorsed the modification of the JCJC Standards Governing the Use of Secure Detention Under the Juvenile Act to incorporate the use of a detention assessment instrument based on the Juvenile Detention Alternatives Initiative (JDAI) model, as supported by the Annie E. Casey Foundation.[4]

In 2011, the Annie E. Casey Foundation selected Pennsylvania to participate in JDAI, with four Pennsylvania counties (Allegheny, Lancaster, Lehigh, and Philadelphia) serving as pilot sites. JDAI provides training and technical assistance toward the goal of comprehensive juvenile detention reform, and consists of the following eight core strategies:

- collaboration
- collection and utilization of data
- objective admissions screening
- alternatives to detention
- case processing reforms

4 It should also be noted that, as of 2010, the Pennsylvania Commission on Crime and Delinquency required the use of a detention risk assessment instrument as a condition of grants to support Evening Reporting Centers.

- flexible policies for special detention cases
- attention to racial disparities
- conditions of confinement.

The application of a validated detention risk assessment instrument will greatly assist in achieving the goals of JDAI. The progress of the four pilot sites is being monitored closely to determine whether statewide implementation is warranted.

MASSACHUSETTS YOUTH SCREENING INSTRUMENT-VERSION 2 (MAYSI-2)

The MAYSI-2 is a scientifically proven screening instrument that is designed to help juvenile probation departments and juvenile justice service providers identify youth, ages 12–17, who may have special mental health needs. It can be used at any decision-making point within the system (i.e., detention, intake, probation, or placement). The MAYSI-2 is used in the vast majority of states at either the state or local level.

In Pennsylvania, the MAYSI-2 has been used by juvenile detention centers since 2000, and it was adopted by the Commonwealth's Youth Development Center/Youth Forest Camp (YDC/YFC) System shortly thereafter. Juvenile probation departments began implementing the MAYSI-2 in 2007, in conjunction with Pennsylvania's Models for Change initiative. Initial MAYSI-2 implementation among Pennsylvania's juvenile probation departments was supported by funding from the Pennsylvania Commission on Crime and Delinquency. Implementation costs of the MAYSI-2 are minimal because there is no ongoing administration fee after the purchase of the software program.

The MAYSI-2 is a computerized, self-report questionnaire that contains 52 items written at a fifth grade reading level. The questions are read to youth via a computerized voice program. Youth answer in a yes/no format to questions that have been "true for them" within the "past few months." The screen requires 10–15 minutes to administer, and alerts staff to potential mental/emotional distress and behavior problems that might require immediate monitoring, additional questioning, a clinical evaluation, or another immediate response. A pencil and paper version is available in Spanish.

The MAYSI-2 is self-scoring: It generates individual scores for each youth while also compiling all scores into a separate file for aggregate data analysis. Data gathered from the MAYSI-2 support resource and policy decisions. MAYSI-2 scores can be interpreted quickly, without the expertise of a mental health professional, and are divided into the following seven subscales:

- alcohol/drug use
- angry-irritable
- depressed-anxious
- somatic complaints
- suicide ideation
- thought disturbance
- traumatic experiences.

Staff are alerted to youth with higher cut-off subscale scores via a "Caution" (i.e., the youth has scored at a level that can be said to have possible clinical significance) or "Warning" (i.e., the youth has scored exceptionally high in comparison to other youth in the juvenile justice system). There is no MAYSI-2 "total score."

As part of developing MAYSI-2 policies and procedures, juvenile probation departments were asked to establish working agreements with key departments and stakeholders regarding the use of information obtained from youth during the screening processes, orient and train staff on the use of the instrument, develop and institute response protocols, and collect and share data collected through the MAYSI-2 screening process. The MAYSI-2 is a key component of the Juvenile Justice System Enhancement Strategy, and serves as an example of how validated screening and assessment instruments can be used to guide case planning.

YOUTH LEVEL OF SERVICE/CASE MANAGEMENT INVENTORY (YLS/CMI)

If the juvenile justice system is to achieve a reduction in recidivism through the prevention of delinquent behavior, it must adhere to the three principles of risk, need, and responsivity. A necessary first step in this process is the introduction and use of a valid and reliable assessment instrument, such as the Youth Level of Service/Case Management Inventory (YLS/CMI), to measure both a youth's risk and needs. This information can then be used to determine appropriate levels of supervision, to establish measurable, case-specific goals, and to better allocate resources in order to achieve effective outcomes for juveniles, their families, and our communities.

The process of assessing level of risk has developed over many years. At first, professional judgment was used alone; however, the results of this approach were not all that effective. The next

generation of assessments used actuarial tools that focused on static risk factors such as delinquent history. Third and fourth generation risk assessments are now available, which assist in identifying both static and dynamic risk factors that contribute to a youth's behavior. Applying appropriate interventions (i.e., matching services based on those risk factors) can facilitate behavioral change and potentially reduce recidivism. As assessments have improved, so have services, which have become better-informed by youth developmental theory and more directly matched to known criminogenic needs.

In June 2008, the Executive Committee of the Pennsylvania Council of Chief Juvenile Probation Officers and staff from the Juvenile Court Judges' Commission embarked on a comprehensive review of various risk assessment tools designed for juvenile offenders. With the assistance of the National Youth Screening and Assessment Project (NYSAP) and support from the John D. and Catherine T. MacArthur Foundation, members of the Executive Committee chose to pilot the YLS/CMI risk assessment instrument. Since then, the majority of Pennsylvania's juvenile probation departments have incorporated the YLS/CMI into their daily practices, with the goal of statewide utilization. Support for the project continues through the Pennsylvania Commission on Crime and Delinquency (PCCD), with ongoing assistance from NYSAP.

The YLS/CMI is based on the Level of Service Inventory (LSI), developed by Don Andrews in 1982 for use with adult offenders in parole release and supervision. A version of the LSI was subsequently devised for use with adolescents and was called the Youth Level of Service Inventory (YLSI; Andrews, Robinson, & Hoge, 1984).

The YLS/CMI is a valid and reliable risk instrument that assesses risk for recidivism by measuring 42 risk/need factors over the following eight domains:

- prior and current offenses
- family circumstances/parenting
- education/employment
- peer relations
- substance abuse
- leisure/recreation
- personality/behavior
- attitudes/orientation.

Any of the domains may also be identified as an area of strength. Ultimately, a youth is assigned an overall risk level of Low, Moderate, High, or Very High, based on the aforementioned domains and other factors gathered through a structured interview/information-gathering process. Under certain circumstances dictated by policy, a professional may increase or decrease the assigned risk level (i.e., "override" the assessment results). The assessed risk level is to be used to inform the juvenile justice professional of the level of supervision and intervention targets.

Efforts to implement the YLS/CMI throughout Pennsylvania have proven successful, but not without a constant level of education and training of staff and others. Buy-in of stakeholders, leadership, the development of supervision and case management policies and procedures, proper administration of the tool, and the sharing of implementation strategies have all been critical to successful implementation. The opportunity to gather important data and to evaluate outcomes will prove very valuable to the system as we move forward.

INTER-RATER RELIABILITY

A challenge to departments using screening and assessment instruments is to ensure not only appropriate and effective staff training in their initial use, but also ongoing fidelity to their intended application. Attention to the specified information-gathering and application protocols, scoring procedures, and interpretation guidelines is critical to the quality assurance process.

Assessment instruments are often chosen, at least in part, based on the extent to which they have been deemed reliable in accurately measuring what it is that they are intended to measure when used by a variety of individuals (i.e., the consistency with which the same information is rated by different scorers). This concept is known as inter-rater reliability (IRR). The intent is to ensure that different staff (raters) will consistently score the same case in the same manner. Inter-rater reliability tends to be highest immediately following training on the use of a particular instrument. It is at this point that the scoring protocols and instructions are most clearly understood and evenly applied by staff. Rater drift occurs on an individual basis when, over time, these protocols and clarity of instructions blur and are replaced with alternative actions that contradict the tool design.

In order to ensure the highest levels of inter-rater reliability possible, appropriate quality assurance activities must be incorporated into local practices and procedures. These can occur

through a variety of means and over varying periods of time. Most involve supervisory oversight. For example, supervisors can occasionally independently rate cases and compare their findings with those of their staff. Differences in the rating process can then be identified and clarified with the staff. Booster trainings, where instrument application is reviewed on a structured basis and staff rate the same case followed by discussion and consensus building by all, are essential to the ongoing quality assurance process. Other quality assurance activities may involve observation of staff's use of assessment instruments with clients, case auditing by supervisors to ensure appropriate processing of information, and the use of staff-specific and aggregate data collection around the key outcomes derived from the instruments.

Attention to the concept of inter-rater reliability is critical to maintaining the highest level of rater performance, which will in turn improve the predictive validity of a tool within a department.

CASE PLAN DEVELOPMENT

Case plans, which are sometimes referred to as supervision plans, are written documents that, at a minimum, outline the activities to be completed during a period of supervision (Carey, 2010; Clear, 1981). More profoundly, case plans link assessments with services aimed to improve competencies and reduce recidivism. They are roadmaps that provide direction for probation officers, youths, and families throughout the period of supervision. As such, they are a very valuable element of Pennsylvania's JJSES and the centerpiece of supervision for clients.

Comprehensive case plans

- focus on reducing risk factors that, according to assessments, have the greatest impact on recidivism
- emphasize strengths
- identify triggers
- customize approaches based on traits such as culture, gender, language, disabilities, and mental health.

In essence, their goal is to identify and prioritize the domains that will have the greatest impact on future delinquent behavior, appropriately match services to those areas, and do so in the right dosage and intensity.

Case plans have a number of critical functions, including

- helping to monitor the terms and conditions of supervision and increase the rate of completion of these conditions
- encouraging long-term behavioral change, with a goal of reduced recidivism
- addressing triggers or barriers that place clients at further risk for recidivism
- helping youth set goals that are specific, measurable, attainable, relevant, and time-bound (SMART)
- focusing priorities for youth
- identifying youth's responsibilities and helping them take ownership of expectations
- holding youth accountable for their actions
- helping youth monitor their progress.

> "Recidivism can be reduced by 30 percent if the right treatment is provided to the right juvenile at the right time and in the right way. Effective case planning is the key toward achieving this goal."
>
> Mark Carey

Effective case plans are developed by probation officers in conjunction with youth and their families. Working together to develop case plans helps establish rapport with clients, clarifies expectations, enhances clients' perceptions of fairness, and increases the likelihood of understanding and buy-in around the activities required of youth during supervision. In addition, effective case plans are dynamic in nature; they are expected to change over time.

Case Plans and the YLS/CMI

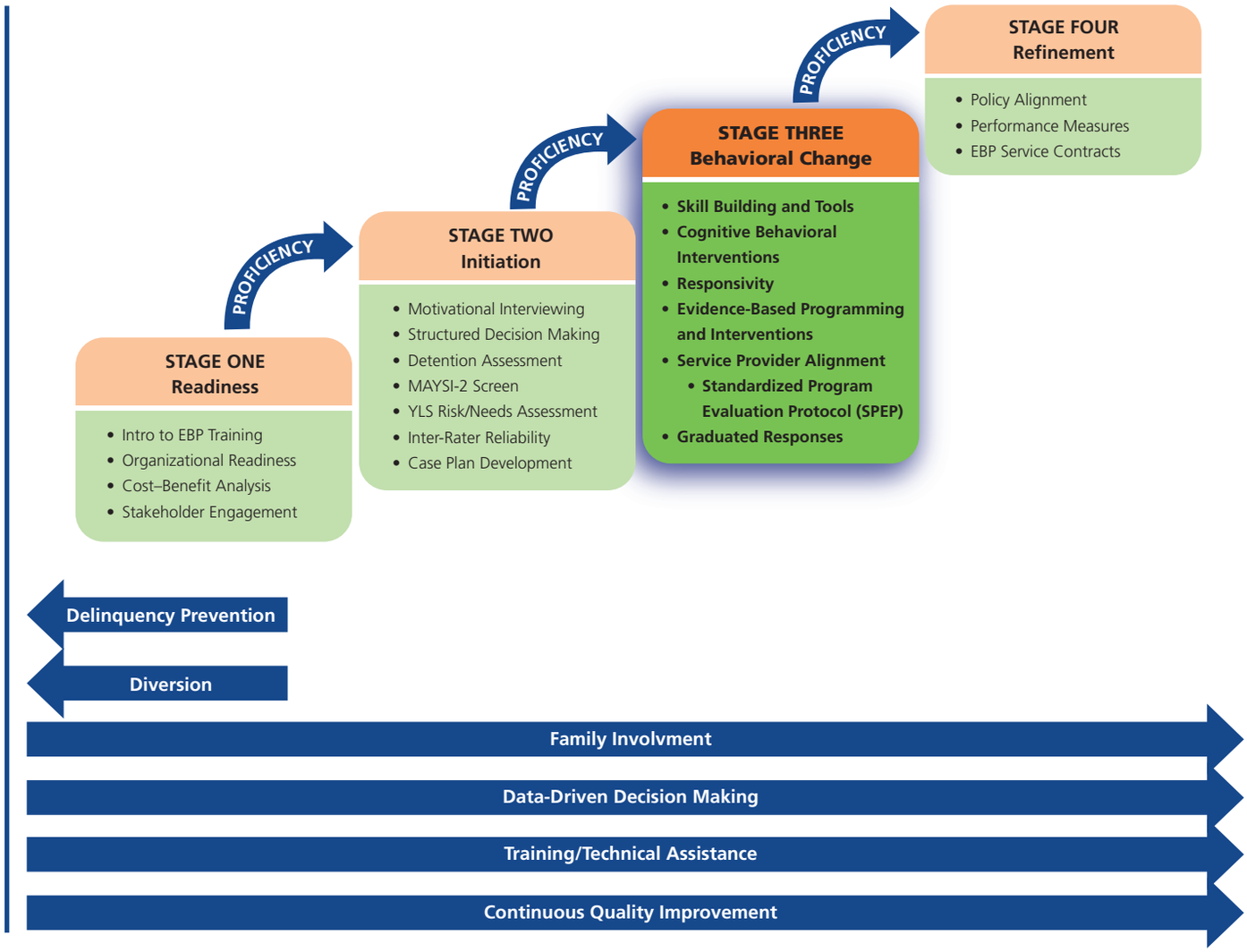
When a decision was reached to use the YLS/CMI as the risk/needs assessment instrument in Pennsylvania, a determination was made that the case plan section of the YLS/CMI did not appropriately meet the needs of Pennsylvania's juvenile justice system, which is based on the principles of balanced and restorative justice. In order to stay true to these principles, it was recognized that there was the need to develop a standardized case plan format and structure to address the key elements of balanced and restorative justice, as well as the risk and needs identified by the YLS/CMI.

A standardized, goal-focused, and strength-based case plan is currently under development. The case plan will become fully

integrated into the Pennsylvania Juvenile Case Management System (PaJCMS), which currently includes the YLS/CMI assessment, YLS/CMI data reports, and other related data elements. As a result, Pennsylvania's juvenile justice system will be able to gather valuable data and track outcomes pertaining to both the YLS/CMI and case plans. An additional benefit of developing a standardized case plan is the opportunity to train juvenile probation staff throughout Pennsylvania on the elements of an effective case plan—one that is far more comprehensive and meaningful than simply a review of the conditions of supervision and one that contains key elements of balanced and restorative justice.

While the time, effort, and resources required to implement a risk/needs assessment and case plan, and to incorporate them into the daily operations of an evidence-based juvenile probation department, have been significant, the wealth of data and anticipated improvement of outcomes make this venture all the more meaningful.

STAGE THREE: BEHAVIORAL CHANGE



"I saw the angel in the marble and I chiseled until I set it free."

Michelangelo

Developing effective case plans, such as those described in Stage Two, requires an understanding of long-term behavioral change strategies that are grounded in evidence-based practices, the ability to match these strategies with individuals' responsivity factors, and the acquisition of competencies and tools necessary to ensure that one-on-one sessions with juveniles help them build skills that address their criminogenic needs. Once the screening and assessment components of Stage Two are in place, these behavioral change initiatives can begin. Stage Three, then, logically builds from the information amassed from the diagnostic practices established in Stage Two and includes such tasks as putting in place cognitive behavioral programs, applying responsivity information to referral decisions, ensuring that programs are evidence-based, and giving case management staff the competencies and tools necessary to ensure that their one-on-one sessions build skills that address criminogenic needs. These tasks are not easy. Probation staff need to be trained on behavioral intervention techniques; use tools to assist in skill

practice; use violation response guidelines consistent with research that supports swift, certain, and proportionate responses; and have access to coaching services. From the inception of a case plan, they must establish a partnership with the family of a youth under their supervision—one that is not a suspension of or substitution for parental obligations. Family involvement is especially critical during times of transition, such as when the youth returns home from placement or completes his/her probation and leaves court supervision.

Probation staff also need to be knowledgeable about local community-based services in order to make proper referrals. Service providers need to be confident about implementing the most effective programs, targeting the proper behavioral skills, and guarding against quality service delivery slippage.

A partnership between probation departments and service providers that ensures that evidence-based interventions are used effectively is critical to achieving long-term risk reduction outcomes. The Standardized Program Evaluation Protocol (SPEP) described in Stage Three provides guidance in aligning service needs with quality local programming.

Stage Three includes numerous and potentially complex processes. As a result, it is expected that it will take longer for juvenile justice professionals to gain proficiency with this stage.

SKILL BUILDING AND TOOLS

Insight alone into why change is in our best interest is not enough to modify behavior. If that were the case, most people would not have difficulty losing weight or quitting smoking. Instead, the most effective interventions leading to prosocial changes are behavioral.

Social learning theory provides juvenile justice professionals with a set of foundational, behavior-oriented principles that promote long-lasting behavioral change. It asserts that people learn and adopt new behaviors through such means as positive and negative reinforcement and skill practice. Skill practice involves observing others, practicing new behaviors, receiving feedback on the practiced behaviors, and applying the behaviors in real-life situations. As we practice new ways of responding to situations, we also integrate new ways of thinking about, or processing, those events. As Drs. Andrews and Bonta (1998) note, "There are virtually no serious competitors for the following when it comes to changing criminal behavior":

- **modeling:** demonstrating those behaviors we want to see in others
- **reinforcement:** rewarding those behaviors we want to see repeated
- **role-playing:** creating opportunities for practice and providing corrective feedback
- **graduated practice:** unbundling complex behaviors into their smaller components and practicing these smaller steps individually, building toward the complex behavior
- **extinction:** ensuring that prosocial styles of thinking, feeling, and acting are not inadvertently punished, and that antisocial styles are not inadvertently rewarded.

Many youth involved in the juvenile justice system, particularly those at a high risk to reoffend, are lacking in prosocial skills such as conflict resolution, anger management, problem solving, and emotional regulation. Attending a class and listening to a counselor talk about anger management, for example, is unlikely to help an offender build new skills in managing responses to difficult situations any more than listening to music will help a person become a musician. But listening to a counselor describe anger management techniques, observing these techniques in others, and practicing and perfecting them over time will help offenders develop more productive responses to volatile situations.

One of the conditions that separates professionals from amateurs is that they spend hundreds—if not thousands—of hours over many years practicing their skills. Research has shown similar findings for high-risk youth: The amount of programming and skill practice (i.e., the dosage) required for change to be sustained over the long term increases as the risk level of the individual increases (Bourgon & Armstrong, 2005). Community service practices should align with these dosage thresholds. In addition, research has demonstrated that juvenile justice professionals can have a profound impact on recidivism based on their one-on-one contact with probationers. This will occur if and only if juvenile justice professionals apply effective skill practice techniques related to the deficits associated with youths' criminogenic needs.

Probation's role is changing within a risk reduction model from that of a broker and case manager to that of a teacher. In order for juvenile justice professionals to be successful in this role, they must have the necessary skills, comfort, and tools. JJSES provides

a number of resources to assist in these areas, including training on skill practice, specific tools (e.g., journals and worksheets) that juvenile justice professionals can use to structure their one-on-one and family sessions and teach prosocial skills, access to cognitive behavioral interventions, and a set of guidelines that align criminogenic needs with the most common skill deficits.

COGNITIVE BEHAVIORAL INTERVENTIONS

Juveniles under supervision come with a myriad of challenges, but none are as prevalent or present as great a risk for getting them in trouble than cognitions that lead to negative behavior. These "thinking errors" include, among others, the tendency to rationalize and justify antisocial or delinquent behavior, difficulty interpreting social cues, underdeveloped moral reasoning, a sense of entitlement, a failure to assess consequences of actions, a lack of empathy for others, and poor problem-solving and decision-making skills. Such skill deficits can lead to rigid responses to stressful situations, impulsivity, and emotional or violent reactions to perceived disrespect or danger. They tend to engender strong emotions in adolescents that, in turn, reduce their ability to address problems in a calm and reasoned fashion.

Cognitive behavioral interventions, delivered primarily in group settings, are designed to restructure problematic thinking patterns and attitudes. These interventions teach youth to monitor their patterns of automatic thoughts in situations that would otherwise lead to antisocial behavior. The interventions also focus on developing prosocial skills such as managing anger, assuming personal responsibility for one's actions, seeing other people's perspectives, and setting realistic goals. Whatever their focus, all cognitive behavioral groups involve role modeling of new attitudes, values, beliefs, and skills by the facilitator; repeated practice by the juvenile of what is being taught and learned; the extension of that practice to the world of school, family, and friends; and learning strategies to deal with potential relapse.

Research has shown that cognitive behavioral interventions have the most significant impact on delinquent behavior and recidivism among juveniles. On average, cognitive groups—whether conducted in the community or in residential facilities—reduce rearrest or reconviction by 20–30 percent. There is little difference in such effect sizes among the major programs in use, such as Reasoning and Rehabilitation, Aggression Replacement Training, and Thinking for a Change. The key is to ensure, in each instance, that the curriculum is delivered as it was designed for the proper duration, in the proper intensity, and to the most appropriate youth. It is this failure in implementation quality—the fact that programs are often delivered without fidelity to the proven model and curriculum—or the fact that quality and fidelity vary from one professional to the next that generally explains why demonstration projects usually produce better results than those implemented in the real world; it is not that line supervisors and officers cannot facilitate effective cognitive behavioral groups.

Among other reasons why cognitive behavioral programs often do not fulfill their promise of behavioral change among juveniles under supervision or in residential facilities is that the goals of cognitive behavioral groups often do not align with the goals of case management. Often, probation officers do not understand what is occurring or being learned in a cognitive behavioral program. Unless they are conversant with the content of the program and are provided with the tools to work with juveniles in order to apply these new approaches to old problems on a daily basis, they may become more of a hindrance than an aid in addressing the criminogenic thinking so prevalent among youth under supervision.[5] In yet other circumstances, service providers are either not clear on what behavioral targets are expected by referring juvenile justice professionals or they fail to adjust their programs to meet those targets. Cognitive behavioral interventions will most likely achieve their intended objective when the juvenile justice professional and service provider work collaboratively through effective communication and behavioral change reinforcement both within and outside the group setting.

In short, cognitive behavioral interventions, whether delivered in the community or in residential facilities, are extremely effective in addressing the antisocial thinking that so often leads to delinquent behavior, but these interventions can only achieve their intended purpose under three sets of circumstances. First, the interventions must be delivered as they were designed and intended, with integrity and fidelity to the structured curriculum. Second, the attitudes and skills that youth learn in groups must be reinforced through their interactions with their juvenile justice professionals, and the attitudes and skills that youth learn with their juvenile justice professionals must be reinforced through their interactions with service providers. Third, juvenile justice professionals, service providers, and families must work collaboratively and communicate effectively in order for behavioral change to occur.

5 For an example of a "tool" that helps juvenile justice professionals understand the skills being learned in the cognitive behavioral program Thinking for a Change and that provides helpful tips on how to support youth in practicing the skills being learned each week, see *A Guide to Thinking for a Change for Non-Group Facilitators: Case Worker Reinforcement of T4C* by The Carey Group, Inc.

RESPONSIVITY

Of the three fundamental principles of evidence-based practices—risk, need, and responsivity—responsivity is the least understood and least applied by practitioners, despite the fact that it is a crucial contributor to a juvenile's motivation to change and a crucial factor for mediating the success of treatment. Unless responsivity is given ample attention when developing case plans and determining programming, the effectiveness of an individual's supervision will be diminished and behavioral change will be less likely to occur.

There are three primary reasons why practitioners treat responsivity as the "odd factor out" when implementing EBP. First, many practioners express concern about how to properly address responsivity. Second, even if they do understand, there are very few standardized assessment instruments to measure its various elements. Finally, juvenile justice professionals may not have a sufficient continuum of services to select from in order to address these issues.

Responsivity consists of three basic components:

- aligning supervision and treatment approaches with individuals' learning preferences and abilities
- matching the characteristics of individuals with those of their probation officers or service providers
- matching the skills of probation officers or service providers with the types of programs or interventions being offered.

Some of the most important attributes that affect a juvenile's responsivity and readiness to learn are motivational levels, personality characteristics, cognitive and intellectual deficits, mental health conditions, gender, demographic and cultural variables, and personal maturity. So, for example, research shows that cognitive behavioral programs prove more effective with youth of average to above-average intelligence and less effective with those exhibiting below-average intelligence. In addition, gender-specific treatment groups tend to be more successful than mixed gender groups. Most females have been victimized in the past, are in need of a gender-specific curriculum, and require an emotionally safe environment—all of which support a gender-specific approach.

Given the fact that some higher-risk juveniles are relatively unconcerned about the consequences of their actions (except possibly in a narrow legal sense) and that they feel coerced into supervision, engaging and motivating them in the treatment process becomes a primary factor of success. Effective juvenile probation officers and service providers are adept at addressing those responsivity factors of youth that might prevent learning, and they possess the attitudes and skills needed to form a professional alliance with youth and their families and to motivate positive change. It is here that tools such as motivational interviewing, cost–benefit exercises, role modeling, reinforcement, and sanctioning come into play. Their competent use can enhance the interaction between professionals and juveniles. On the other hand, where juvenile probation's and service providers' attitudes and competencies do not match the motivational and learning requirements of youth and their families, failure becomes a real possibility.

While practitioners in the field of juvenile justice are becoming more adept at assessing risk, identifying criminogenic needs, and incorporating the results into supervision processes and case plans, they remain adrift in terms of dealing with factors of juvenile responsivity. The consequences of such negligence can be substantial. In the words of one prominent researcher in the field, "failure to appropriately assess and consider responsivity factors may not only undermine treatment gains and waste treatment resources, but may also decrease public safety" (Kennedy, 2007).

EVIDENCE-BASED PROGRAMMING AND INTERVENTIONS

The Juvenile Justice System Enhancement Strategy's evidence-based programming and interventions component is built on three initiatives that are focused on risk reduction services and practices. These initiatives, all created with funding by the Pennsylvania Commission on Crime and Delinquency (PCCD), include Communities That Care (CTC), Blueprints for Violence Prevention, and the Resource Center for Evidence-Based Prevention and Intervention Programs and Practices.

Communities That Care

Communities That Care, which began in 1994, is an evidence-based, risk-focused prevention strategy that helps communities decrease risk factors and increase protective factors through a community assessment and collaborative planning process. Rather than assessing risk at the individual level, CTC assesses risk at the community level, and uses evidence-based programs to address the most prevalent risk factors, thus reducing the overall level of delinquency within the community. In this way, young people are given the opportunity to grow and develop in a healthy environment, and the number of youth entering the

juvenile justice system is reduced. The CTC process also provides communities with the foundation and technical assistance to prepare for, and implement, other evidence-based programming, and has been shown to increase implementation quality, fidelity, and sustainability of programs.

Blueprints for Violence Prevention

Blueprints for Violence Prevention is the result of an initiative that was designed and launched, in 1996, by the Center for the Study and Prevention of Violence at the University of Colorado at Boulder, with funding support from the Colorado Division of Criminal Justice, Centers for Disease Control and Prevention, and PCCD. The initiative's goal is to identify programs proven to prevent adolescent problem behavior. Blueprints has identified eleven model prevention and intervention programs. These programs are not only effective in preventing or reducing certain problem behaviors in adolescents, but they are also extremely cost effective. In addition to the Blueprints programs, a number of other interventions have been demonstrated by research to be effective. With the support of PCCD's Juvenile Justice and Delinquency Prevention Committee (JJDPC), and in coordination with PCCD's Office of Juvenile Justice and Delinquency Prevention, over 160 research-based programs have since been implemented in Pennsylvania utilizing federal and state funds.

The Resource Center for Evidence-Based Prevention and Intervention Programs and Practices

The Resource Center for Evidence-Based Prevention and Intervention Programs and Practices was created in 2008 by PCCD to support the proliferation and sustainability of high-quality and effective juvenile justice intervention and delinquency prevention programs in Pennsylvania. The Center has three main focuses:

- supporting the quality implementation of established evidence-based program models
- incorporating research-based principles and practices into existing local juvenile justice programs
- supporting community planning and implementation of evidence-based prevention program models in Pennsylvania.

Funding for the Resource Center is jointly provided by the Pennsylvania Department of Public Welfare's Office of Children, Youth and Families and PCCD. The Resource Center Steering Committee includes representatives from the Department of Public Welfare, the Juvenile Court Judges' Commission, the Pennsylvania Council of Chief Juvenile Probation Officers, the Departments of Education and Health, and other stakeholders. Support is provided for the following evidence-based programs:

- The Incredible Years
- Multisystemic Therapy
- Functional Family Therapy
- Strengthening Families Program 10–14
- Promoting Alternative Thinking Strategies
- Olweus Bullying Prevention Program
- Project Towards No Drug Abuse
- Big Brothers Big Sisters
- Life Skills Training Program
- Multidimensional Treatment Foster Care
- Aggression Replacement Training.

One of the successful outcomes of the Resource Center's work was the coordinated effort among system partners and providers to provide data on the functioning and impact of three evidence-based intervention programs: Multidimensional Treatment Foster Care, Multisystemic Therapy, and Functional Family Therapy. The Evidence-Based Prevention and Intervention Support Center was tasked with collecting quarterly performance data from all three of these programs. The following are some of the findings from the 2010 Outcomes Summary:

- **Multidimensional Treatment Foster Care:** 68 percent of youth were successfully discharged and 97 percent of that group had no new delinquency/criminal charges during treatment.
- **Multisystemic Therapy:** 80 percent of youth were successfully discharged, with over 80 percent of that group having no new delinquency/criminal charges during treatment. In addition, 70 percent of families reported improved family functioning, as defined as better parenting skills.
- **Functional Family Therapy:** 72 percent of youth were successfully discharged, with 95 percent of that group having no new delinquency/criminal charges during treatment. In addition, 98 percent of parents showed improved parenting skills.
- **Out-of-home placement rates:** Counties not using these programs showed a 3.35 percent increase in out-of-home placement rates from 2006 to 2010. Counties using at least one of these three interventions showed a 2.92 percent decrease in out-of-home placement rates for the same years.

The Resource Center continues to evolve to support JJSES. Beginning in July 2012, the Center will expand its capacity to provide training and technical assistance to support the implementation of evidence-based practices. This includes supporting the implementation of the Standardized Program Evaluation Protocol (SPEP) to evaluate both "homegrown" and brand-name programs against evidence-based best practice standards and to provide training and technical assistance to probation departments and service providers.

THE STANDARDIZED PROGRAM EVALUATION PROTOCOL (SPEP)

Dr. Mark Lipsey et al. conducted a groundbreaking meta-analysis of the characteristics of effective delinquency interventions, with the goal of providing a solid foundation for improving delinquency programs and services. Based on his analysis of approximately 700 controlled studies of interventions with juvenile offenders, Lipsey developed the Standardized Program Evaluation Protocol (SPEP). The SPEP is a validated, data-driven rating system for determining how well a program matches what research tells us is effective for that particular type of program in reducing the recidivism of juvenile offenders. More specifically, the SPEP creates a metric by assigning points to programs according to how closely their characteristics match those associated with similar programs shown, in research studies, to have the best recidivism outcomes.

The body of research on programs for juvenile offenders indicates that several general characteristics are most strongly related to their effects on juvenile delinquency:

- the type of program
- the service quantity or dosage
- the risk levels of the youth served by the program
- the quality with which the program is implemented.

Lipsey's work provides specific research-based profiles of program characteristics that can be used both as "best practice" standards against which to evaluate juvenile justice programs and as roadmaps for improving the programs. The more closely programs resemble those that research has shown to be effective, the more points they receive. Higher program scores have equated to greater recidivism reductions in two statewide evaluations conducted in North Carolina and Arizona. While recidivism is the primary outcome measured, other important intermediate outcomes and individual indicators, such as school enrollment and substance use, can also be tracked with individualized treatment plans and updated assessments of progress (Lipsey, Howell, Kelly, Chapman, & Carver, 2010).

While the initial SPEP score is certainly of interest, it more importantly establishes a baseline for program improvement. The difference between the scores for the individual components of the SPEP and the maximum possible point values for each provide information about where program ratings can improve. The resulting program improvement process must be a collaborative effort between probation departments and service providers.

SERVICE PROVIDER ALIGNMENT

Working with higher-risk juveniles to change behavior and reduce recidivism is a difficult and arduous task. Youth placed on probation possess a multitude of issues and criminogenic needs. Dealing with these challenges often requires expertise and knowledge outside those of any single probation officer. In most instances, other professionals from a variety of disciplines, such as mental health, child welfare, health, family counseling, and substance abuse, must become involved for assessment, case planning, and treatment services.

As a result, nowhere is collaboration in juvenile justice more important than in the interactions of probation officers and service providers. While collaboration for the benefit of youth and the community sounds easy, it is often difficult to implement. Some of the barriers to collaboration include

- a failure of service providers or probation officers to understand the goals and practices of their colleagues in other professions
- the application of often incompatible treatment and intervention models
- conflict between service provider treatment goals and the legal demands placed on juveniles by the court
- time and work pressures that preclude ongoing and effective communication among the parties working with juveniles and their families.

In order to implement evidence-based practices and the JJSES Framework, these impediments to collaboration have to be overcome. Several steps can be taken to ensure that all parties dealing with juveniles under supervision are working toward the same goals:

- All probation officers and service providers working with juveniles should be trained in evidence-based practices and the JJSES model.
- Memoranda of understanding and/or working protocols should be established among relevant public and private agencies, detailing information to be exchanged concerning juveniles' cases and outlining appropriate forms of communication.
- Multidisciplinary teams of professionals providing assistance or treatment to medium and high-risk juveniles should be established.
- These teams should develop unified case plans with juveniles and their families to minimize the possibility of conflicting goals and expectations that would hinder efforts to address criminogenic and other needs.

The goal of evidence-based supervision for juveniles should be to make compliance with the orders of court and the requirements of effective behavioral change as seamless as possible. Such a goal can only be achieved if all parties assisting and supervising juveniles have the same outcomes in mind and are constantly coordinating their actions. Without such alignment of purpose and practice on the part of probation and service providers, youth may very well become confused, frustrated, and resistant to learning new cognitive and social skills that will enable them to move toward law-abiding and productive adult lives.

GRADUATED RESPONSES: SANCTIONS AND REWARDS

Human behavior is largely shaped through social interactions, including the application of rewards and sanctions. At a very young age, children learn that certain behaviors elicit a response that is gratifying, neutral, or unpleasant. Parents who give their children treats when they complete chores are more likely to see a repeat of that positive behavior in the future. Parents who give their children treats when they have temper tantrums in grocery stores are more likely to see that outburst behavior repeated. Children who burn their hands on the stove are less likely to repeat the act that led to the pain. For juvenile justice practitioners working with youth, behavioral change is promoted when they use both sanctions for antisocial behavior and incentives and positive reinforcement for prosocial behavior. To maximize results, both sanctions and rewards should be guided by policy that is informed by research.

Sanctions

To be effective, sanctions should be

- **certain:** Every antisocial act should receive a disapproving message (Grasmick & Bryjak, 1980; Nichols & Ross, 1990; Paternoster, 1989).
- **swift:** Sanctions should be administered as soon as possible after the act (Rhine, 1993).
- **proportionate:** Research indicates that sanctions do not need to be severe to be effective. In fact, overly harsh responses can be counterproductive to behavioral change. Higher-risk offenders tend to have long histories of punishment and disapproval, and many have learned to adapt to and dismiss the pain that accompanies them.

In addition, in order for a sanctioning policy to be effective, certain features need to be present. For example, youth must know what behaviors are desired or not desired (Tyler, 1990), the consequences of behaviors should be clearly understood, and sanctions should be administered equitably (Paternoster, Brame, Bachman, & Sherman, 1997). A structured response to sanctioning will promote consistency among staff and help achieve these sanctioning conditions.

Higher-risk juveniles tend to have long histories of punishment and disapproval, and many have learned to adapt to and dismiss the pain that accompanies them.

Rewards

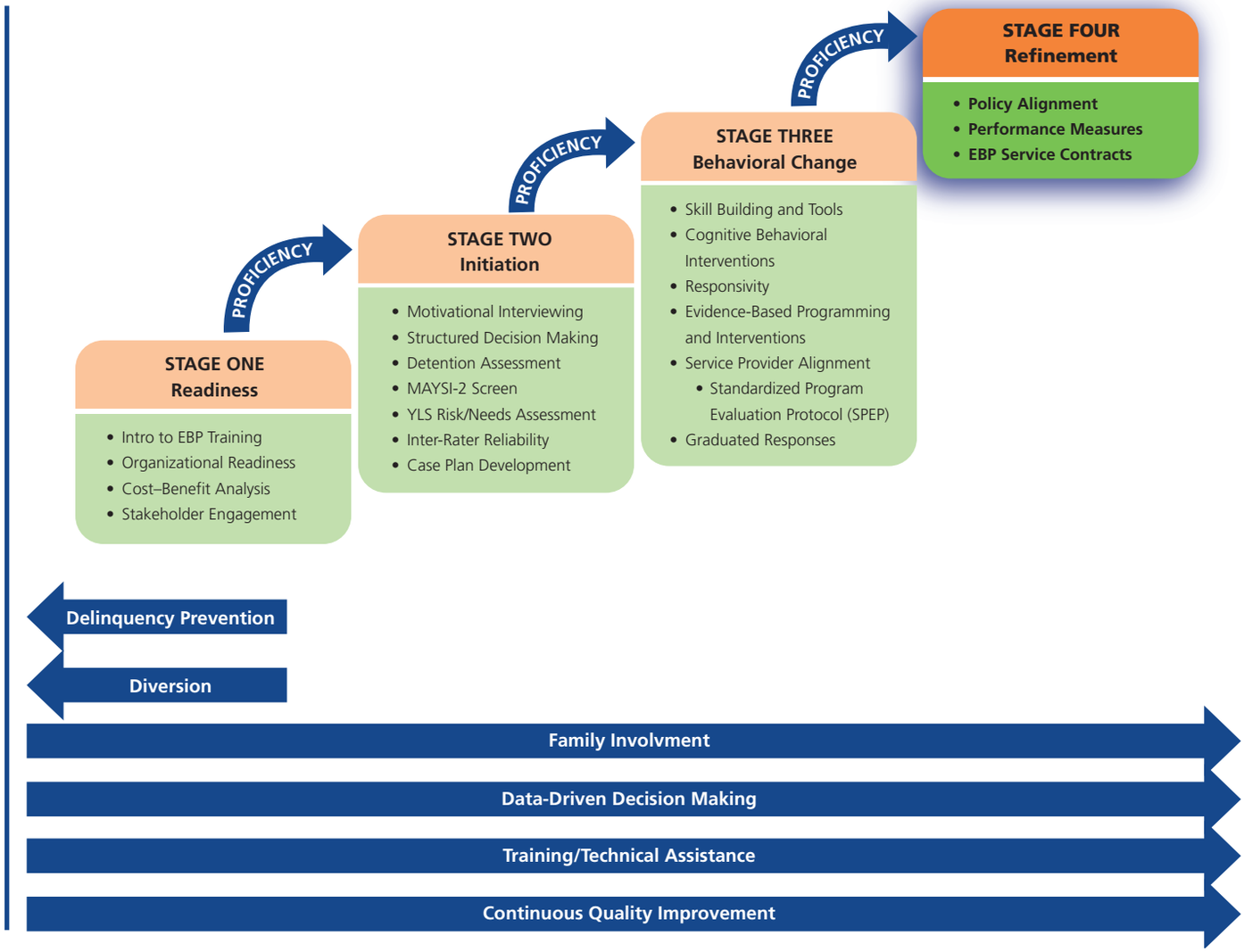
Youthful offenders are more likely to repeat and adopt prosocial behaviors when those behaviors and attitudes are recognized, acknowledged, and affirmed. Juvenile justice professionals tend to use sanctions as the primary method to respond to or control offenders' behavior. However, research evidence supports the use of more rewards and incentives than sanctions (a ratio of 4:1 to 6:1) to improve offender motivation to change (Gendreau, 1996; Gendreau, Little, & Goggin, 1996; Andrews & Bonta, 2006; Wodahl, Garland, Culhane, & McCarty, 2011). Rewards do not have to be costly or difficult to administer. A word of praise or encouragement can provoke a sense of pride and goodwill. Other examples of rewards include notes of appreciation (e.g., letters of acknowledgment or certificates), acknowledgment of accomplishment in front of others (e.g., praise in public, acknowledgment by a person in a position of authority),

bus vouchers, reduced drug testing, or early discharge from supervision (Carey, 2010).

Research evidence supports the use of more rewards and incentives than sanctions (a ratio of four to six rewards for each message of disapproval) to improve juveniles' motivation to change.

JJSES supports the development of policy based on research evidence that promotes the use of clear, graduated sanctions and rewards in response to youth behavior. To assist in this effort, JJSES will provide both training on the effective use of sanctions and rewards and examples of structured decision-making models from other states.

STAGE FOUR: REFINEMENT



"Nothing is ever settled until it is settled right."

Rudyard Kipling

The final stage, Refinement, involves ongoing feedback for the purpose of making incremental improvements. Implementation is rarely done perfectly the first time. Therefore, a system for measurement and feedback must be put in place to ensure that the processes are, in fact, having their intended effect. When they are not, changes are required. Stage Four, therefore, includes the collection of data and outcome measures. Information-gathering processes take place at earlier stages as well; however, it is at Stage Four, after all other tasks have been put in place, that they will have maximum effect.

Stage Four also involves modifying policies to ingrain what were once new or piloted practices. Similarly, service referral guidelines and community-based service contracts should be modified to reflect the changes in practice that resulted from earlier partnership activities.

POLICY ALIGNMENT

Committing to evidence-based practices also means committing to evidence-based policy. Practice flows from policy, and uninformed policy can easily result in ineffective or even harmful consequences. This is especially true when it comes to implementing EBP in juvenile justice at the state and local levels.

While EBP demands a rational decision-making approach to creating policy, it is more likely that juvenile justice professionals and the appointed and elected officials who oversee them engage in what some researchers call "muddling through" (Bulmer, 1986). These researchers argue that many, if not most, policy decisions are not made in light of predetermined goals based on a careful analysis of the situation and relevant research, but are piecemeal endeavors that address problems a bit at a time.

Elected officials often make decisions in response to high-profile events. These decisions can lead to legislation that effectively precludes the application of research in terms of the disposition, detention, and supervision of juveniles in the community. As a result, juveniles better served in the community may be unnecessarily detained or committed to a residential facility, conditions of probation may be included in court orders that preclude officers from focusing on the criminogenic needs of youth, and there may be a willingness to transfer juveniles to adult court as a means of appearing "tough on crime." In addition, uninformed decisions made in response to high-profile delinquent acts can cost taxpayers vast amounts of money with little enhancement to public safety.

In the United States, Canada, and Great Britain, there is a growing consensus among researchers and practitioners about "what works" in terms of effectively responding to juvenile delinquency. While this body of knowledge must always be tested and retested, revised and expanded, and even questioned and rejected, there is little doubt that it forms a much sounder basis for juvenile justice policy and practice than ideology, politics, and personal preferences. In the same vein, research must be at the core of the formal and informal policies of the legal and institutional structures within which trained professionals seek to supervise and hold accountable juveniles who have offended. Without a research-based alignment of policy and practice, efforts to realize the public safety benefits promised through the application of evidence-based practices can quickly become an effort in futility.

Policy alignment must occur on several levels:

- **Within individual juvenile probation departments:** In order for juvenile supervision and family intervention to be effective, all organizational units and levels of staff within a department—from the chief to support personnel—must understand and agree with the department's policy goals developed through the use of research. They must be willing to accept evidence-based principles that dictate that professionals have a moral obligation to do good and avoid harm when it comes to preventing and alleviating juvenile delinquency.
- **Within the immediate environment of the juvenile probation department:** Juvenile probation departments work with a network of public and private service providers. Each of these providers must be educated in research-based practices with respect to changing delinquent juvenile behavior and be willing to revise their policies to enhance the capacity of everyone, working in collaboration, to achieve this important public safety goal.
- **Within the local juvenile justice system:** All juvenile justice practitioners, such as judges, prosecutors, the defense bar, victims' advocates, and elected officials, must be provided the opportunity to learn about EBP and the research-driven policies that must be in place for it to succeed. Often known as Smarter Sentencing in the criminal justice system, this body of knowledge brings to the fore the evidence surrounding the effective use of criminal justice sanctions, such as punishment, incapacitation, deterrence, treatment, and restoration, and how the use or misuse of these sanctions can enable or prevent the application of EBP.
- **Within the local and statewide political environment:** Local and state elected legislators are the ultimate legal decision makers in their jurisdictions. While they must take many variables into consideration when proposing legislation, all too often the emotional impact of spectacular delinquent acts, driven by media hysteria, seems to be the deciding factor in establishing juvenile justice legislation. Through education and other methods, legislators need to be exposed to what research says about effectively preventing and reducing juvenile delinquency.

PERFORMANCE MEASURES

Juvenile justice system leaders interested in determining the impact of their policies and practices on outcomes and in identifying areas to improve need to put in place ways to measure

the performance of their departments or juvenile justice systems. These measures help leaders determine whether their departments or systems are achieving their intended goals and outcomes. They quantify the effects of business processes, products, and services and allow for policy discussions and decisions to be "data-driven." Performance measures for juvenile justice could consist of indicators for effectiveness, efficiency, satisfaction, or timeliness. Given the JJSES emphasis on risk reduction, the discussion in this Monograph will focus on efforts designed to reduce rearrests.

Common Quotes in Support of Performance Measures

"What gets measured, gets done."

"Performance measurement helps us move from accidental involvement to purposeful planning."

"If you can't measure it, you can't manage it."

Performance measurement should not be confused with program evaluation. While the former provides data on the integrity of processes, inputs, and outputs, it does not seek to determine causality. Program evaluation involves the use of specific research methodologies to answer select questions about the impact of an intervention. It establishes a correlation between activities and observed changes while taking into account other factors that may have contributed to or influenced the changes.

Performance measurement and its various elements may be defined as follows:

- **Performance measurement:** The systematic collection of quantitative and qualitative information that helps a department determine if it is reaching its goals. It measures the success of the summation of activities designed to achieve department-wide objectives.

  Examples: Was the youth's involvement in the probation system correlated to lower rearrest rates? Did the employment program facilitate the youth's acquisition of a job?

  Performance measures quantify long-term outcomes as well as intermediate and process measures.

- **Intermediate measures:** A measure of results that indicates progress toward the desired end results rather than achievement of the final outcome.

  Example: Did participation in the cognitive behavioral program increase the youth's self-reported conformity to prosocial attitudes and values?

- **Process measures:** Measurement of the performance of a process, providing real-time feedback that can be acted on quickly.

  Example: Is the new policy requiring medium and high-risk offenders to participate in cognitive behavioral programming resulting in increased referrals to the program?

- **Dashboard measures:** The identification of a few performance measures that are considered the most meaningful indicators of progress toward goals. A department cannot focus on everything at once. So, just as a driver looks at a limited number of gauges on the dashboard when driving, a department focuses on certain measures and uses them as indicators of progress or warning signals that further investigation is required.

Sample Dashboard Measures

Percent of the population with completed risk/needs assessment within the time frame identified by policy:
Short-term target 75 percent; long-term target 95 percent

Average gain score (i.e., improved increases in protective measure score as identified through re-assessment):
Short-term target 3 points; long-term target 5 points

Percent of medium to high-risk juveniles who have case plans developed within the time frame identified by policy:
Short-term target 75 percent; long-term target 95 percent

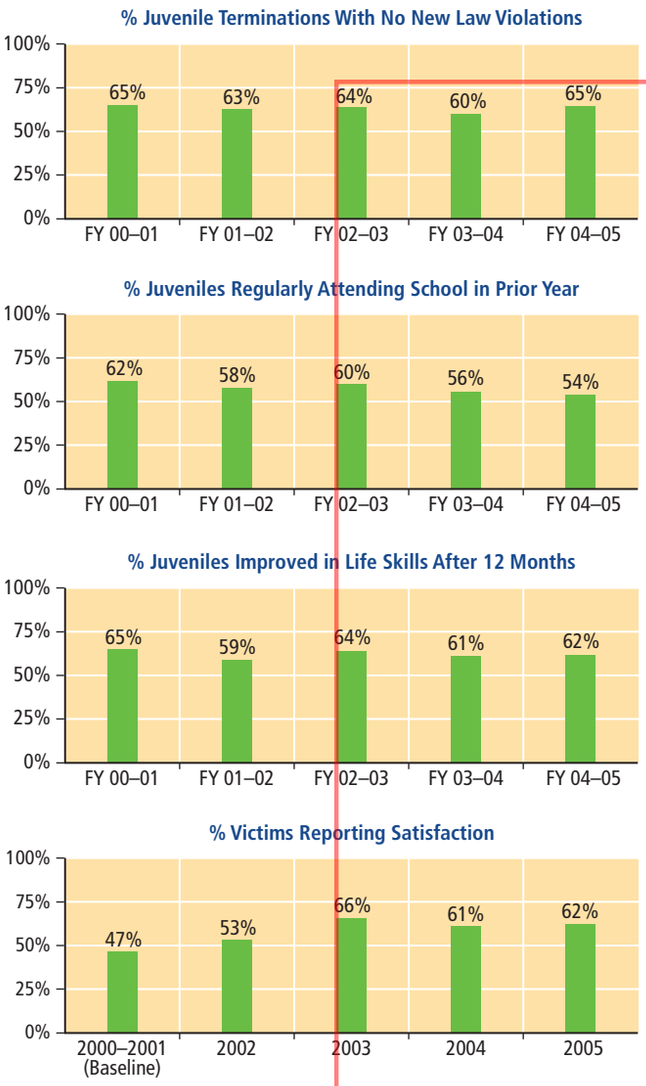
Percent of high-risk juveniles referred to treatment:
Short-term target 75 percent; long-term target 95 percent

Percent of medium and high-risk juveniles with technical violations resulting in revocation:
Short-term target 25 percent; long-term target 15 percent

Percent of high-risk juveniles who attend treatment:
Short-term target 75 percent; long-term target 85 percent

Percent of cases discharged in which the top three criminogenic needs were met:
Short-term target 60 percent; long-term target 85 percent

EXAMPLES OF EASY-TO-READ DASHBOARD MEASURES: ORANGE COUNTY, CALIFORNIA



JJSES endorses the establishment and tracking of performance indicators and its subcomponents (intermediate, process, and dashboard measures). As such, departments should ensure that the measures are

- based on a logic model indicating which activities and inputs are tied to expected outcomes
- clear and simple to understand
- accessible to all individuals who contribute to the performance outcome.

Each JJSES stage will contain a series of performance measures that a department should collect. While the actual performance measures are still being developed, the dashboard measures listed on page 33 and to the left are examples related to risk reduction and balanced and restorative justice goals.[6]

Each department is encouraged to complete a logic model and, from that process, identify the outcome, the intermediate, process, and dashboard measures to be collected, and the format in which to report these results. JJSES will be providing templates and suggested performance indicators for the counties.

EBP SERVICE CONTRACTS

Many of the services provided to youth under juvenile justice supervision are delivered by private sector agencies and contractors. These services range from drug treatment to mental health treatment, from education to employment services, and they are usually provided according to the protocols and modalities of the relevant discipline. So, for example, substance abuse treatment specialists will focus almost exclusively on the issues of addiction and desistance, while mental health clinicians will seek to apply some type of psychotherapeutic wellness model. Each provider will, in turn, define success with the youth as the future absence of those factors that initially led to the problem of immediate concern.

While such "modular" forms of service provision and treatment often work with children not involved in delinquency, interactions between criminogenic and other needs may hinder successful outcomes in terms of normal adolescent development for young people who have run afoul of the law. Unless criminogenic needs are addressed, the chances of changing delinquent behavior and reducing recidivism are greatly minimized.

To ensure that service providers for juveniles understand the special circumstances leading to juvenile offending, they must become versed in evidence-based practices and work collaboratively with juvenile probation departments to develop treatment methods and services. An important tool in achieving this goal is the EBP service contract which delineates the types

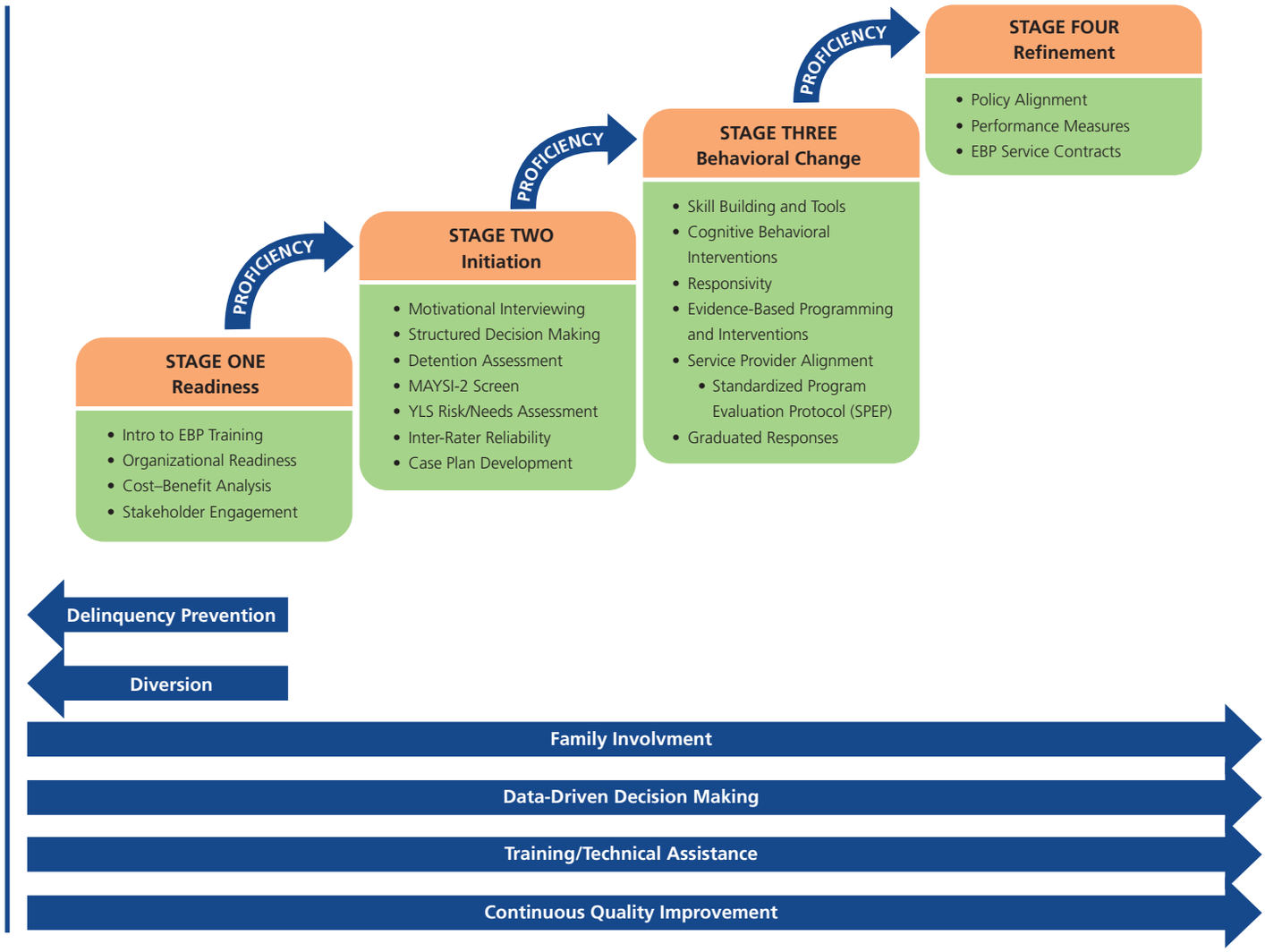
6 For a comprehensive list of possible performance measures, see *Criminal Justice Measures, Literature Review, Calendar Years 2000–2010* by the Pennsylvania Commission on Crime and Delinquency, Office of Criminal Justice Systems Improvement, Office of Research, Evaluation, and Strategic Development.

of services required. This type of contract should include an agreement to

- train service providers in those factors that influence juvenile delinquency and in the principles of EBP designed to deal with risk, criminogenic need, and responsivity factors
- establish multidimensional teams that include juvenile probation departments and service providers to conduct collaborative case management with youth and their families
- define, collaboratively, a research-based process and treatment modality that will address the criminogenic needs of the juvenile
- delineate both process and outcome measures for determining the success of the combined efforts of both the juvenile probation department and the service provider in assisting the youth to regain the path to normal adolescent development, thereby reducing the risk of future delinquency
- evaluate, using tools such as the Standardized Program Evaluation Protocol, how effectively the program is matched to the needs of the youth and aligns with what the research evidence indicates works.

Research is clear that when dealing with troubled juveniles, segregating their adolescent and criminogenic issues into a series of discrete problems to be treated in isolation by a wide variety of professionals can only lead to confusion, ineffective outcomes, and even wasted resources (Holsinger, 1999; Lowenkamp, 2003). Through the use of EBP service contracts, such pitfalls can be avoided and juveniles can be treated in a holistic fashion that can enhance the possibility of success.

KEY JJSES BUILDING BLOCKS



"Great ideas need landing gear as well as wings."

C.D. Jackson

The Framework's four stages are strategically sequenced, building on each other to maximize successful outcomes. Some activities, however, cut across all stages and are considered to be fundamental building blocks of the JJSES model. They include the following:

- **Delinquency prevention:** An effective juvenile justice system relies on a comprehensive approach that includes addressing the influences that lead to delinquent behavior in the first place. There is a rich body of research literature to guide evidence-based delinquency prevention. Preventing delinquency through the large-scale, high-quality implementation of evidence-based prevention programs allows the juvenile justice system to focus its limited resources on those individuals and cases that

require a formal response because of the severity of the offense or the risk level of the youth.

- **Diversion:** Another part of a comprehensive approach to juvenile justice is the provision of diversion services. Lower-risk juveniles are spared from the potentially harmful effects of juvenile justice system involvement while being given an opportunity to be held accountable through informal and non-stigmatizing processes.
- **Family involvement:** The impact of families on youthful behavior is well understood. A juvenile justice system must involve families at every stage of the process if behavioral change is to be long-lasting.
- **Data-driven decision making:** Outcomes will be enhanced when there is an ongoing collection and analysis of data to track performance and inform policy and practice.
- **Training and technical assistance:** Training is essential throughout all stages of JJSES, since each stage requires a different set of knowledge, skills, and practices. Similarly, technical assistance may be needed throughout all stages of JJSES.
- **Continuous quality improvement (CQI):** Performance will be enhanced when there is a process to examine existing practices to determine if they are meeting expectations. This examination requires data collection, observation, and a feedback mechanism. CQI provides an opportunity for the department to make small, continuous, incremental changes based on such feedback. Each major activity in JJSES should include a corresponding continuous quality improvement process.

DELINQUENCY PREVENTION

In meeting its public safety responsibilities, Pennsylvania has been proactive and has turned away from a purely reactive approach to delinquency in favor of one that supports programs that promote positive youth development in order to prevent delinquency from occurring in the first place. In fact, delinquency prevention may be the most cost-effective component of JJSES.

It is important that chief juvenile probation officers and juvenile court judges play an active role in local community prevention planning, whether it is by serving on advisory boards or planning committees or by utilizing the influence of the Court to create and sustain initiatives. Juvenile court judges can provide leadership to ensure that all stakeholders collaborate to promote positive youth development and to provide needed delinquency prevention services. Whether dealing with drug and alcohol, mental health, educational, or other issues, it is critical that child-serving agencies work together as part of a broad-based prevention environment in order to intervene as early and as effectively as possible to prevent delinquency.

It is incumbent upon probation administrators to fully understand the nature of delinquency risk factors, such as those identified by the Youth Level of Service/Case Management Inventory (YLS/CMI), to ensure that each county has an adequate array of services for addressing them. Academic failure, truancy, and early classroom conduct problems are risk factors for delinquency. Dropping out of school puts youth at risk in the short term, but also has lifelong consequences. More dropouts are unemployed than high school graduates and, if they do find jobs, they earn far less money than high school graduates (Loeber & Farrington, 1998).

The Pennsylvania Commission on Crime and Delinquency's prevention initiative, which began in 1994, was largely focused on supporting Communities That Care (CTC) and other proven programs designed to prevent or reduce problem behaviors in youth. Over 100 communities across the state have used the CTC community assessment and collaborative planning process. PCCD continues to support CTC in an effort to decrease risk factors and increase protective factors to enable young people to grow and develop in a healthy environment. CTC also provides communities with the foundation and technical assistance to implement evidence-based programs.

In addition, with support from the Department of Public Welfare, Pennsylvania's Resource Center for Evidence-Based Programs and Practices supports the proliferation of effective programs and practices, including those in the prevention arena, and coordinates the funding and implementation of these programs and practices across agency partners to ensure accountability and cost-effectiveness.[7]

DIVERSION

In 2005, Pennsylvania created a Mental Health/Juvenile Justice (MH/JJ) Workgroup in conjunction with its Models for Change initiative to better coordinate services for youth with mental

7 See also the US Department of Justice's website on effective, research-based adult and juvenile programs at http://www.crimesolutions.gov.

health problems who become involved in the juvenile justice system. The resulting *Mental Health/Juvenile Justice Joint Policy Statement* established a goal of diverting children from formal court processing in order to avoid the negative long-term consequences of an adjudication of delinquency. In a related Models for Change initiative, the Pennsylvania Juvenile Indigent Defense Action Network (JIDAN) developed *The Pennsylvania Juvenile Collateral Consequences Checklist* to provide attorneys and other juvenile justice professionals with the most recent information regarding both the short-term and long-term consequences of adjudications of delinquency.

Pre-adjudication for all youth can occur at various decision-making points in the juvenile justice system. It can provide alternatives for youth who have not yet entered the juvenile justice system but who are at imminent risk of being charged with a delinquent act, and it can channel juveniles away from formal court processing. Pre-adjudication diversion can occur at the school, law enforcement, magisterial district judge, and juvenile court levels. Examples of pre-adjudication diversion programs include referrals for service at the law enforcement level, various types of community accountability boards such as youth aid panels and peer courts, summary offense alternative adjudication programs, informal adjustment and consent decree dispositions, and adjudications of dependency in lieu of delinquency adjudications.

To assist local jurisdictions in developing policies and procedures that are consistent with the mandates of current law and best practice standards, the Diversion Committee of the MH/JJ Workgroup produced a *Guide to Developing Pre-Adjudication Diversion Policy and Practice in Pennsylvania*. Its focus was to encourage opportunities for all youth (not just those experiencing mental health problems) who would otherwise face formal court processing in the juvenile justice system. Instead of adjudications of delinquency or summary offense convictions, youth could be held accountable for their actions and directed to alternative programs, including treatment when appropriate.

To sustain and advance the work of the MH/JJ Workgroup's Diversion Committee, the Pennsylvania Commission on Crime and Delinquency's Juvenile Justice and Delinquency Prevention Committee established a Diversion Subcommittee to promote the development of local policies and the creation of pre-adjudication diversion programs to hold non-violent youthful offenders accountable for their offenses without proceeding to adjudications of delinquency or convictions for summary offenses. In June 2011, PCCD approved 13 grants totaling $1.5 million in federal funds to support the development of local policies and programs that are consistent with the *Guide to Developing Pre-Adjudication Diversion Policy and Practice in Pennsylvania*.

FAMILY INVOLVEMENT

Behavioral change efforts must include a juvenile's family and other key adults engaged in the juvenile's support system, such as clergy or coaches, because they will assist in supporting and supervising the juvenile during probation (including helping the juvenile move through needed restorative actions, such as repairing harm to the victim, learning accountability, and developing competencies) and after completion of court involvement. Adult relationships are crucial in helping youth make good decisions as they mature; this is no less true for youth in conflict with the law. Probation practice needs to include this "community of concern," but most pointedly the family, by informing them about assessment results and treatment objectives, engaging them in identifying and supporting individualized goals for their children, and informing them of their children's progress. The core partnership with the family should be enhanced by formal and informal community supports, including mental health services, faith-based groups, and recreational resources such as sports teams.

Families will have varying levels of awareness and understanding of adolescent brain development and of parenting approaches that foster healthy, safe behaviors. Juvenile justice professionals have the opportunity to facilitate families' access to information and supports that help them understand these critical and complex concepts and to ensure that they are engaging with families in a culturally sensitive manner. By including the family at this level, juvenile justice professionals reinforce that families are ultimately responsible for their children.

The importance of families in achieving successful outcomes for juveniles is not a new revelation. The critical role that families play in achieving Pennsylvania's balanced and restorative justice mission is recognized in *Balanced and Restorative Justice in Pennsylvania: A New Mission and Changing Roles within the Juvenile Justice System* (Juvenile Court Judges' Commission, 1997), in the guiding principles and goals that were adopted by the Pennsylvania Commission on Crime and Delinquency's Juvenile Justice and Delinquency Prevention Committee in 1998, and in the 2009 monograph entitled *Family Involvement in Pennsylvania's Juvenile Justice System* (Family Involvement Subcommittee of

the Mental Health/Juvenile Justice Workgroup for Models for Change–Pennsylvania & Family Involvement Workgroup of the Pennsylvania Council of Chief Juvenile Probation Officer's Balanced & Restorative Justice Implementation Committee). The challenge has been in transforming these principles and goals into effective relationships and partnerships between juvenile justice agencies and families at individual case, program, and policy levels.

Clearly, parents and caregivers play a crucial role in facilitating adolescents' development and their transition to adulthood. It is not surprising that research on the role of family participation in programming confirms its importance for juvenile delinquency outcomes (Mendel, 2003, 2010; Katsiyannis & Archwamety, 1997). Programs that work closely with juveniles' families, such as Multisystemic Therapy, Functional Family Therapy, and Multidimensional Treatment Foster Care, can reduce recidivism by up to 18 percent lower than institutional placements (Drake, Aos, & Miller, 2009). And, keeping juveniles close to their families during placement gives them opportunities to repair and renew relationships and to practice skills that will help them address challenges they may face upon release. This practice of maintaining close proximity to home life brings about better effects on recidivism (McCord, Spatz Widom, & Crowell, 2001). In another study on the Family Solutions Program, which provides interventions for juveniles involved in the justice system and for their families, researchers found that juveniles involved in the program were less likely to reoffend than those who did not enter the program or who dropped out (Quinn & Van Dyke, 2004).

More recent efforts to improve family involvement in Pennsylvania's juvenile justice system grew out of the vision articulated in the *Mental Health/Juvenile Justice Joint Policy Statement* developed in conjunction with Pennsylvania's Models for Change initiative. The Family Involvement Committee of the Mental Health/Juvenile Justice Workgroup commissioned a series of focus groups to gain the perspectives of a wide variety of stakeholders. Sixteen focus groups, representing the ethnic, cultural, economic, and geographic diversity of the state, were conducted during 2008–2009. Focus group participants included juveniles, parents, juvenile court judges, juvenile probation officers, district attorneys, juvenile defenders, adolescent psychologists and psychiatrists, a wide range of service providers, and others. The *Family Involvement in Pennsylvania's Juvenile Justice System* monograph captured the results of these focus group discussions and was a focus of the 2009 Pennsylvania Conference on Juvenile Justice.

Four themes emerged consistently across the focus groups:

- Families need access to effective early prevention and intervention services.
- Respect should be the basis for all interactions between families and system partners.
- Opportunities should exist for family involvement in the development of local juvenile court policies and practices.
- Statewide laws and policies should be examined to eliminate barriers and to increase capacity for effective family involvement.

The Balanced and Restorative Justice Implementation Committee of the Pennsylvania Council of Chief Juvenile Probation Officers created a Family Involvement Committee to sustain this critically important work. The Family Involvement Committee created *A Family Guide to the Pennsylvania Justice System,* dedicated to helping families to understand Pennsylvania's juvenile justice system and to access needed information and supports. Additionally, the Family Involvement Committee developed a training curriculum for juvenile justice professionals designed to enhance family involvement in Pennsylvania's juvenile justice system.

DATA-DRIVEN DECISION MAKING

In an evidence-based environment, case and policy decisions made by juvenile justice system stakeholders are most effective when guided by research evidence. Where published research evidence does not exist, and even when it does, departments and systems should use local data to assist in decision making. The National Institute of Corrections (NIC), in its publication *A Framework for Evidence-Based Decision Making in Local Criminal Justice Systems,* defines data-driven decision making as the "ongoing collection and analysis of data to track performance and inform policy and practice."

In the Framework, NIC adopted four principles to guide systems' evidence-based work. Principle Four is described as follows:

> *The criminal justice system will continually learn and improve when professionals make decisions based on the collection, analysis, and use of data and information.*

The NIC initiative identified ten points in the justice system where key decisions are made (e.g., cite vs. release, detention, plea, adjudication), arguing for the application of data and research at each point.

Clearly, an evidence-based juvenile justice system would perform most optimally if it collected and analyzed data both for policy and practice-related decisions. In this way, the system could be data-driven and avoid what a prosecutor involved in the NIC initiative called "seat-of-the-pants judgments."

Learning Systems

Learning systems are those that adapt to a dynamic environment through a process of continuous information collection and analysis. Through this process of individual and collective learning, entities—whether a single professional working with an individual case, an agency monitoring its overall operations, or the criminal justice system as a whole monitoring system efficiency and effectiveness—improve their processes and activities in a constant effort to achieve better results at all levels. In addition to facilitating continuous improvements in harm reduction within an agency or system, ongoing data collection adds to the overall body of knowledge in the field about what works and what does not.

A Framework for Evidence-Based Decision Making in Local Criminal Justice Systems, 3rd Edition

TRAINING

Training is a key element of the successful implementation of evidence-based practices in juvenile justice. Without it, departments and service providers will not have the knowledge, skills, and perspectives required to guide juveniles through the social and behavioral processes of behavioral change and recidivism reduction.

Recent research has demonstrated the importance of training. A team of researchers from the Department of Public Safety in Canada conducted a randomized, controlled study of the impact of training probation staff in the risk–need–responsivity (RNR) model of offender rehabilitation. The evaluators randomly assigned 80 officers to either a training (experimental) or a no training (control) condition. These officers' supervision sessions with 143 probationers were then audiotaped to determine their adherence to the principles of RNR. The results were startling. The trained officers consistently demonstrated better RNR practices and a more frequent use of cognitive behavioral techniques to deal with the antisocial attitudes of their clients than their untrained colleagues. The offenders they supervised also achieved significantly lower recidivism rates. In the words of the researchers, "the findings suggest that training in the evidence-based principles of the RNR model can have an important impact on the behavior of probation officers and their clients" (Bonta et al., 2011).

EBP training must adhere to a variety of principles in order to be effective within a juvenile justice organization:

- **It must be strategic in nature.** All too often EBP training is an afterthought. A common scenario is for a few people to sit around a table, make ad hoc decisions about what staff need to learn, and then ask others in the department to "go do it." This approach is not only a recipe for failure, but it can also result in a tremendous waste of scarce resources. Administrative and support personnel all need to play an active part in determining an organization's strategy for implementing EBP. They must understand the business model being followed, the goals to be achieved, and the resources needed to produce desired outcomes. In turn, they must bring to the discussion with executive leadership their knowledge about adult learning theory and human behavioral change in order to ensure that an integrated, comprehensive, and coherent educational strategy is put into place.
- **It must be extensive in scope.** In any effort to implement EBP, no member of an organization can remain uninformed about the new vision, model, and method for doing business. This includes executive management, who frequently see themselves as "too busy" to spare the time for learning, all the way down the hierarchy to support staff, who frequently, and mistakenly, are viewed as uninterested in understanding "the big picture."
- **It must be intensive in scope.** Learning does not end at a classroom's door, if it even occurs in a traditional classroom in the first place. Whether people are being exposed to new knowledge, skills, or approaches to conducting business, what they master in the immediate education context will soon evaporate without ongoing testing, support, and reinforcement after they return to their daily routines. Supervisors, managers, and executive leadership all play a vital role in this process. They must know more than their staff about what is being learned and they must become versed in the techniques of coaching and human behavioral change.

- **It must take place in a variety of learning environments.** While the classroom is an important training environment, classroom training is time-intensive and expensive to conduct. Beyond the facility costs and trainer fees are the additional travel, overtime, and temporary staff replacement costs. As such, classroom training should be reserved for imparting those skills and practices that require face-to-face contact and rigorous practice between facilitators and participants, and it should be used after students have been taught and tested on the foundations of EBP in other learning environments. Electronic methods of teaching, such as webinars, blogs, and other forms of online information sharing, are the most efficient ways to impart new knowledge to staff. Once students have this knowledge, they are much better prepared to benefit from the classroom experience than those who come with little or no advanced preparation.

TECHNICAL ASSISTANCE

JJSES makes available to local jurisdictions a number of products and services to advance its goal of improving Pennsylvania's juvenile justice system, especially as it relates to public safety. These products and services address a wide spectrum of issues, from organizational capacity to organizational development, from skill enhancements to performance measures. They address the three key areas that enable change to occur on the direct-service level: staff knowledge, skills, and attitudes; organizational infrastructure needs (e.g., policies and performance measures); and tools (e.g., assessment tools and checklists). For example, many organizations have implemented motivational interviewing as an important service enhancement to prepare youth for change. However, despite massive amounts of training and supports, most of the 200 plus research studies indicate limitations on improved outcomes (Miller, 2010). The technical assistance offered under JJSES is designed to counteract these threats to success by examining the studies and devising more effective means of supporting motivational interviewing.

Successful technology transfer requires more than practitioners' exposure to well-conceived and research-based processes, no matter how well organized and structured. It requires the skillful orchestrating of the change process, including both the insertion of evidence-based practices and the removal of organizational cultural vestiges that choke innovation.

Different Paths to Successful Implementation

The stages and activities proposed under the JJSES model were built on the positive experiences of practitioners who were early adopters of evidence-based practices. Still, there is no straight line to successful implementation. Organizations are diverse in their needs, cultures, and resources. What works in one area may not work in another; therefore, the JJSES stages and activities may need to be customized to reflect local experiences.

In recognition of these local nuances, JJSES has adopted a "flexible–rigid" approach. That is, the stages, competencies, and performance measures identified throughout the JJSES stages are largely fixed or static, but the manner in which departments apply some of the proposed processes will likely need adjusting. For example, risk assessments should be completed and submitted prior to disposition in order to help courts impose conditions that reflect youths' criminogenic needs and risk levels. However, a local jurisdiction may not be able to meet this standard due to the manner in which plea negotiations are conducted or because of limits on staff resources. Instead, prosecution, defense counsel, and the courts may reach an agreement that they will not impose specific programming requirements upon disposition but rather allow probation to do so after the risk/needs assessment is completed.

Given the myriad of anticipated challenges in implementing evidence-based practices, JJSES will provide technical assistance support in three ways: an initial consultation to describe the JJSES process and resources, recommended tools for the assessment of organizational readiness and alignment, and ongoing technical assistance.

Given these and a myriad of other anticipated challenges in implementing evidence-based practices, JJSES will provide technical assistance in three ways:

1. **Introduction to JJSES:** When chief probation officers are considering moving into Stage One of JJSES, they may require technical assistance. Various points of contact for technical assistance have been established to
   - review the supporting tools, trainings, and documentation that will aid chief probation officers' efforts
   - discuss the availability of the organizational readiness assessment tool and the process by which it is best administered

- determine if the department would like an independent assessment of organizational readiness
- determine if the department would like an independent assessment of organizational alignment
- explore with the department possible ongoing technical assistance issues
- review the proficiency measures to be achieved at the end of each stage before moving onto the next stage.

2. **Independent Assessment:** As part of Stage One, a county may request an independent assessment. There are two types of assessments:
   - **Readiness:** The readiness assessment consists of an organizational survey that helps the chief probation officer identify issues that may need attention before embarking on an EBP initiative, thereby increasing the likelihood that the proposed EBP changes will be received and implemented by staff and management.
   - **Alignment:** JJSES will provide technical assistance by reviewing existing department practices and policies to determine the degree to which they are in alignment with research evidence. Areas of strength would receive less attention in Stages Two, Three, and Four. Areas in need of improvement would be given more attention. This assessment information would be compiled in a report and would provide the chief with the building blocks needed to complete an action plan. The action plan is one of the recommended activities for Stage One.
3. **Ongoing Technical Assistance:** It is anticipated that chiefs will encounter challenges that could become major hindrances to successful JJSES implementation. Probation chiefs may request ongoing technical assistance. This assistance may include access to internal specialists (i.e., other chiefs or supervisors who have encountered similar challenges) or other expertise.

CONTINUOUS QUALITY IMPROVEMENT

The term "continuous quality improvement," or "CQI," is used to describe a process that, when effectively implemented, can better ensure that a set of desired practices are delivered in the manner they were intended, continuously and over time (Carey, 2010). Research demonstrates that when departments introduce sound CQI processes, they realize more effective outcomes. For example, when departments effectively train their staff in new skill areas, improved outcomes result (Bonta, Bogue, Crowley, & Motiuk, 2001); when they establish internal CQI processes around strategies designed to reduce risk of reoffense, recidivism rates decrease (Lowenkamp & Latessa, 2002); and when they modify their approaches based on the results of their CQI processes, they realize substantially better outcomes, including cost–benefit and effect–size results that are four times greater than those of departments that do not use CQI to improve their processes (Carey, Finigan, & Pukstas, 2008).

Definitions

For the purposes of the Monograph, **continuous quality improvement (CQI)** is defined as:

A set of professional development opportunities that generate current, specific feedback for the purpose of ensuring that services and practices are delivered in the intended manner.

Quality assurance (QA) is defined as:

An audit process that retrospectively examines practices for the purposes of identifying and correcting divergence from policy or protocol.

Realizing reductions in recidivism outcomes is not as simple as implementing a new process or providing staff with a one-time introduction to a new skill set. Indeed, new skills and processes take time to fully integrate and may, at least at first, result in reluctance and discomfort among those who are affected by the change. Research suggests that the amount of time devoted to the change process is an indicator of whether or not superior results will be derived (Flores, Lowenkamp, Holsinger, & Latessa, 2006). Therefore, departments interested in improving outcomes must commit to an implementation process that ensures that staff receive adequate initial training as well as ongoing encouragement, feedback, and coaching designed to improve knowledge, skills, confidence, and competency.

The purposes of a CQI process are to

- identify department and staff strengths (e.g., processes that are working effectively, advanced knowledge and skill level of staff)
- identify areas in need of improvement
- provide staff with specific and direct feedback in order to support incremental improvements in their skills

- identify enhancements to existing processes and structures (e.g., additional training, increased oversight by supervisors) that will support the greater achievement of the department's goals.

Common Quotes in Support of CQI

"The worker respects what the supervisor inspects."

"If you don't know where you're going, any road will get you there."

In particular, CQI processes might focus on the following:

- **inter-rater reliability:** the degree to which assessment tools are being administered consistently across users in accordance with the author's instructions.
- **case planning:** the degree to which staff develop case plans according to the "SMART" principles (i.e., specific, measurable, appropriate, relevant, and time bound), use offender strengths, identify and address triggers, integrate responsivity factors, and manage treatment dosage requirements.
- **one-on-one interactions:** the degree to which staff are using the four core competencies in their one-on-one sessions. The four core competencies are establishing a professional alliance, conducting skill practice in the criminogenic areas, conducting effective case management, and reinforcing prosocial attitudes and redirecting antisocial attitudes.
- **cognitive behavioral facilitation:** the degree to which facilitators are conducting cognitive behavioral programming sessions according to the author's instructions, including utilizing effective group facilitation skills.
- **motivational interviewing:** the degree to which staff are using motivational interviewing techniques.

AN EVOLVING FUTURE

As the JJSES initiative unfolds, we expect that juvenile justice system practices will increasingly be based on sound evidence and that they will be implemented with high levels of fidelity. A key fact of evidence-based practices and programs is that, when they are at their best, they continually evolve as new practices are researched and more broadly implemented. Our goal is to see our entire juvenile justice service system demonstrating high levels of fidelity to cost-effective practices, including community-based, locally developed program models.

The common elements of programs or practices that produce behavior change among juveniles (such as cognitive behavioral groups) are well established, and the research exists to guide the development and use of effective practices. Getting from here to there can take many tracks. This Monograph establishes the beginning path.

JJSES will be driven by its three key strategies for enhancing the juvenile justice system: employing evidence-based practices, collecting and analyzing data to measure these efforts, and using the data to continuously improve the quality and cost-effectiveness of the juvenile justice system. We anticipate and plan for continuous improvement and change. Therefore, this Monograph is a start—a clear framework with key goals—but the specific components of the framework will require updating in the near future as new evidence-based practices and programs emerge and new ways of ensuring cost-efficient model fidelity are developed.

REFERENCES

Adelman, H. S., & Taylor, L. (2003). On sustainability of project innovations as systemic change. *Journal of Educational and Psychological Consultation, 14*(1), 1–25.

Adler, P. S., Kwon, S., & Heckscher, C. (2008). Perspective—Professional work: The emergence of collaborative community. *Organization Science, 19*(2), 359–376.

Andrews, D. A., & Bonta, J. (1998). *The psychology of criminal conduct* (2nd ed.). Cincinnati, OH: Anderson Publishing Inc.

Andrews, D. A., & Bonta, J. (2006). *The psychology of criminal conduct* (4th ed.). Newark, NJ: Anderson Publishing Inc.

Andrews, D. A., Robinson, D., & Hoge, R. D. (1984). *Manual for the Youth Level of Service Inventory.* Ottawa, ON: Department of Psychology, Carleton University.

Barnoski, R. (2004). *Outcome evaluation of Washington State's research-based programs for juvenile offenders.* Olympia, WA: Washington State Institute for Public Policy.

Bonta, J., Bogue, B., Crowley, M., & Motiuk, L. (2001). Implementing offender classification systems: Lessons learned. In G. A. Bernfeld, D. P. Farrington, & A. W. Leschied (Eds.), *Offender rehabilitation in practice: Implementing and evaluating effective programs* (pp. 227–245). Chichester, England: Wiley.

Bonta, J., Bourgon, G., Rugge, T., Scott, T.-L., Yessine, A. K., & Gutierrez, L. (2011, November). An experimental demonstration of training probation officers in evidence-based community supervision. *Criminal Justice and Behavior, 38*(11), 1127–1148.

Bourgon, G., & Armstrong, B. (2005). Transferring the principles of effective treatment into a "real world" prison setting. *Criminal Justice and Behavior, 32*(1), 3–25.

Bulmer, M. (1986). *Social science and policy*. London, UK: Allen and Unwin.

Carey Group, Inc. (2011). *A guide to Thinking for a Change for non-group facilitators: Case worker reinforcement of T4C*. Silver Springs, MD: Author.

Carey, M. (2010). *Coaching packet: Effective case management.* Silver Springs, MD: Center for Effective Public Policy.

Carey, S. M., Finigan, M. W., & Pukstas, K. (2008, March). *Exploring the key components of drug courts: A comparative study of 18 adult drug courts on practices, outcomes and costs.* Portland, OR: NPC Research.

Clark, M., Walters, S., Gingerich, R., & Meltzer, M. (2006). Motivational interviewing for probation officers: Tipping the balance toward change. *Federal Probation, 70*(1), 38–44.

Clear, T. R. (1981). *Objectives-based case planning.* Washington, DC: National Institute of Corrections.

Collins, J. C., & Porras, J. I. (2002). *Built to last: Successful habits of visionary companies.* New York, NY: Harper Business Essentials.

Drake, E. K., Aos, S., & Miller, M. G. (2009). Evidence based public policy options to reduce crime and criminal justice costs: Implications in Washington State. *Victims and Offenders, 4,* 170–196.

Edwards, R. W., Jumper-Thurman, P., Plested, B. A., Oetting, E. R., & Swanson, L. (2000). Community readiness: Research to practice. *Journal of Community Psychology, 28*(3), 291–307.

Family Involvement Subcommittee of the Mental Health/Juvenile Justice Workgroup for Models for Change–Pennsylvania & Family Involvement Workgroup of the Pennsylvania Council of Chief Juvenile Probation Officer's Balanced & Restorative Justice Implementation Committee. (2009). *Family involvement in Pennsylvania's juvenile justice system.* Harrisburg, PA: Author.

Flores, A. W., Lowenkamp, C. T., Holsinger, A. M., & Latessa, E. J. (2006). Predicting outcome with the Level of Service Inventory-Revised: The importance of implementation integrity. *Journal of Criminal Justice, 34,* 523–529. Retrieved from http://www.uc.edu/content/dam/uc/ccjr/docs/articles/LSI_JCJ.pdf

Gendreau, P. (1996). The principles of effective intervention with offenders. In A. Harland (Ed.), *Choosing correctional options that work* (pp. 117–130). Thousand Oaks, CA: Sage Publications.

Gendreau, P., Little, T., & Goggin, C. (1996). A meta-analysis of adult offender recidivism: What works? *Criminology, 34*(4), 575–607.

Grasmick, H. G., & Bryjak, G. J. (1980). The deterrent effect of perceived severity of punishment. *Social Forces, 59,* 471–491.

Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunningham, P. B. (1998). *Multisystemic treatment of antisocial behavior in children and adolescents.* New York, NY: Guilford Press.

Holsinger, A. M. (1999). *Opening the 'black box': Assessing the relationship between program integrity and recidivism* (Doctoral dissertation). Retrieved from the College of Education, Criminal Justice, and Human Services website: http://www.cech.uc.edu/criminaljustice/files/2010/08/Alexholsinger.pdf

Juvenile Court Judges' Commission. (1997). *Balanced and restorative justice in Pennsylvania: A new mission and changing roles within the juvenile justice system.* Harrisburg, PA: Author.

Katsiyannis, A., & Archwamety, T. (1997). Factors related to recidivism among delinquent youths in a state correctional facility. *Journal of Child and Family Studies, 6*(1), 43–57.

Kennedy, S. M. (2007). Treatment responsivity: Reducing recidivism by enhancing treatment effectiveness. In L. I. Motiuk & R. C. Serin (Eds.), *Compendium 2000 on effective corrections programming.* Retrieved from Correctional Service Canada website: http://www.csc-scc.gc.ca/text/resrch/compendium/2000/chap_5-eng.shtml

Larson, C., & LaFasto, F. (1989). *Teamwork: What must go right/What can go wrong.* Newbury Park, CA: Sage Publications.

Likert, R. (1967). *The human organization: Its management and value.* New York, NY: Harper and Row.

Lipsey, M., & Cullen, F. (2007, December). The effectiveness of correctional rehabilitation: A review of systematic reviews. *Annual Review of Law and Social Science, 3*, 297–320.

Lipsey, M. W., Howell, J. C., Kelly, M. R., Chapman, G., & Carver, D. (2010). Improving the effectiveness of juvenile justice programs: A new perspective on evidence-based practice. Retrieved from the Center for Juvenile Justice Reform website: http://cjjr.georgetown.edu/pdfs/ebp/ebppaper.pdf

Loeber, R., & Farrington, D. P. (1998). Never too early, never too late: Risk factors and successful interventions for serious and violent juvenile offenders. *Studies on Crime Prevention, 7*(1), 7–30.

Lowenkamp, C. T. (2003). *A program level analysis of the relationship between correctional program integrity and treatment effectiveness* (Unpublished doctoral dissertation). University of Cincinnati, Cincinnati.

Lowenkamp, C. T., & Latessa, E. J. (2002). *Evaluation of Ohio's community based correctional facilities and halfway house programs* (Technical report). Cincinnati, OH: University of Cincinnati.

McCord, J., Spatz Widom, C., & Crowell, N. A. (Eds.). (2001). *Juvenile crime, juvenile justice.* Washington, DC: National Academy Press.

Mendel, R. E. (2003, Spring). Small is beautiful: Missouri shows the way on juvenile corrections. *AdvoCasey, 5*(1), 28–38. Retrieved from The Annie E. Casey Foundation website: http://www.aecf.org/upload/publicationfiles/juvenile%20justice%20at%20crossroads.pdf

Mendel, R. E. (2010). *The Missouri model: Reinventing the practice of rehabilitating youthful offenders.* Retrieved from The Annie E. Casey Foundation website: http://www.aecf.org/~/media/Pubs/Initiatives/Juvenile%20Detention%20Alternatives%20Initiative/MOModel/MO_Fullreport_webfinal.pdf

Miller, W. R. (2010, April). *Relationships that heal.* Paper presented at the NIDA Blending Conference, "Blending Addiction Science and Practice: Evidence-Based Treatment and Prevention in Diverse populations and Settings," Albuquerque, NM. Abstract retrieved from http://ctndisseminationlibrary.org/display/454.htm

Miller, W. R., & Rollnick, S. (2009). Ten things that motivational interviewing is not. *Behavioural and Cognitive Psychotherapy, 37,* 129–140.

Nichols, J., & Ross, H. L. (1990). Effectiveness of legal sanctions in dealing with drinking drivers. *Alcohol, Drugs, and Driving, 6*(2), 33–60.

Paternoster, R. (1989). Decisions to participate in and desist from four types of common delinquency: Deterrence and the rational choice perspective. *Law and Society Review, 23*(1), 7–40.

Paternoster, R., Brame, R., Bachman, R., & Sherman, L. W. (1997). Do fair procedures matter? The effect of procedural justice on spouse assault. *Law and Society Review, 31,* 163–204.

Quinn, W. H., & Van Dyke, D. J. (2004). A multiple-family group intervention for first-time juvenile offenders: Comparisons with probation and dropouts on recidivism. *Journal of Community Psychology, 32*(2), 177–200.

Rhine, E. (1993). *Reclaiming offender accountability: Intermediate sanctions for probation and parole violators.* Laurel, MD: American Correctional Association.

Rogers, R. W., Wellins, R. S., & Conner, D. R. (2002). *The power of realization: Building competitive advantage by maximizing human resource initiatives.* Retrieved from Development Dimensions International website: http://www.ddiworld.com/ddiworld/media/white-papers/realization_whitepaper_ddi.pdf

Tyler, T. R. (1990). *Why people obey the law.* New Haven, CT: Yale University Press.

Walters, S. T., Rotgers, F., Saunders, B., Wilkinson, C., & Towers, T. (2003). Theoretical perspectives on motivation and addictive behavior. In F. Rotgers, J. Morgenstern, & S. T. Walters (Eds.), *Treating substance abuse: Theory and technique* (2nd ed., 279–297). New York, NY: Guilford Press.

Wodahl, E. J., Garland, B., Culhane, S. E., & McCarty, W. P. (2011). Utilizing behavioral interventions to improve supervision outcomes in community-based corrections. *Criminal Justice and Behavior, 38*(4), 386–405.

ADDITIONAL RESOURCES

Addiction Technology Transfer Center Network. (2010). *The change book: A blueprint for technology transfer.* Retrieved from http://attcnetwork.org/explore/priorityareas/techtrans/docs/TheChangeBook2010.NOfl.pdf

Carey Group, Inc. (2011). *EBP step-by-step planning guide: Six phases toward implementation of evidence-based practices for risk reduction.* Retrieved from http://www.thecareygroupinc.com/documents/EBP%20Step%20by%20Step%20Planning%20Guide.pdf

Crime and Justice Institute at Community Resources for Justice, Pierce-Danford, K., & Guevara, M. (2010). *Commonwealth of Virginia: Roadmap for evidence-based practices in community corrections.* Retrieved from http://cjinstitute.org/files/Roadmap_Final.pdf

Fabelo, T., Nagy, G., & Prins, S. (2011). A ten-step guide to transforming probation departments to reduce recidivism. Retrieved from the Council of State Governments Justice Center website: http://knowledgecenter.csg.org/drupal/system/files/A_Ten-Step_Guide_to_Transforming_Probation_Departments_to_Reduce_Recidivism.pdf

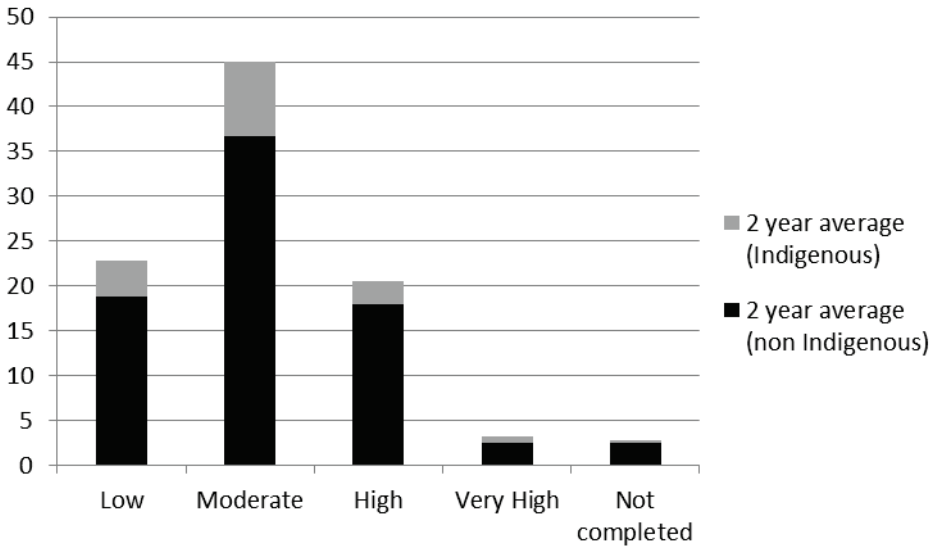
Fixsen, D. L., Naoom, S. F., Blase, K. A., Friedman, R. M., & Wallace, F. (2005). *Implementation research: A synthesis of the literature* (FMHI Publication #231). Tampa, FL: University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.

Summary of key data: Sunshine Coast Youth Justice Service Centre

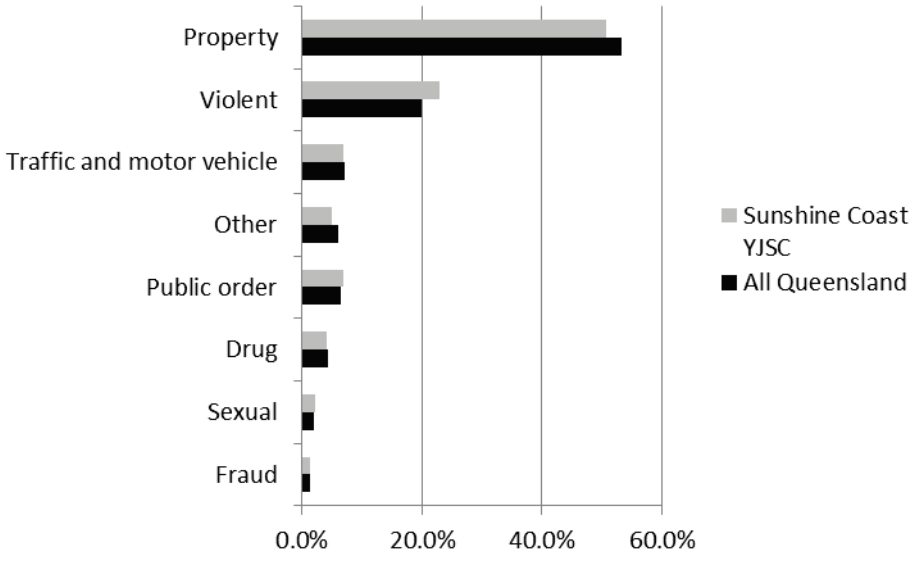
Admissions to orders, Maroochydore 2011-12

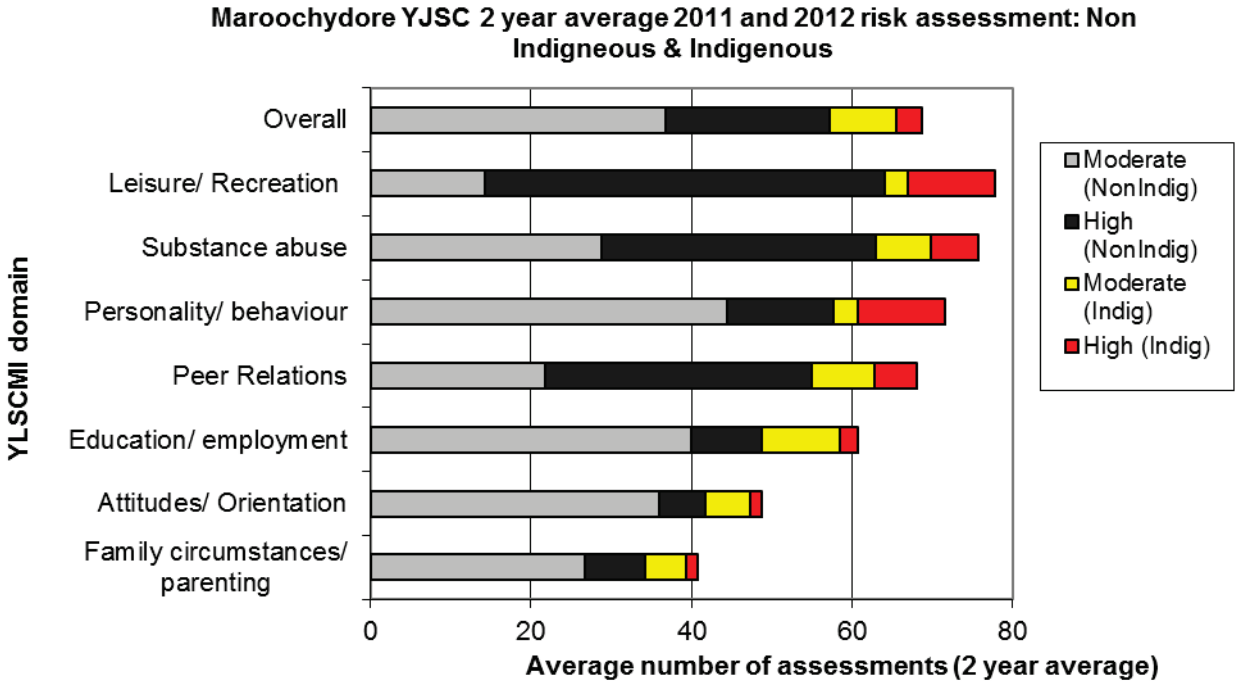
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	Average orders per young person: all QLD
CSO	30	3.6%	24	1.25	1.21
CRO	7	2.8%	6	1.17	1.07
Detention	10	3.1%	8	1.25	1.45
Probation	63	4.5%	54	1.17	1.23
SRO	11	5.1%	9	1.22	1.32

Overall risk level for Maroochydore YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Maroochydore YJSC and State-wide average





Family

72% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 83% (state-wide average 80%)
- Two or more identifiable mental health issue: 65% (state-wide average 60%)
- Conduct disorder: 58% (state-wide average 59%)
- Substance misuse disorder: 65% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

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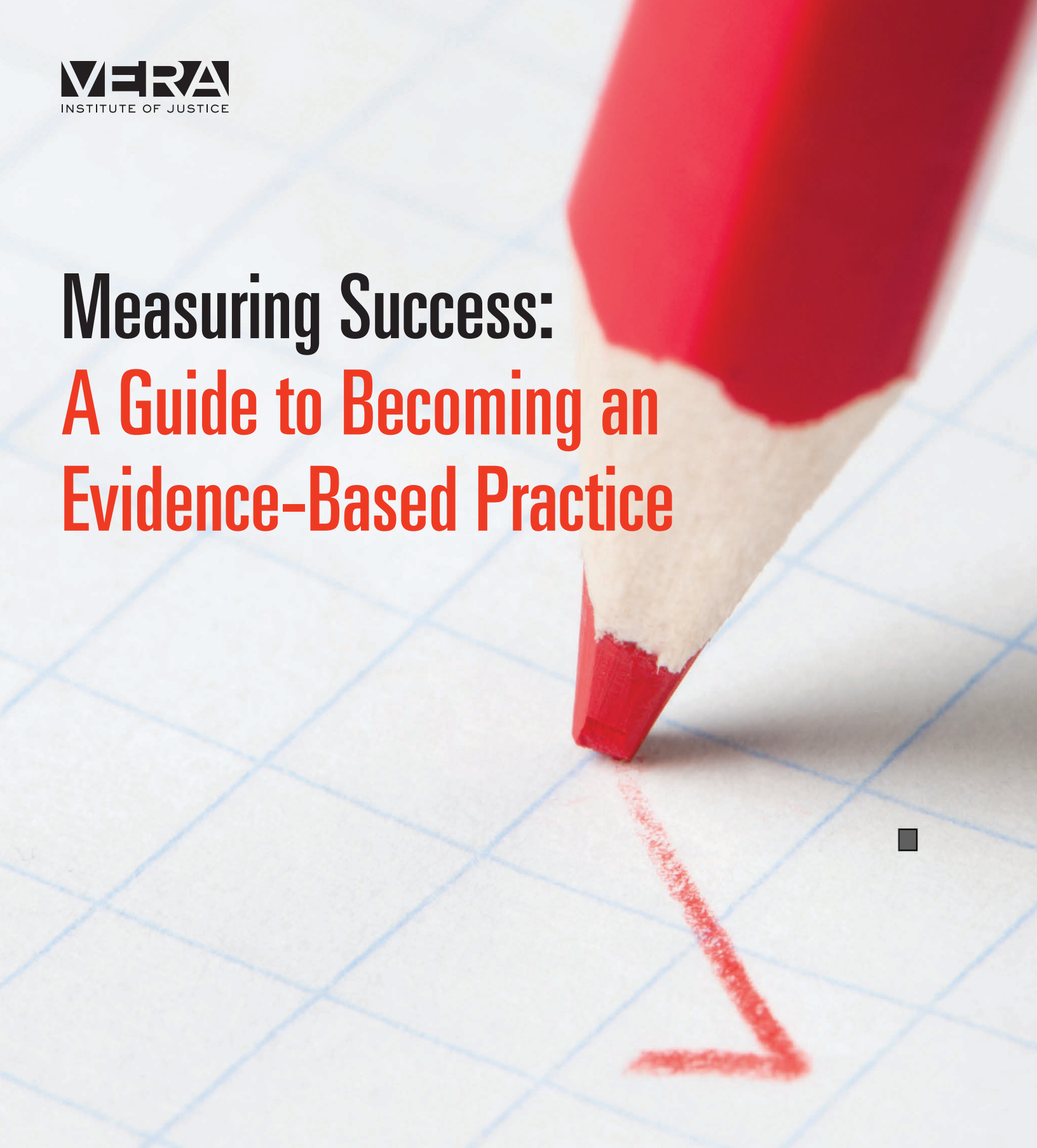

Measuring Success:
A Guide to Becoming an Evidence-Based Practice

by Jennifer Fratello, Tarika Daftary Kapur, and Alice Chasan
Vera Institute, Center on Youth Justice

ModelsforChange
Systems Reform in Juvenile Justice

Models for Change

Every young person should have the opportunity to grow up with a good education, get a job and participate in his/her community. Creating more fair and effective juvenile justice systems that support learning and growth and promote accountability can ensure that all of our young people grow up to be healthy, productive members of society.

Models for Change: Systems Reform in Juvenile Justice, a MacArthur Foundation initiative, began by working comprehensively on juvenile justice reform in four states, and then by concentrating on issues of mental health, juvenile indigent defense, and racial and ethnic disparities in 16 states. Through collaboration with the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Office of Juvenile Justice and Delinquency Prevention (OJJDP), *Models for Change* expanded its reach and is now working to replicate and disseminate successful models of juvenile justice reform in 31 states.

Introduction

In recent years, social service providers of all kinds have felt a growing pressure to demonstrate that what they do is an "evidence-based practice." People who provide community-based services for youth involved in the juvenile justice system are not exempt. They, too, are being asked to provide evidence-based assessments of their work with ever-increasing frequency. Contracts and funding often can depend on a program's ability to produce such evaluations. Not surprisingly, this trend has many service providers in the juvenile justice field wondering what, exactly, it means and how they can qualify.

The simple answer is that you have to be able to point to concrete evidence—hard data—showing that the benefits you claim are tangible and replicable. It isn't enough to say, "I know my program works; I've seen it change lives." For example, a program for at-risk youth may exist to prevent crime and put young people on a positive track toward adulthood. It tries to achieve these goals by working with young people to address substance use issues and help them control impulsive behavior. To qualify as an evidence-based practice, it will need proof that kids emerge from the program with reduced levels of substance use and better impulse control, and that these changes are sustainable over the long term. It should also be able to show that as a result of these changes these kids are less likely to commit new crimes as well. This program's challenge—and yours—is to find a way to collect the necessary information so that funders, fellow program professionals, and others have confidence that it produces the results it claims.

The Vera Institute of Justice, funded by the MacArthur Foundation as part of its Models for Change initiative, assembled this guide in response to questions and requests for help from MacArthur juvenile justice grantees. It describes the process that determines whether a program qualifies as evidence-based and explains how programs can prepare to be evaluated.

Although this guide grows out of and is targeted to juvenile justice practitioners, it is generally applicable to programs in other social service fields as well. It also bears noting that the steps described here are neither simple nor easy. Nevertheless, they are worth undertaking—even if a program does not complete the entire process, any progress along the way is likely to be beneficial.

What is an outcome evaluation?

Program professionals can cite many kinds of evidence about the work they do and the results they achieve. Practitioners, administrators, and directors commonly accumulate anecdotal evidence of their program's impact: stories about individual clients, the challenges they face, and how they responded to the interventions. They may even be able to combine these anecdotes to illustrate a larger phenomenon or descriptive outcome—saying for example, that a certain percentage of the kids they treat graduate from high school. Although these types of descriptive data are valuable, they alone don't yield the information necessary to demonstrate that a program is engaged in evidence-based practice. Such evidence can only be derived from an outcome evaluation.

An outcome evaluation is a formal study that helps to answer the basic question "Is this program working?" Its aim is to find evidence of changes in clients' behavior and, if there are changes, show that they result directly from participants' experience in the program (and not from contact with other programs, other factors, or chance). Imagine an organization for truant youth, for example, that seeks to get participants to attend school by providing them with transportation. An outcome evaluation of this program would collect and analyze data about participants' school attendance rates as well as a number of related issues (such as demographics, academic achievement, etc.). Its goal would be to determine whether participants were in fact attending school more as a result of the program and whether access to transportation—rather, than, say, more vigilant monitoring by parents or school personnel—was responsible for the increased attendance. Ideally, the program could show that these effects were sustainable over a longer period of time—at least six months from the point at which youth exited the program.

As noted earlier, outcome evaluations are formal procedures because they follow a specific method known as a research design. There are two dominant types of research design: experimental (also known as a randomized design) and quasi-experimental.

Experimental designs are considered the gold standard of evaluation research designs, because they eliminate any doubt about the outcomes found and their causes. Experimental designs have three basic elements:

- A treatment group and control group—the former receives the intervention being evaluated; the latter does not.
- A random assignment process—to ensure that the people in the treatment and control groups are as similar as possible.
- Comparative information collected through a set of questions posed to all study participants before they start the program, again after they've completed the program, and ideally some period beyond, to measure changes in attitudes and behavior. This is called a pre/post design.

Experimental designs are expensive to create and carry out. They also may raise ethical concerns, since the people in the control group don't get services they may need. For these reasons, some programs opt instead to use the quasi-experimental approach. Quasi-experimental designs seek to mimic an experimental design by using statistical methods to make up for whatever elements of an experimental design might be missing.

Why do I need an outcome evaluation?

In a time of tight budgets, government agencies, foundations, and other sources of funding want to be sure that the programs they support deliver what they promise. Your organization needs to be able to provide this assurance. You may also want to take a critical look at your program for your own purposes, to learn where it is working well and what changes you may need to make in order to optimize your results. Others in your field have an interest in your program's efficacy as well; everyone committed to better outcomes in a given field is looking for effective practices to adopt. A single, well-done, comprehensive outcome evaluation can serve all of these needs and aspirations.

How do I prepare to do an outcome evaluation?

To prepare for an outcome evaluation, you must first know whether your program is doing what it set out to do. Second, you must choose a research design for the evaluation and gather the appropriate information. Third, you must be ready, once the evaluation is complete, to take the next steps.

CONDUCTING AN OUTCOME EVALUATION

Conducting an outcome evaluation takes focused effort and attention. Few service providers have staff with both the time and the expertise needed for this process. Although some organizations have the capacity in-house, many will have to recruit someone else to carry out the study—usually a consultant, independent organization, or university that specializes in what is often called "measurement and evaluation." Hiring outside evaluators has the benefit of ensuring that the result will be objective, because they don't have a stake in the program's success.

However, undertaking an outcome evaluation with outside evaluators requires financial resources. Fortunately, more and more foundations and government agencies are beginning—through competitive processes—to offer grants to support research and evaluation. When conducting a dedicated fundraising effort, you may want to directly reach out to and learn more about local and national foundations as well as county, state, and federal-level government agencies.

STEP 1

Is the program true to its original plan?

The founders of any program had an idea of services they wanted to provide. The first step in preparing for your outcome evaluation is to determine if your current operations are consistent with that original idea, which is usually spelled out in a program plan. A program plan is a consensus statement of your goals, objectives, and process. Usually, it will define who the target population is, the problem the program seeks to address, a set of measurable goals directly related to youth behavior, and the theory of change—the precise element of the program that will cause the desired improvement.

The formal term for comparing the current program's structure and practices to your original plan is a process evaluation (see below). A process evaluation typically precedes an outcome evaluation and is a considerable achievement in itself, because it reveals how closely the program lines up with its declared intentions. It should expose whether you have assembled all of the building blocks for running a sound program, are serving the group you originally targeted, are using the techniques you intended to use for treatment and services, and if you have been measuring your performance. The conclusions you reach about your practices and plan tell you the results you will get when you do an outcome evaluation come from providing the appropriate services to your target population. Evaluating if you've followed your original plan is a crucial step toward figuring out if you need to recalibrate your practices.

PROCESS EVALUATION

A process evaluation is an assessment to ensure that a program is operating the way it was intended to. Typically, someone who is not affiliated with the program and can do it without bias will conduct the process evaluation. He or she will interview staff and management, make site visits, watch the program in action, and compare the findings with the following items:

The program plan goals and objectives. Goals are broad, general statements about what the program expects to accomplish and are usually long term. Objectives are precise actions that move the program closer to achieving its goal. For example, an objective of a program whose goal is to reduce juvenile crime may be to help kids to avoid reoffending.

The original target population. For a program to deliver effective services, it must be clear about the people it intends to serve—its target population. Any outcome evaluation of a program that is unclear about its target population risks having misleading results. For instance, say a program is meant to serve youth with substance abuse issues but is instead serving youth with mental health problems. The outcome evaluation results are likely to show intervention failing to meet its goal, as there will probably be no measurable change in substance abuse.

The service delivery model. Your service delivery model—the method for serving the clients—may have come from the best practices in your field or from conversations with experts. You will review it when you evaluate your program, because it allows you to compare the delivery model your program's founders envisioned to the one being used on the ground.

Performance goals and measures. It is important to define what success for a program would look like, so that everyone involved has the same view. Outcomes refer to changes in knowledge, skills, attitudes, behaviors, and functioning of individuals and families as a result of the program; an indicator is information collected to track whether you've achieved an outcome. For example, a program outcome may be improved behavior of young people in the classroom. The indicator of this change would be a measurable improvement in the student's behavior after completing the program. If the program's designers can identify immediate, intermediate, and long-term outcomes and indicators during the design phase, the program staff can start collecting relevant information before, during, and after the participants receive services.

If you don't already have these elements in a written program manual, now is the time to create one. It's a valuable training tool and a way to make sure that everyone involved in the work is operating with a single understanding of the program.

STEP 2

The elements of an outcome evaluation

Once your project's current operations are shown to be consistent with the program plan, it's time to move on to the next level: the outcome evaluation. To carry it out, the research team will need to define the study group and control group and identify the sources for the data they will collect and analyze.

The study group. Small programs may be able to include all of their clients in an evaluation. Studying the whole population can produce findings that are very accurate and also avoid errors that may occur in choosing a representative sample from the larger population. Evaluators of larger programs, however, may need to select a more manageable portion of the full population. In these cases, they will want to make sure that the sample population is representative of the total program population—that the two are similar in every relevant respect. For people trained in statistical analysis this is not an especially difficult process.

A control group. A control group is a population or sample of a population—that has not been exposed to the program under study. A control group may, for example, be participants from an earlier stage in the program's development, or youth receiving no treatment at all. What is most important is that the control group is similar to the study group in most other respects—such as race, age, risks, or needs—so that comparing the two reveals the program's influence. Again, while the task of finding a control group and doing random assignment may seem daunting, most researchers are very comfortable with these processes and are able to do them effectively.

As noted earlier in this guide, while it's helpful to have a control group, it is not always necessary. Where funding, logistics, or ethics make a control group impractical, researchers will want to use a quasi-experimental method, which uses statistical analysis to produce a control group equivalent.

Data. Most outcome studies will use administrative data, which is drawn from the program itself. Some studies may supplement this with data from other sources. Administrative data is typically quantitative (meaning it can be counted); supplemental data may be either quantitative or qualitative (descriptive).

- **Administrative data.** Most programs register new clients and collect information about them as they manage their cases. They begin by noting the date someone enters the program, biographical information, past treatment, history in the justice system, and the various risks and needs the person presents at intake. Later, staff also keep records about changes in clients' behavior and how they respond to the treatment. In the course of providing drug rehabilitation services, for example, program staff will keep records of a participant's attendance or the results of any required drug tests, as well as a record of assessments or scales that measure substance abuse. This administrative information—collected systematically and uniformly from all participants—usually forms the basis of an outcome evaluation.

- **Supplemental data.** Like administrative data, supplemental data is frequently quantitative. For example, if one of the main outcomes you want to measure is the number of rearrests and re-convictions, you would want access to this data from the police or court. Although it may seem daunting to do so, it is often possible to get such information by making a formal request to the relevant agencies.

Many researchers also find it helpful to collect qualitative data: attitudes, impressions, and opinions gathered through interviews, surveys, or discussion groups. This kind of information provides nuance, texture, and illustrative case studies. It can be very powerful to learn about a program's influence from a client's perspective—for example, when a youth says, "the counselors helped me talk to my parents about why I was skipping school."

WHAT DOES STATISTICAL SIGNIFICANCE MEAN?

Practitioners often hear researchers talk about whether a finding is "statistically significant." But what does that term actually mean? At its most basic, statistical significance is a measure of reliability; it allows you to say, with as much confidence as possible, that research findings are, in fact, real, and not observed by chance, or as a result of differences between the treatment and control groups.

Researchers are responsible for ensuring that the members of a study sample resemble the general population in as many characteristics as possible, in order to be able to assert that what is true of the sample is also true of the whole—that is, to make the findings generalizable.

Researchers also often point to something called the "p-value." This statistic measures the likelihood that a group selected from a larger population would resemble that larger population, as described above. A p-value of .05—meaning the differences between the control and treatment groups are likely the result of chance five times in a hundred—is generally acceptable in social science research. In studies where an entire population is observed (for example, every youth entering the juvenile justice system), there is no opportunity for sampling error, and statistical significance measures aren't necessary.

Statistical significance is determined by both the magnitude of the differences observed and the size of the sample. Although findings might be important from a programmatic perspective, regardless of their significance level, statistically significant findings carry more weight in the research community.

STEP 3

After an outcome evaluation—Next steps

It is important to document an outcome evaluation. You can create a summary document or even a one-page overview of your evaluation that you can use to share your findings with fellow professionals. A full report tracing the steps of your evaluation and describing what was learned would be the best record of what you've done and what you've learned about your program. You can distribute copies to your partners, funders, and other practitioners. If your organization has a website, posting your findings online puts them into the public discussion and brings them to the attention of all interested audiences, including the media. Researchers can use your documentation to assess your research and its findings.

Most audiences for your findings will be interested in whether your program leads to positive outcomes for the clients. Some may have targeted interests, too. For example, funders may be focused on discerning areas in need of further development; other jurisdictions may want to know about specific target populations. When reporting results, stay true to the research and report all findings—both positive and negative. This balanced approach will underscore your program's integrity.

An outcome evaluation can yield a wealth of information about opportunities to improve your program. Use it to fix what doesn't work or could work more effectively. If you've found that your program succeeds with only one segment of the client population, be honest and report its value for that population alone. Likewise, if you've found that changes in youth behavior are immediate, but don't hold up over the long term, report that as well. All of these findings are important and can be used to make your program a more effective intervention for the youth it serves.

You can also use the evidence of an outcome evaluation to seek accreditation for your program. Some organizations, for example the Substance Abuse and Mental Health Services Administration (SAMHSA) [http://www.samhsa.gov/], publish success rate thresholds and, if you meet their criteria, they can give your program their seal of approval. The bar for these measures can be very high, however. But even if your program doesn't meet their standards, it is valuable to be able to point to evidence that you have gathered about your program's impact.

And if you still don't have a program manual, now is the time to produce one, so others can learn from it and consider adopting your program or parts of it.

Conclusion

There are many reasons why your service should aspire to being an evidence-based practice. But as this guide illustrates, there is a great deal of preparatory work leading up to the outcome evaluation on which your designation depends—so much that many programs don't have the capacity and funding to take it on.

Each step in the process is worthwhile for its own sake. A program that conducts only a process evaluation has accomplished a great deal by validating its program plan. People will at least have confidence that it does what it says it does (even if it cannot yet vouch for the outcomes).

Ultimately, understanding how to get to the outcome evaluation stage allows a program to grow intentionally, mindful of the importance of good planning and service delivery, steady program management, and consistent data collection.

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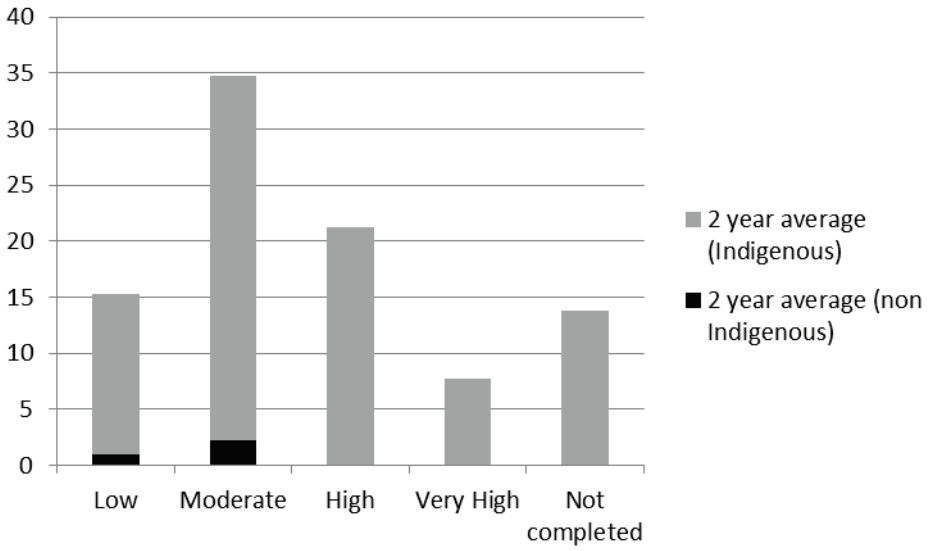
Models for

Summary of key data: Mt Isa Youth Justice Service Centre

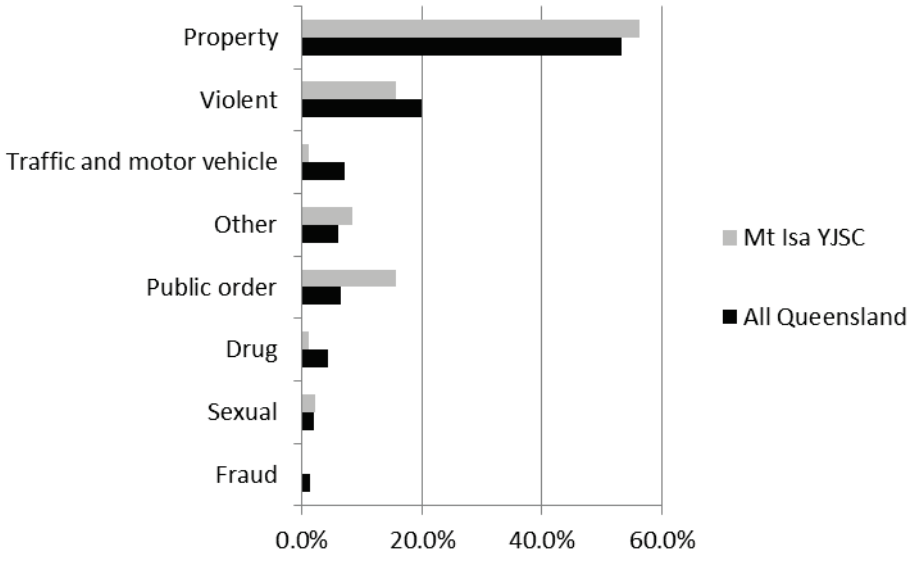
Admissions to orders, Mt Isa YJSC, 2011-12

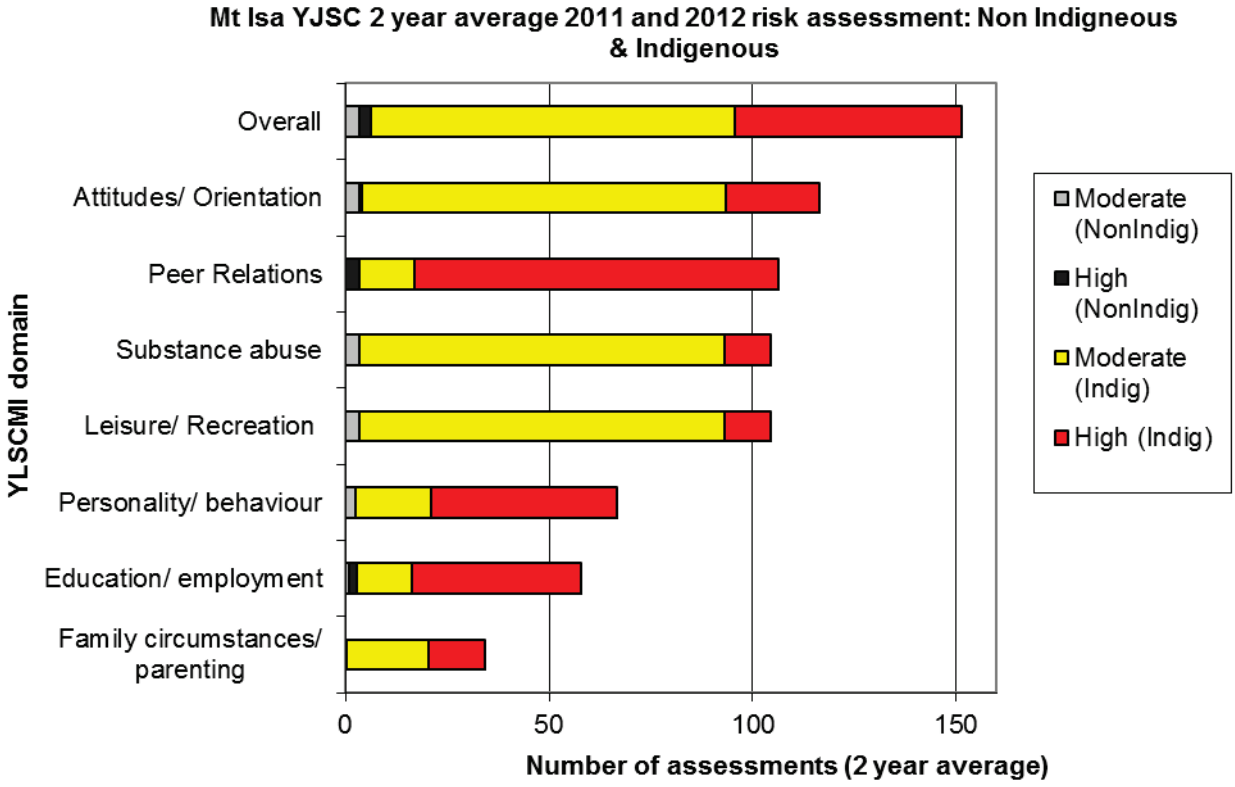
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	Average orders per young person: all QLD
CSO	20	2.4%	19	1.05	1.21
CRO	6	2.4%	6	1.00	1.07
Detention	16	5.0%	12	1.33	1.45
Probation	66	4.5%	54	1.17	1.23
SRO	8	3.7%	6	1.33	1.32

Overall risk level for Mt Isa YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Mt Isa YJSC and State-wide average





Family

72% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 75% (state-wide average 80%)
- Two or more identifiable mental health issue: 60%(state-wide average 60%)
- Conduct disorder: 54% (state-wide average 59%)
- Substance misuse disorder: 58% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

Public Health Intelligence

Multi-systemic Therapy (MST) and Functional Family Therapy (FFT): a review of the evidence

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Contents

1. About this review

This review considers the best available local, national and international literature and evidence for multi-systemic therapy (MST) and functional family therapy (FFT), to inform the implementation of early interventions into mainstream Children's Services within Inner North West London (Hammersmith & Fulham, Kensington & Chelsea and Westminster).

1.1. Scope

This evidence review is intended to be a rapid summary of the best available research evidence and as such should not be seen to take the place of a full systematic review. The review draws on material from the following sources:

1. Evidence summaries, including key MST and FFT websites and sources (e.g. MST Services; FFT Inc; core texts)

2. Guidelines and review literature e.g. NICE guidelines and Cochrane systematic reviews

3. Local reviews

4. Experts and key stakeholders

Literature searches were undertaken by Colin Brodie and James Hebblethwaite of the Inner North West London PCTs Public Health Intelligence team

1.2. Key questions

There are two broad questions to be answered in the scope of this literature review:

What is the evidence of effectiveness and cost-effectiveness for MST in looked after children and children on the edge of care and custody?

What is the evidence of effectiveness and cost-effectiveness for FFT in looked after children and children on the edge of care and custody?

1.3. Methodology

To achieve the deadline for this project the evidence review will not be a systematic review, but will follow a robust process and provide a summary and synthesis of the key evidence on the topic.

For sources searched and search strategies please see the appendix. Papers were selected for inclusion or exclusion according to the following criteria:

Inclusion Criteria	Research which evaluates the efficacy or cost-effectiveness of MST or FFT interventions against the following outcomes: • Anti-social behaviour • Repeat offending • Entry to care • High cost out of home placements & associated activity with courts • School exclusion • School non-attendance • On child protection register • Looked after • Substance misuse • Family functioning indicators
	The review is focused on MST and FFT and while other treatments are discussed in the broader context of early interventions these are not the focus of this study.
	International literature where it is relevant and generalisable i.e. largely this will be research conducted in 'Western-style' countries and not from developing countries. Most of the current research is from the US and Scandinavia
	Evidence published since 2001 (last 10 years). Earlier evidence may be incorporated when included in evidence summaries.
	English language only
Exclusion criteria	Due to time constraints summaries have been taken from abstracts where the full text was not readily available. Reviews where findings were not included in the abstract have not been included.
	Dissertation Abstracts
	Book reviews and chapters
	Due to time constraints primary research literature has largely been excluded, except in selected cases where there is a lack of review evidence e.g. UK based research

1.4 Quality assessment

The articles mentioned in this review have not been critically appraised. The full text of the studies listed in this review have not all been accessed and summaries have been taken from either abstracts or from the narrative reviews. The studies chosen for this review have been chosen by a single reviewer. Commissioners are advised to read the primary research.

2. Introduction

2.1 Background

Antisocial behaviour creates major costs for society (Vizzaed, Jones, Vidding, Farmer, & McCrory, 2007). Prevention and treatment of antisocial behaviour is expensive, as are the legal proceedings and incarceration which often accompanies such behaviour. The social and emotional costs suffered by offenders, victims, and families of antisocial individuals are significant. Given the high burden and cost of antisocial behaviour, the development of effective evidence-based treatments for children at risk is essential.

The importance of early interventions in securing the best outcomes for children and young people is recognised in a number of recent government reports. Early intervention is described as *"intervening as soon as possible to tackle problems that have already emerged for children and young people"* (HM Treasury, 2007)

In the UK, 10-15 year olds are the largest group of children in care (Westminster City Council, c2011). Most enter care as a result of their behaviour, family dysfunction, acute stress or neglect. Most enter care voluntarily. For some young people care may not be the best option. Young people in care typically suffer poor outcomes in education, health and in emotional wellbeing.

Research suggests that spending on looked after children accounts for half of the children services budget nationally. The costs of placements for looked after children increase with age.

Over the past five years the Department of Education, in partnership with the Department of Health and the Youth Justice Board has supported a range of pilots of intensive interventions for looked after children and children on the edge of care or custody. These children typically have a range of complex and challenging behaviours which can result in out of home placements or placement breakdown. The interventions are:

- Multi Systemic Therapy (MST)
- Multi-dimensional Treatment Foster Care (MTFC)
- KEEP (parenting skills for foster carers)
- Functional Family Therapy (FFT).

Funding has been secured for INWL and the local authorities to work in partnership to integrate one of these interventions into mainstream Children's Services. MST and FFT have initially been identified as the two most suitable options. The INWL Public Health Intelligence team will lead on completing a needs assessment which will help inform the decision on which of these two interventions is the most appropriate. This literature review is part of that needs assessment.

MST and FFT both originate in the US where they have been extensively evaluated and shown to work in reducing youth offending and are now being implemented in England. Though the evaluations in the UK are yet to fully report, early findings from these studies show some similarly positive results (Ross, Duckworth, Smith, Wyness, & Schoon, 2011).

2.2 What is Multisystemic Therapy (MST)?

MST is a community based, family -driven treatment for antisocial behaviour in young people (11-17 year olds) who are at risk of being placed out of home in care or custody, and their families.

The underlying premise of MST is that young people's difficulties are multi-causal, and so effective interventions would recognise this fact and address the multiple sources of influence. Using strategies from family therapy and behaviour therapy, MST focuses on the entire world ('social ecology') of the young person i.e. their homes and families, schools and teachers, neighbourhoods and friends.

The MST therapist works intensively with families in the community for 3-5 months, is on call 24/7 and goes to where the child is. The aim is to empower the parents and young person to solve current and future problems

MST teams usually comprise 2-4 therapists with a caseload of between 4 to 6 families.

Until recently the majority of MST programmes have been established in the US, however a number of pilot sites are in operation in the UK:

- MST - London Boroughs of Merton & Royal Borough of Kingston, London Borough of Greenwich, London Borough of Hackney, the Brandon Centre (Camden), Cambridgeshire, Leeds, Reading, Barnsley, Peterborough, Sheffield, Trafford and Wirral
- MST with adaptations - MST Child Abuse and Neglect (Cambridgeshire); MST for Problem Sexual Behaviour (Brandon Centre, Camden)

The Brandon Centre in Camden is running the first UK RCT on MST, and the Systematic Therapy for At Risk Teens (START) is a major research study (led by UCL) across 10 UK sites which aims to determine whether the provision of MST can:

- reduce the incidence of out-of-home placement
- reduce the incidence of severe mental health problems
- decrease antisocial behaviour
- improve educational outcomes
- improve family functioning.

2.3 What is Functional Family Therapy (FFT)?

FFT is a short term, phased, family prevention and intervention program targeting at-risk children and adolescents aged 10 to 18 whose problems range from conduct disorders to alcohol and/or substance abuse. It is behavioural in focus.

By working closely with the family, the FFT identifies and focuses on the risk and protective factors that impact the adolescent and his or her environment. The 3 key phases of FFT are

- engagement & motivation
- behaviour change
- generalisation

Each phase has targeted interventions and goals in order to tackle the risk factors and build on the protective factors. FFT aims to reduce defensive communication patterns, increase supportive interactions and promote supervision and effective discipline.

Typically the FFT intervention involves 8-12 one hour sessions (26-30 for more serious cases), over a 3-4 month period.

Again, like MST there is limited research on FFT in the UK although there is one pilot site at Brighton & Hove.

2.4 What is the difference between MST and FFT

MST and FFT are targeted at overlapping populations and there is a lot of similarity in terms of the outcomes achieved. However, there are some differences in the way these outcomes are achieved.

2.4.1 Differences in Target Population

FFT and MST have been shown to be effective for overlapping populations. FFT has been studied with youth ages 13 to 21 years old, although FFT programs will accept children as young as 10 years old.

FFT research has focused primarily on those with behavioural offenses (e.g., running away, chronic truancy, shoplifting, “ungovernable”) and substance abuse, but has also included young people with multiple serious offenses including felonies, and those returning home following incarceration.

MST research has shown the intervention to be effective for 12 to 17 year olds with chronic or severe antisocial behaviour, including youth with histories of violence or incarceration.

FFT may be a good fit when the child's behaviour is driven by family issues (e.g., high conflict, histories of abuse or neglect) or psychiatric concerns, or when the caregiver is initially reluctant to participate.

MST may be a good fit when the child's behaviour constitutes "wilful defiance" and is driven primarily by peer, school, or community factors, or when there needs to be immediate intervention outside of the family.

It is important to note that these suggestions are based solely on clinical reasoning; at this time, crucially, there is no research on how to best assign youth to the two programs.

2.4.2 Differences in Outcomes Research

FFT has more than 40 years of research behind it, and MST has been studied since the 1980s. Research shows that both treatment models achieve the following short-term (immediate) outcomes:

- greater likelihood the youth remains at home
- improved family functioning
- reduced substance use
- fewer youth mental health symptoms and/or behaviour problems.

In the long-term, both models have been shown to reduce criminal recidivism and arrest rates, decrease substance use, and decrease behavioural health problems.

Research on MST has also been found to improve peer relations, improve school performance, and increase the likelihood that the youth will attend school.

Research has also shown that the younger siblings of FFT participants are less likely to have contact with the court 2 ½ - 3 ½ years later.

Important note: there is no research directly comparing the effectiveness of FFT with MST. Indeed there is a NICE recommendation that such research needs to be undertaken (National Collaborating Centre for Mental Health, 2010)

2.4.3 Differences in Treatment Models

Both FFT and MST provide intensive treatment to children and young people with chronic, persistent delinquency and who are at risk for out of home placement. In both models, the frequency of sessions can be adjusted based on clinical need, allowing the service to be responsive to periods of crisis or high risk and to decrease the intensity for families with lower levels of need.

Both MST and FFT are strengths based, view improved family functioning as the path to resolving referral behaviours, and tailor the treatment to the families' situation.

However, there are also some differences.

- FFT works with the entire family, so the youth and his/her caregivers are present at every session. Consequently, sessions are often held afterschool and on evenings and weekends.

- MST can work with the caregivers, youth, or entire family. Sessions are often held with caregivers without the youth present. The therapist often intervenes in other systems, such as school or the peer domain, early in treatment.

3. Functional Family Therapy – The Evidence Base

Key Messages

- Clinical trials have demonstrated that FFT:
  - Effectively treats conduct disorder, antisocial behaviour, substance misuse, violent behaviour;
  - Prevents these adolescents from placement into more restrictive, higher cost services;
  - Reduces the need for other social services
  - Prevents further incidence of the presenting problems
  - Prevents younger children in the family from needing treatment
  - Prevents adolescents from involvement with the criminal justice system
- Good evidence base for FFT, although many of the early trials conducted by program developers in the US
- NICE recommends FFT as a programme which could be offered to children and young people who misuse alcohol and have significant co morbidities and/or social support
- May be particularly effective for older adolescents, where evidence for parent-training programmes is weak (National Collaborating Centre for Mental Health, 2010)
- NICE recommends FFT for those with predominantly a history of offending, where parents are unable to or choose not to engage with parent-training programmes, or the young person's conduct problems are so severe that they will be less likely to benefit from parent-training
- No systematic reviews have exclusively considered the effectiveness of FFT
- Low drop-out rate and high completion rates
- Importance of treatment fidelity, well-trained staff, and supervision are highlighted

3.1 Overview

Functional Family Therapy (FFT), currently being trialed in Brighton, focuses on young people aged 11–18 years who display the early symptoms of repeated criminal behaviour, including violence. It works to enhance protective factors and reduce risk factors in the family.

The programme is rooted in evidence that family conflict, poor family management practices, academic failure and parental drug use and crime are among the risk factors that produce antisocial behaviour. FFT builds protective factors such as parent–child bonding, positive communication and skills to resist antisocial influences. As its name suggests, FFT is aimed at parents as well as their adolescent children.

Due to the emphasis on placed on engagement and retention FFT historically experiences low drop-out rates and high completion rates (Alexander, Pugh, Parsons, & Sexton, 2000).

FFT is one of the early intervention programmes identified in the Allen review (Allen, 2011) of "interventions that could be applied before the development of impairment to a child's well-being or at an early stage of its onset, interventions which either pre-empt the problem or tackle it before it becomes entrenched and resistant to change". FFT is summarized in the table below:

Functional Family Therapy (FFT)	A structured family-based intervention that works to enhance protective factors and reduce risk factors in the family. It is aimed at young people displaying antisocial behaviour and/or offending.	10–17 years	FFT has been estimated to have a benefit-to-cost ratio of around 7.5:1 to 13:1. Clinical trials have demonstrated impacts in terms of: – treating adolescents with conduct disorder, oppositional defiant disorder or disruptive behaviour disorder – treating adolescents with alcohol and other drug misuse disorders, and who are delinquent and/or violent; – reducing crime; and – reducing likelihood of entry into the care system.

The Allen review reports that FFT, provided with fidelity, has been shown to reduce criminal recidivism, out-of-home placement or referral of other adolescents in the family for extra help from children's services by between 25 per cent and 55 per cent. The programme is also proven to prevent adolescents with behaviour or drug use disorders from entering more restrictive and higher-cost services.

The Maryland Department of Juvenile Services identifies those who benefit from FFT as:

"Youth ages 10-18, and their families, at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behaviour Disorder, and depression. Often the families tend to have limited resources and exposure to multiple systems. FFT can be provided in a variety of settings, including schools, child welfare, probation, parole/aftercare, mental health, and as an alternative to incarceration or out-of-home placement." (DJS Quality Assurance and Accountability Best Practices Unit, c2007).

In two reviews of parenting interventions FFT is identified as having a high level of evidence of effectiveness. The importance of high quality and well-trained staff, and combining work with all family members in different configurations is highlighted (Ghate, Hauari, Hollingworth, & Lindfield, 2008). While intensive, structured interventions such as FFT (and also MST) may be costly and resource intensive, they are likely to cost less than a quarter of institutional care (MacQueen, Curran, Hutton, & White, 2007).

3.2 Substance Misuse

Despite a limited evidence base, there is strong evidence for the use of FFT to promote abstinence and prevent relapse in children and young people. There is also strong evidence for MST, brief strategic family therapy, and multi-dimensional family therapy (MDFT). However, there is little evidence to determine whether one of the interventions had any advantage over the others (National Collaborating Centre for Mental Health, 2011).

This is supported by one well-conducted review (Vaughn & Howard, 2004) which found a relatively strong evidence base for FFT - the strongest evidence was for MDFT and cognitive-behavioural group treatment (CBT-G). A review of lesser quality (Waldron & Turner, 2008) ranks FFT alongside MDFT and CBT-G as an intervention for this same group.

Austin et al (Austin, Macgowan, & Wagner, 2005) found that the components of 5 family-based interventions, including FFT and MST, were consistent with the majority of guidelines for effective treatment. Again, MDFT (and Brief Strategic Family Therapy) were the most efficacious.

NICE recommends FFT as one of a number of evidence based multi-component programmes which could be offered to children and young people (10–17 years) who misuse alcohol and have significant co-morbidities and/or limited social support.

3.3 Personality/Conduct Disorder

NICE guidance (National Collaborating Centre for Mental Health, 2010) reports that there appears to be good evidence for the effectiveness of family interventions in a range of adolescents with conduct problems including offenders. FFT is recommended for those with predominantly a history of offending, where parents are unable to or choose not to engage with parent-training programmes, or the young person's conduct problems are so severe that they will be less likely to benefit from parent-training programmes,

NICE further recommends that a large-scale RCT comparing the clinical and cost effectiveness of multisystemic therapy and functional family therapy for adolescents with conduct disorders should be conducted.

In a review of FFT, MST and Oregon Treatment Foster Care (OTFC) the authors (Henggeler & Sheidow, 2003) attribute the success of these treatments to using the science base of known risk factors; providing an effective alternative to restrictive placements; and using scientific methods to evaluate effectiveness. Outcomes from a number of FFT trials are reported which overall show a significant reduction in recidivism compared to treated and untreated controls. Major features of these treatments are evidence-based development and integration; a

commitment to rigorous evaluation; treatment specification; quality assurance systems; and transportability and dissemination.

3.4.Criminal Justice and Offenders

There has been a consistent fall in the number of young people sentenced to custody in the UK since 2008. However, the UK still has one of the highest youth custody populations in Western Europe. Reconviction rates for young people following release from custody also remain high (Khan, 2010).

Citing Alexander et al (2000), Khan and Wilson report that FFT has been found to be much more effective than routine treatment in reducing reconviction rates in adolescent offenders with conduct disorders from a variety of ethnic groups over follow-up periods of up to five years. There is also evidence that it can lead to a reduction in behavioural problems among the siblings of the young offenders

Research undertaken in Scotland (Buist & Whyte, 2004) highlights that "research reviews do not point to any single outstanding approach that by itself is guaranteed to work as a means of reducing offending by children and young people."

However, the authors report promising evidence of social interventions which can have a positive outcome. This includes FFT which has been shown to reduce the reoffending rates of youth by 25 to 80 percent in repeated trials, and in one trial of FFT with serious and persistent offenders showed that participants were almost six times as likely to avoid arrest (40% vs. 7%) as the control group.

In 2007 the Juvenile Justice Initiative (JJI) was set up in New York to provide evidence-based alternatives to custody for children who have committed serious offences and/or are repeat offenders (Solomon & Allen, 2009). Three community-based intensive therapeutic programmes were set up and were strictly based on models that have been subject to high quality evaluations which show they reduce reoffending by between 30 and 70%. These are:

- FFT
- MST
- Multidimensional treatment foster care (MTFC)

3.5 Cost Effectiveness

There is strong evidence that FFT is cost effective in preventing violence (Greenwood, 2004) and reducing re-offending (Aos, Miller, & Drake, 2006) . In their guidelines for antisocial personality disorder (National Collaborating Centre for Mental Health, 2010), NICE conducted

an economic analysis of FFT:

Table 16: Results of economic analysis assessing the net costs (or savings) resulting from provision of functional family therapy to families of adolescents at risk for offending behaviour			
Costs per adolescent (2007 prices)	**Functional family therapy**	**Control**	**Difference**
Functional family therapy cost	£121	0	£121
Cost of offending behaviour	£5,901	£8,809	– £2,908
Total cost	£5,922	£8,809	**– £2,787**

FFT resulted in a net saving of £2,787 per adolescent with offending behaviour over 2 years.

The Department of Education puts the cost per case at £2,239 in a working team of 3-8 therapists (Department for Education, 2011). Each therapist will work with between 30-50 cases per year

The Allen review (Allen, 2011) projects that a typical London borough with 35,000 children might expect to have 500 children in foster care, mostly adolescents. The cost of these foster placements will be about £18 million a year. Providing FFT as an alternative to foster care for 100 of these children would cost about £200,000, an annual saving of about £3.5 million. The economic benefits of foster care are not reported. Allen asserts that "each 100 FFT places would generate savings to the Exchequer of about £425,000, and Steve Aos at the Washington State Institute for Public Policy would calculate nearer £1.5 million." Allen goes on to report an estimated benefit to cost ratio of around 7.5:1 to 13:1.

The Westminster City Council report on early interventions for adolescent looked after children (Westminster City Council, c2011) cites indicative costs from the US that project costs per family can be as little as $2,000 per family. The US Blueprints for Violence programme reports costs ranging between $1,600 and $5,000 for an average of 12 home visits per family.

Although they quote slightly larger figures per case, according to Khan and Wilson (2010) FFT is less expensive ($5,000–$12,000 less per case) than custody or standard residential care and can achieve savings in crime and victim costs of over $13,000 per case.

Ross et al (2011) cite a study (Aos et al, 2004) where a cost benefit analysis of an FFT program was estimated to save $7.69 for every $1 invested.

There is considerable research undertaken by the Washington State Institute for Public Policy (www.wsipp.wa.gov) looking at the cost-effectiveness of a number of treatment models and evidence-based programmes, including both FFT and MST. This included an assessment of monetary benefit and costs in juvenile justice which found that FFT had a benefit to cost ratio of $11.86 (and Return On Investment of 641%)

3.6 Transportability and Implementation

Morris et al (2008) cite a 2007 report by David Utting which argues that although it is used predominantly in the United States, such approaches as FFT have 'been applied successfully in a variety of multi-ethnic, multicultural contexts to treat a range of high-risk youths and their families'.

The lack of evidence and evaluation in the UK is highlighted in a review on interventions to reduce youth crime and antisocial behaviour (Ross et al., 2011). The authors call for more good quality evaluations in the UK. Only through this kind of evaluation can we establish which components of a programme contribute the most to overall effectiveness and for which types of people, under what circumstances, the service works best.

The programme developers (Alexander et al., 2000) point to the successful implementation of FFT outside of Utah where the original outcome studies were conducted. They argue that the flexibility and structure of the programme have allowed FFT to be utilized in a range of diverse settings such as University programmes, community mental health centres and integrated state/private sector programmes. Indications show that FFT can be learned through training workshops with appropriate follow up consultations and supervision.

Evidence shows that the programme has been successfully replicated in Sweden, and that the model is generalisable to a wide range of populations. Ross et al (2011) highlight that programme effects were only evident where there was strong adherence to the original design.

FFT is very suitable to implement in a community or agency which has an emphasis on a reduction in institutionalization, either incarceration or foster care. With a focus on family communication skills and parenting techniques, FFT would be most appropriate for communities which have assessed poor family relationships and negative parenting practices as risk factors.

3.7 Comments on the Evidence Base

While there is generally a strong evidence base for FFT a number of issues are highlighted in the literature:

- Initial studies were efficacy trials undertaken by the programme developers of FFT (and therefore potentially prone to positive outcomes)
- Most studies have involved samples of fewer than 100 families (JH Littell, Winsvold, Bjørndal, & Hammerstrøm, 2007)
- Follow-up periods range from zero to five years (some MST studies have longer follow – ups)
- FFT trials have been included in meta-analytic reviews of effects of a wider array of interventions with juvenile offenders and families, but these reviews do not report separate results for FFT.
- To date there is no separate systematic review on the effectiveness of FFT.

4. Multisystemic Therapy – The Evidence Base

Key Messages

- MST clinical trials have demonstrated:
  - Reduced short and long-term rates of criminal offending
  - Reduced rates of out-of-home placements
  - Decreased substance use
  - Decreased behaviour and mental health problems
  - Improved family functioning
  - Cost savings in comparison with usual mental health and criminal justice services
- NICE guidelines report a relatively large evidence base concerning MST, with consistent evidence for reduction in offending outcomes including number of arrests
- Good evidence of efficacy for reducing offending for up to 14 years follow up
- NICE recommends MST should be considered for young people (12-17) with severe conduct problems and a history of offending, and who are at risk of being placed in care or excluded from the family.
- NICE suggests that due to the limited economic evidence from the US multi-component interventions may only be cost effective in high-risk children.
- Those who are likely to benefit most from MST are serious young offenders, however MST has been shown to be effective with young people with conduct disorder and anti social young people (Allen, 2011).
- NICE recommends MST as a programme which could be offered to children and young people (10–17 years) who misuse alcohol and have significant co morbidities and/or limited social support.
- Systemic interventions, including MST are recommended for older children and adolescents presenting with conduct problems who were still living at home (Vizzaed et al, 2007)
- However mostly US evidence, with early trials conducted by MST program developers
- The evidence of effectiveness of MST over other models has been challenged by some researchers. Programme developers have argued that studies which show a lack of effectiveness are due to a lack of treatment fidelity and the challenges setting up an MST service
- Treatment fidelity is vital to the implementation of MST.

4.1 Overview

As with FFT, MST is one of the treatment interventions identified as evidence-based and cost effective in the Allen review, and is summarised in the table below:

Programme	Description	Age of children involved	Measured examples of impact, outcomes and cost-effectiveness
Multisystemic therapy (MST)	A youth intervention that focuses on improving the family's capacity to overcome the known causes of delinquency.	12–17 years	The benefit-to-cost ratio of MST has been estimated at around 2.5: 1. Noted outcomes from evaluations include: – reductions of 25–70% in long-term rates of rearrest; – reductions of 47–64% in out-of-home placements; – improvements in family functioning; and – decreased mental health problems for serious juvenile offenders.

The Allen review reports that MST has been shown in a number of rigorous tests to be superior to other interventions for adolescents exhibiting severe anti-social and criminal behavior. Positive outcomes include maintaining young people within their home and reducing out of home placements up to 50 %, maintaining young people's involvement in education, reducing re arrest rates by up to 70% and decreasing adolescent psychiatric symptoms.

For MST interventions to achieve the best results, its therapeutic principals and processes must be followed. Key principles include:

- Caseloads must be kept low so that teams and supervisors can devote the necessary time to each young person and family
- MST practitioners are available 24 hours a day, seven days a week
- Research suggests the cohort of young people who will benefit most from MST are serious young offenders however MST has been shown to be effective with young people with conduct disorder and anti social young people.
- Collaboration with community agencies, particularly the school, is a crucial part of MST.
- While the initial MST involvement may be intensive, perhaps daily, the ultimate goal is to empower the family to take responsibility for making and maintaining gains
- Interventions should be present-focused and action-oriented, targeting specific and well-defined problems.

Treatment fidelity is vital to the implementation of MST. There is evidence of increased effectiveness when there is strong adherence to the original programme design (Ross et al., 2011).

Local services in London have employed the MST model (sometimes adapted) and have seen positive outcomes in a reduction of the number of children coming into care. These include the K&C Adolescence Service and the AMASS service in Islington. Positive outcomes are also being reported from 10 UK trial sites (London Borough of Hammersmith and Fulham, c2011) with 84% of families worked with having completed the programme, and 86% of young people still living at home at the end of the programme (unit cost £8,000 for six months).

There is a strong evidence base for MST, although there are still some gaps that have been identified. MST is recommended for adolescents with severe and long term difficulties, and particularly recommended for older adolescents and young people (MacQueen et al, 2007, citing Carr, 2000). MST has been shown to have positive effects on improved emotional health, educational outcomes, family relations, and decreased offending behaviour for looked after children and young people (Dickson et al, 2011), although the evidence for MST being more effective than other interventions is inconclusive. Dickson et al also note that none of the reviews in this area specifically focused on looked after children and young people, making it difficult to draw overall conclusions for this population.

In a systematic review (Allin, Wathen, & MacMillan, 2005) of treatment programmes for child neglect the authors identified one study which showed a decrease in psychiatric symptomatology and stress levels, and fewer individual and family difficulties, following MST.

Assessing the effectiveness of mental health services that provide an alternative to inpatient care for children and young people, Shepperd et al (2009) found that young people receiving home-based MST experienced some improved functioning in terms of externalising symptoms. They also spent fewer days out of school and out-of-home placement. Overall, however the authors conclude that the quality of the evidence base currently provides very little guidance for the development of services

Research by Morris et al (2008, citing Cox, 2005, and Utting, 2007) shows that MST is successful in achieving a number of service outcomes, including peer relations, aggressive behaviour, drug and alcohol use, improved family relations, decreased association with deviant peers, lower re-arrest rates, and time spent in institutions. However, Cox argues that there is little evidence of the success of the initiative in linking families to informal networks of support.

4.2 Substance Misuse

The evidence base for MST as a treatment for substance misuse is similar to FFT. There is strong evidence for the use of MST, FFT, brief strategic family therapy, and multi-dimensional family therapy, but little evidence to determine whether one of the interventions has any advantage over the others (National Collaborating Centre for Mental Health, 2011).

Along with FFT, a well-conducted review (Vaughn & Howard, 2004) found a relatively strong evidence base for MST (the strongest evidence was for MDFT and CBT-G). Waldron & Turner (2008) report MST as probably efficacious.

Austin et al (Austin et al., 2005) found that the components of 5 family-based interventions, including FFT and MST, were consistent with the majority of guidelines for effective treatment. Again, MDFT (and Brief Strategic Family Therapy) were the most efficacious.

As with FFT, NICE recommends MST as one of a number of evidence based multi-component programmes which could be offered to children and young people (10–17 years) who misuse alcohol and have significant co-morbidities and/or limited social support.

4.3 Personality/Conduct Disorder

NICE (National Collaborating Centre for Mental Health, 2010) reports that there is a relatively large evidence base for the effectiveness of MST for antisocial personality disorder. While there was significant heterogeneity (largely due to one particular trial), there is good evidence of efficacy for reducing offending for up to 14 years' follow-up.

The guidance recommends MST should be considered for young people (12-17) with severe conduct problems and a history of offending, and who are at risk of being placed in care or excluded from the family. NICE highlight the importance of treatment fidelity and also suggests that due to the limited economic evidence from the US multi-component interventions may only be cost effective in high-risk children.

At a 2007 conference (Vizzaed et al., 2007) delegates reached a consensus on what works in terms of early interventions for personality disorder:

1. Effective parenting interventions with young children displaying conduct problems who were still living at home.
2. Systemic interventions, including MST for older children and adolescents presenting with conduct problems who were still living at home
3. Effective, intensive fostering interventions with offending children placed away from home but not in care.
4. Effective community based interventions with the sub-group of antisocial children showing sexually harmful behaviour

Outcomes for conduct disorder and delinquency have consistently favoured MST compared to controls (Henggeler & Sheidow, 2003). Effects have included improved family relations and functioning, increased school attendance, decreased adolescent psychiatric problems, and substance abuse. Reduced recidivism ranges from 25-70%, and there is a reduction in the number of days in out of home placement.

4.4 Criminal Justice and Youth Offenders

For adolescents, interventions such as multi-systemic therapy that focus not just on the family but also on the broader issues affecting the young person, appear to be more effective (Khan & Wilson, 2010) in tackling youth offending.

The over-riding message from the research is that very early intervention is most successful in achieving change in families with children showing signs of severe behavioural problems. MST (and FFT) have the strongest evidence base but they are also highly intensive and costly to deliver, suggesting that they should be targeted at those at greatest risk of persistent offending (ie. those whose behavioural problems start early in childhood). It is also worth noting that these interventions are cheaper than custody.

MST has been used by trained staff successfully in work with persistent delinquent youth and their families (Buist & Whyte, 2004). Scientific studies showed very positive results when compared to individual counselling e.g. with violent and chronic offenders living in a rural context, MST decreased incarceration by almost half (47%) at 1.7 year follow up. Evaluations have shown reductions in re-offending rates of persistent young offenders by 25 to 70% and while all forms of structured family therapies are expensive, they cost less than a quarter of institutional care.

Along with FFT, MST is one of the programmes on offer to children convicted of more serious offences (and repeat offenders) as an alternative to custody in New York State (Solomon & Allen, 2009). These interventions have been shown to reduce reoffending by 30-70%.

4.5 Cost Effectiveness

MST is recognised as one of the most cost-effective treatment programmes for violence prevention (Greenwood, 2004). As with FFT, while MST may be costly and resource intensive the treatment model is likely to cost less than a quarter of what institutional care of such children would (MacQueen et al., 2007).

The WCC report confirms that the vast majority of MST academic literature and scientific evaluation originates from the US, and as such costs are predominantly in dollars. The report cites an earlier review that found the average program cost to be about $4,500 per MST participant (in 1998 dollars). A more recent study estimated the average cost to treat one individual for psychiatric problems with MST at about $8,200 (in 2004 dollars).

In their 2001 publication *The Comparative Costs and Benefits of Programs to Reduce Crime*, the Washington State Institute for Public Policy (Aos et al, 2001) found that MST had the largest impact of any of the 13 programs evaluated:

"Based on the Institute's estimates, a typical average cost per MST participant is about $4,743. Overall, taxpayers gain approximately $31,661 in subsequent criminal justice cost savings for each program participant. Adding the benefits that accrue to crime victims increases the expected net present value to $131,918 per participant, which is equivalent to a benefit-to cost ratio of $28.33 for every dollar spent."

A further analysis of the return on investment of the MST programme (Aos et al, 2011) suggested a benefit to cost ratio of $4.07 and a 28% return on investment.

In the UK, an economic analysis of the MST programme at the Brandon Centre has reported, over a 3 year follow up, a total saving ranging from £1,211.24 to £8,924.76 per young person. This study compares MST and Treatment As Usual with Treatment as Usual.

The Department of Education has reported MST costs of £7-9k per average intervention. As the MST team consists of a supervisor and three or four therapists, the operational cost of running an MST team is approximately £350,000 per annum. The average per unit intervention cost is significantly lower than the average per unit yearly cost for mainstream foster care (£35k) or residential care (£120-£165,000).

4.6 Transportability and implementation

The MST programme developers refer to independent evaluations of the effectiveness of MST as evidence that the model can be successfully transported to real-world settings (Henggeler, 2011; Henggeler, Schoenwald, Borduin, Rowland, & Cunnigham, 2009). They highlight the importance of the quality improvement system in supporting the transport of MST to community settings. With the association between treatment fidelity and youth outcomes well established, Henggeler (2011) argues that transportability research has demonstrated the significant roles played by clinical supervisors, expert consultants, and provider organizations in supporting therapist adherence and youth outcomes.

MST is currently running in ten sites across England, involving approximately 700 families, and is the subject of an ongoing randomised control trial being conducted by The Brandon Centre. This first UK RCT evaluation of MST follows 108 young people aged between 13 and 16 years and their families who were assigned to a group receiving either MST alongside the usual youth offending services (YOS) or one receiving only YOS services. Follow-ups have been conducted at 6, 12, 24 and 36 months. Initial findings show positive outcomes in terms of reduced offending, particularly for boys, and, in line with the international evidence, appear to work well with various populations, here holding across ethnicities (Ross et al., 2011).

Wells et al (Wells, Adhyaru, Cannon, Lamond, & Baruch, 2010) present a number of case studies to illustrate the MST treatment model in the UK. These examples include a violent young person convicted of robbery, a young person with a history of serious self-harming behaviour and hospitalisation, and a young person persistently smoking cannabis. All three cases improved after the MST intervention despite disparate presenting problems that included re-offending, the elimination of self-harming behaviour and a significant reduction in the use of cannabis. The authors conclude that this case series illustrates the potential uses of the MST model in CAMHS, although it is recognised that RCT data is needed to replicate the effectiveness of MST in the British context.

4.7 Comments on the Evidence Base

While the majority of earlier studies point to the effectiveness of MST, later reviews have been more cautious. In particular, a Cochrane review (Littell et al., 2005) concluded that the effectiveness of MST was inconclusive. The authors analysed the results of 8 RCTs in USA, Canada and Norway, and found that pooled results that include studies with data of varying quality tend to favor MST, but these relative effects are not significantly different from zero. The study sample size is small and effects are not consistent across studies; hence, the authors assert that it is not clear whether MST has clinically significant advantages over other services. A number of points have been raised by the review:

- Highlights scientific problems with MST database: e.g., positive results not always based on the full group intended to be treated
- Points to unexplained variation in MST findings: treatment not consistently effective
- Underlines most rigorous test of MST to date failed to find positive results (Canadian Trial)
- Asks explicit questions about evidence largely from studies by the developers

The findings of the Littell review have been challenged by the MST programme developers and by researchers in Norway. They cite a number of methodological flaws in the study. In particular they argue that the meta-analysis gives emphasis to a Canadian study by virtue of the larger sample size, even though this study was unpublished and had not been subject to peer-review. The also raise questions of the studies selected for review and the heterogeneity of these studies. The importance of fidelity to the MST programme is also highlighted as an issue.

Dickson et al (2011) also highlight that the majority of MST studies were conducted by the programme developers and this may have influenced the positive findings.

5. References

Alexander, J., Pugh, C., Parsons, B., & Sexton, T. (2000). *Blueprints for violence prevention: functional family therapy*. Boulder: Center for the Study and Prevention of Violence.

Allen, G., MP. (2011). *Early intervention: the next steps. An independent report to Her Majesty's Government*. London: Cabinet Office Retrieved from http://grahamallenmp.wordpress.com/.

Allin, H., Wathen, C. N., & MacMillan, H. (2005). Treatment of child neglect: a systematic review. *Canadian Journal of Psychiatry - Revue Canadienne de Psychiatrie*, 50(8), 497-504.

Aos, S., Lee, S., Drake, E., Pennucci, A., Klima, T., Miller, M., Anderson, L., Mayfield, J., & Burley, M. (2011). *Return on investment: Evidence-based options to improve statewide outcomes.* Olympia: Washington State Institute for Public Policy

Aos, S., Miller, M., & Drake, E. (2006). *Evidence-based public policy options to reduce future prison construction, criminal justice costs, and crime rates*. Olympia: Washington State Institute for Public Policy

Aos, S., Phipps, P., Barnoski, R., & Lieb, R. (2001). *The Comparative Costs and Benefits of Programs to Reduce Crime*. Olympia: Washington State Institute for Public Policy

Austin, M., Macgowan, J., & Wagner, F. (2005). Effective Family-Based Interventions for Adolescents with Substance Use Problems: A Systematic Review. *Research on Social Work Practice*, 15(2), 67-83.

Buist, M., & Whyte, B. (2004). *International evidence to Scotland's children's hearings review: decision making and services relating to children and young people involved in offending.* Edinburgh: Criminal Justice Social Work Development Centre for Scotland.

Carr, A. (ed). (2000). *What Works With Children and Adolescents? A Critical Review of Psychological Interventions with Children, Adolescents and their Families.* London: Routledge

Cox, K. F. (2005). Examining the Role of Social Network Intervention as an Integral Component of Community-Based, Family-Focused Practice. *Journal of Child and Family Studies* 14(3): 443-454.

Department for Education. (2011). *Prospectus: Delivering intensive interventions for looked after children and those on the edge of care or custody and their families.* London: Department of Education

Dickson, K., K. Sutcliffe, et al. (2009). *Improving the emotional and behavioural health of looked-*

after children and young people (LACYP). Vulnerable/Looked-After Children Research Review. London.

DJS Quality Assurance and Accountability Best Practices Unit. (c2007). *Basics of evidence-based services: what works, what doesn't, what's promising?* University of Maryland College Park

EPISCenter (2011) *FFT and MST: what's the difference?* Pennsylvania: EPISCenter

Ghate, D., Hauari, H., Hollingworth, K., & Lindfield, S. (2008). *Parenting: source document* London: Youth Justice Board.

Greenwood, P. W. (2004). Cost-effective violence prevention through targeted family interventions. *Annals of the New York Academy of Sciences*, 1036, 201-214.

Henggeler, S. W. (2011). Efficacy studies to large-scale transport: the development and validation of multisystemic therapy programs. *Annual Review of Clinical Psychology*, 7, 351-381.

Henggeler, S. W., Schoenwald, S. K., Borduin, C. M., Rowland, M. D., & Cunnigham, P. D. (2009). *Multisystemic therapy for antisocial behaviour in children and adolescents*. New York: The Guilford Press.

Henggeler, S. W., & Sheidow, J. (2003). Conduct disorder and delinquency. *Journal of Marital and Family Therapy*, 29(4), 505-522.

HM Treasury and Department for Education and Skills. (2007). *Policy Review of Children and Young People: a discussion paper.* London: HM Treasury

Khan, L. (2010). *Reaching out, reaching in: promoting mental health and emotional well-being in secure settings*. London: Centre for Mental Health.

Khan, L., & Wilson, J. (2010). *You just get on and do it: healthcare provision in Youth Offending Teams*. London: Centre for Mental Health.

Littell, J., Campbell, M., Green, S., & Toews, B. (2005). Multi-systemic therapy for social, emotional, and behavioral problems in youth aged 10-17. *Cochrane Database of Systematic Reviews* 2005, Issue 4. Art. No.: CD004797. DOI: 10.1002/14651858.CD004797.pub4

Littell, J., Winsvold, A., Bjørndal, A., & Hammerstrøm, K. (2007). Functional family therapy for families of youth (age 11-18) with behaviour problems [Protocol]. *Cochrane Database of Systematic Reviews* 2007, Issue 2. Art. No.: CD006561. DOI: 10.1002/14651858.CD006561

London Borough of Hammersmith and Fulham (c2011). *Early intervention - what works? Review of recent literature*. London: London Borough of Hammersmith and Fulham.

MacQueen, S., Curran, J., Hutton, L., & White, B. (2007). *Support and services for parents: a review of the literature in engaging and supporting parents.* Edinburgh: Scottish Government.

Morris, K., Hughes, N., Clarke, H., Tew, J., Mason, P., Galvani, S., Lewis, A., Loveless, L., Becker, S., Burford, G. (2008). *Think family: a literature review of whole family approaches*. London: Cabinet Office.

National Collaborating Centre for Mental Health. (2010). *Antisocial personality disorder: treatment, management and prevention. NICE Clinical Guideline 77*. London: National Institute for Health & Clinical Excellence.

National Collaborating Centre for Mental Health. (2011). *Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence. NICE Clinical Guideline 115*. London: National Institute for Health & Clinical Excellence.

Ross, A., Duckworth, K., Smith, D. J., Wyness, G., & Schoon, I. (2011). *Prevention and reduction: a review of strategies for intervening early to prevent or reduce youth crime and anti-social behaviour*. London: Department of Education

Sexton T. (2011). *Functional family therapy in clinical practice: an evidence-based treatment model for working with troubled adolescents*. New York: Routledge

Shepperd, S., H. Doll, et al. (2009) Alternatives to inpatient mental health care for children and young people. *Cochrane Database of Systematic Reviews* DOI: 10.1002/14651858.CD006410.pub2

Solomon, E., & Allen, R. (2009). *Out of trouble: reducing child imprisonment in England and Wales - lessons from abroad*. London: Prison Reform Trust.

Swenson, CC., Henggeler, SW., Taylor, IS., Addison, OW. (2005). *Multisystemic therapy and neighborhood partnerships*. New York: The Guilford Press

Utting, D, Monteiro, H and Ghate, D. (2007) *Interventions for Children at Risk of Developing Antisocial Personality Disorder.* London: PRB with Department of Health and the Cabinet Office ***(please note: when downloaded as a PDF this document was illegible and so is included here as it is acknowledged as a key document in early intervention research and has been cited from other sources)***

Vaughn, M. G., & Howard, M. O. (2004). Adolescent Substance Abuse Treatment: A Synthesis of Controlled Evaluations. *Research on Social Work Practice*, 14(5), 325-335.

Vizzaed, E., Jones, A., Vidding, E., Farmer, E., & McCrory, E. (2007). *Early intervention in personality disorder: MST and other treatments for socially excluded high risk/high harm children and families. Report of conference held November 2007, London.* London: NSPCC

Waldron, H. B., & Turner, C. W. (2008). Evidence-based psychosocial treatments for adolescent substance abuse. *Journal of Clinical Child & Adolescent Psychology*, 37(1), 238-261.

Wells, C., Adhyaru, J., Cannon, J., Lamond, M., & Baruch, G. (2010). Multisystemic therapy (MST) for youth offending, psychiatric disorder and substance abuse: Case examples from a UK MST team. *Child and Adolescent Mental Health*, 15(3), 142-149.

Westminster City Council (c2011). *FRP, child protection and adolescent LAC report*. London: Westminster City Council.

Appendix

(a) Sources searched

Databases:

Cochrane Library www.thecochranelibrary.com
MEDLINE (via NHS Evidence)
PSYCINFO (via NHS Evidence)

Key Websites:

NHS Evidence www.evidence.nhs.uk
NICE www.nice.org.uk
FFT Inc http://www.fftinc.com/
MST Services http://mstservices.com/
Brandon Centre http://www.brandon-centre.org.uk/multisystemic/
National Criminal Justice Reference Service https://www.ncjrs.gov/works/index.htm
START (Systemic Therapy For At Risk Teens) http://www.ucl.ac.uk/start/index.php
Washington State Institute for Public Policy http://www.wsipp.wa.gov
C4EO http://www.c4eo.org.uk/costeffectiveness/
Google www.google.co.uk

(b) Medline literature search strategy

(Note that this informed the strategy when searching other sources)

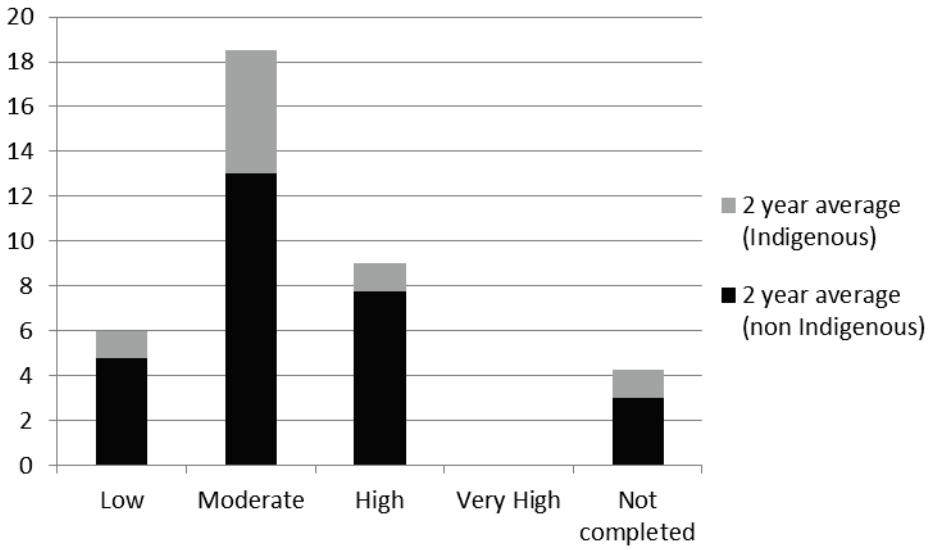
Concept	Terms
Patient /Population	Adolescents Adolescence Teenager Young people Youth Juvenile (US) *Use Age limit in database*
Intervention	Multisystemic therapy *Do not use MST as too many variables*
Comparison	**N/A**
Outcome	Anti-social behaviour ASBO Conduct disorder Acting out Juvenile delinquency" (US) Offending Custody Criminal justice Crime Court Care Out of home placements School exclusion School non-attendance Truancy Child protection register Looked after children LAC Substance misuse Mental health Family functioning
Limits	English language Date limits: 2001 to present

Summary of key data: Redlands Youth Justice Service Centre

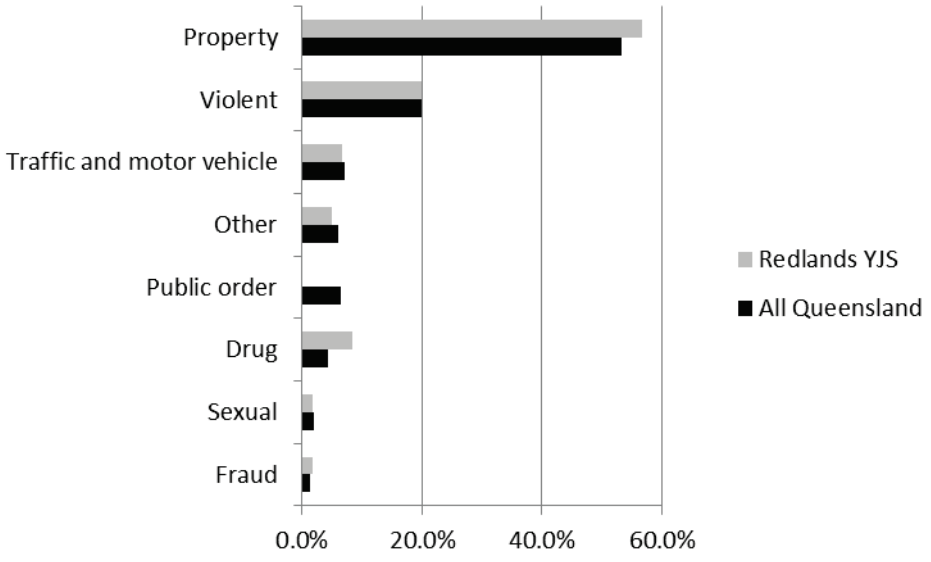
Admissions to orders, Cleveland YJSC, 2011-12

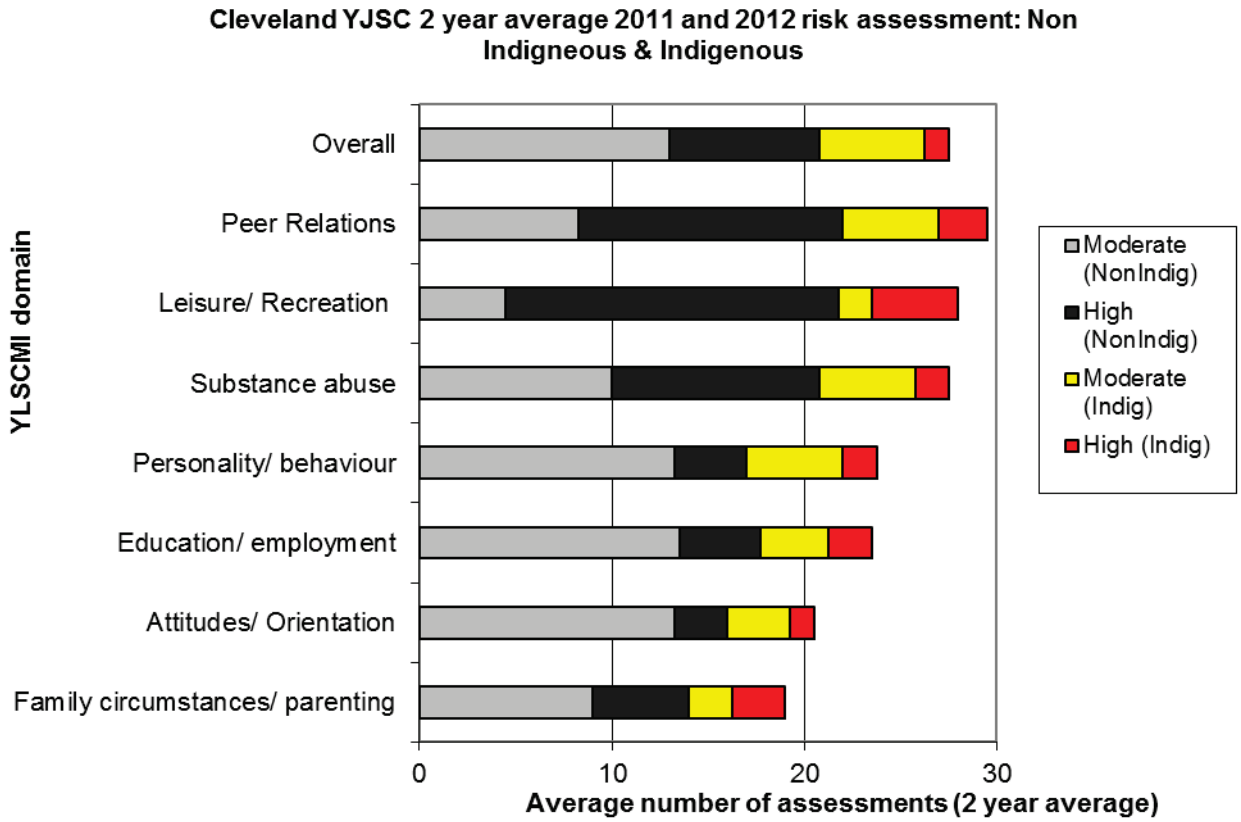
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person	Average orders per young person: all QLD
CSO	9	1.07%	8	1.13	1.21
CRO	2	0.8%	2	1.00	1.07
Detention	4	1.24%	3	1.33	1.45
Probation	20	1.44%	17	1.18	1.23
SRO	3	1.38%	3	1.00	1.32

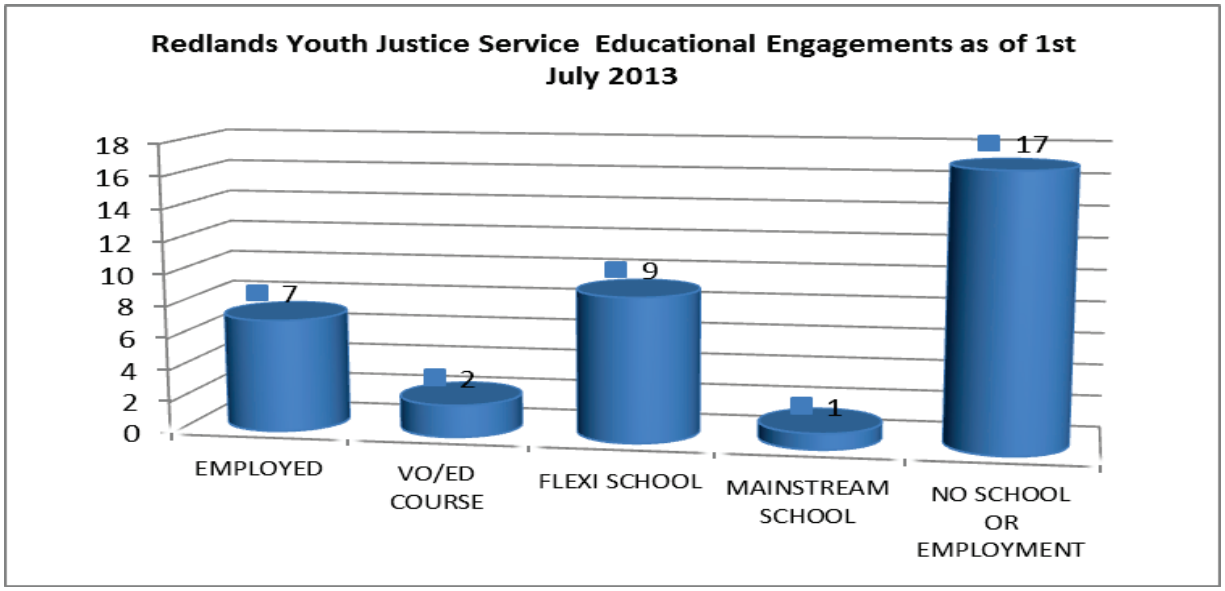
Overall risk level for Cleveland YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Cleveland YJSC and State-wide average







Family

72% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 88% (state-wide average 80%)
- Two or more identifiable mental health issue: 64% (state-wide average 60%)
- Conduct disorder: 68% (state-wide average 59%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.

- Substance misuse disorder: 80% (state-wide average 62%)

Youth Justice Board

AID (Assess and Improve Document)

Parenting Toolkit

V 1.0

Claire Seaman, Youth Justice Board

Contents

Introduction

From our work with YOTs we have identified a range of possible areas which either a) contribute to under- achievement b) require risk management or c) may need to undergo some kind of change (See pg 5 for a list of these).

Following the initial analysis suggested by the parenting introductory slide pack, it is now possible to review these areas and select those most relevant to your local circumstances. This should help avoid trying to 'fix everything' and allow YOTs to focus on those areas most likely to yield results.

For each area, the AID suggests subsequent assessment options to help clarify the issue further, and a range of improvement actions and supportive materials with which to address it. You are encouraged to focus on the ones that are most relevant to your local circumstances and therefore most likely to yield positive results.

The Supporting Materials lists at the end of each assessment and improvement area make reference to links which are both generic and Wales/England specific.

The AID has been developed:-

- Using YOT practice and experience
- Upon the basis of HMIP recommendations (where relevant)
- Using collated research (where relevant)
- Using information supplied by the Welsh Government

Top tips

Consider what information you already have at your disposal and liaise with key youth justice partnership (YJP) colleagues to 'build a picture' of your parenting support service

If you require any support, assistance or help in using this toolkit then please contact your local YJB team.

When using this *Assess and Improve* document, it is important to note that the steps and suggestions are neither exhaustive nor mutually exclusive. There are often links across the examples that should be considered when formulating analysis

Exploration of assessment and improvement steps will be influenced by your priority outcomes and resources

Consider how the causes 'fit' across common YJP performance drivers. The focus for improvement/development may need to range across both corporate and operational/performance themes, structures and processes

Diversity considerations should be integrated throughout assessments (a common area of performance concern highlighted by HMIP)

Be mindful of existing indicators of performance and quality that can assist with initial assessments and focusing of subsequent solutions

Share your comments relating to the usefulness of the toolkit with the YJB at http://www.surveymonkey.com/s/Toolkit_evaluation . This document helps to start the enquiry journey, so when using the Parenting Toolkit, any feedback enables expansion of the resource.

Assessment and improvement areas: overview

1	Practitioners experience problems overcoming ***barriers to engaging parents*** and families and therefore cannot deliver interventions as effectively as possible
2	***Relationships with partner agencies*** are not always fully utilised, limiting the effectiveness of parenting interventions and the opportunities to work with families
3	***Parenting is often seen as a low priority area of service*** in some local areas which can result in low levels of funding, resource, strategic emphasis and training for parenting workers, impacting upon the quality and quantity of services delivered
4	***Effective working practices are often not fully followed and utilised*** in some local areas which can lead to examples of poor practice and impact upon the effectiveness of parenting interventions and outcomes for parents and young people
5	Lack of knowledge and understanding of the purpose and ***effective use of Parenting Orders***, and a reluctance among some practitioners to use them, can lead to examples of ineffective practice and poor outcomes for parents and young people
6	Practitioners sometimes suffer from lack of sufficient information and/or knowledge of delivering parenting services to parents where ***specialist issues*** are involved, such as domestic violence, ADHD, autism and attachment issues, therefore limiting the effectiveness of interventions and attempts to engage service users
7	Practitioners experience problems accessing ***suitable training***, including core skills development, which can limit the quality and effectiveness of parenting interventions and impact upon outcomes for parents and young people

Assessment and improvement areas

1. Assessment and improvement area	**ENGAGEMENT** Practitioners experience problems overcoming barriers to engaging parents and families and therefore cannot deliver interventions as effectively as possible.

Context and Options for further assessment

Parents can experience a range of barriers to engaging with parenting support services, so practitioners are required to use a range of skills and techniques to overcome these barriers. Poor service user engagement can result from a range of issues, including;

- Poor communication and lack of established relationship between practitioner and parent/carer
- Inaccessible delivery methods
- Poor information sharing and/or lack of understanding of family needs and structures
- Attitudes, concerns and perceptions
- Poor working practices

Steps

- Complete the YOT self-assessment questionnaire. If engagement is identified as an area of concern, consider undertaking the following analysis of your service;

- *Communication/relationship between practitioner and parent/carer*: undertake a focus group or brief questionnaire to identify whether there are opportunities to improve communication methods and relationships
- *Service delivery methods*: review your delivery methods (including format, style, time, location and associated costs) to

assess whether they meet the diverse needs of your client group

- *Knowledge of service users needs*: seek feedback from a small group of service users to assess whether interventions, support and advice provided demonstrates an appropriate understanding of their needs, concerns and family structures
- *Attitudes, concerns and perceptions*: undertake a focus group or brief questionnaire to assess whether service users' attitudes, concerns or perceptions create barriers to effectively engaging with the parenting service
- *Working practices*: examine all aspects of your parenting service to identify any areas that may act as a barrier to service user engagement e.g, referral processes, delivery methods, intervention style/content etc

Improvement suggestions

- Ensure all staff are appropriately trained, skilled, culturally competent and avoid alienating service users
- Seek and incorporate user feedback to ensure services are accessible, meet needs, and don't alienate or stigmatise service users
- Provide choice – including providing a menu of interventions, range of locations for delivering services, and a variety of learning styles and practice materials
- Ensure intervention plans take into account other agencies' existing work with the service user and seek to align the plan's objectives and requirements as far as possible

Supporting materials	Material location
• 'Engaging Service Users: Barriers and Enablers'	• Supporting materials folder
• Key Elements of Effective Practice – Parenting (Source document) pages 29-34	• http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=389&eP=
• *Improving children's and young people's outcomes through support for mothers, fathers and carers, Chapter 6: Barriers and facilitators to engaging parents and carers* (C4EO, 2010)	• www.c4eo.org.uk/themes/families/effectivesupport/files/effective_support_research_review.pdf

2. Assessment and improvement area	PARTNERSHIP WORKING Relationships with partner agencies are not always fully utilised, limiting the effectiveness of interventions and the opportunities to work with families.

Context and Options for further assessment

While some local areas benefit from strong working relationships with partner agencies, other areas experience difficulties engaging and working effectively with the range of professionals involved in delivering positive parenting services. Research shows that lack of support by any one agency that is actively working with service users can sometimes limit the viability and effectiveness of interventions.

Barriers to successful partnership working include;

- Poor communication and lack of clear working protocols between agencies which can lead to examples of ineffective practice
- Parenting services are often not as fully aligned with other agencies' intervention plans and/or existing court orders as they could be
- Partners lack awareness of the availability and extent of YOT parenting services, and key elements of effective practice, which can result in parenting services not being properly utilised and inappropriate application of Parenting Orders
- Cultural barriers may exist among some professionals which can impact upon the way in which they interact with YOT parenting services

Steps

- Complete the YOT self-assessment questionnaire. If partnership working is identified as an area of concern, consider undertaking the following analysis of your service;

- *Communication and working protocols:* review existing protocols to assess whether they meet agencies' needs and enable effective working

- *Knowledge of parenting service:* undertake a focus group or brief questionnaire to identify whether key partners and agencies are aware of the YJP parenting service offered and the key elements of effective working
- *Interaction with the parenting service:* seek feedback from key partners and practitioners on their experience of working with the YJP parenting service and reasons behind referral and court decisions

Improvement suggestions

- Designate a member of staff responsible for contacting local agencies and professionals to 'bring them on board' and increase the awareness and interest in the YOT parenting service.
- Ensure all agencies involved in delivering parenting services have shared and clearly communicated expectations e.g., set out through protocols or Service Level Agreements.
- Regularly provide information on the provision of local parenting services and the benefits they can have for both parents and young people to local partners including the CPS, judiciary, justice clerks and Police.
- Ensure intervention plans take into account other agencies' existing work with the family and seek to align the plan's objectives and requirements as far as possible.

Supporting materials	Material location
• 'Key Features of Effective Parenting Services'	• Supporting materials folder
• 'Skeleton presentation'	• Supporting materials folder
• 'Frequently Asked Questions' document	• Supporting materials folder
• *Key Elements of Effective Practice – Parenting* (Source document) pages 29-34	• http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=389&eP=
• '*When to Share Information: Best Practice Guidance for everyone working in the Youth Justice System'*	• http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_084703
• '*The Common Assessment Framework, Asset and Onset: Guidance for Youth Justice Practitioners'*	• http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=314&eP=

3. Assessment and improvement area	PROFILE OF PARENTING SERVICES Parenting is often seen as a low priority area of service in some local areas which can result in low levels of funding, resource, strategic emphasis and training for parenting workers, impacting upon the quality and quantity of services delivered.

Context and Options for further assessment

The level of support, emphasis and resource given to targeted parenting work within YOTs can vary between local areas, and impacts upon the provision of parenting support available to service users. Funding pressures, the loss of central targets for parenting, and the growth of other types of family support have contributed to parenting being seen as a low priority area of service in some local areas.

Steps

- Complete the YOT self-assessment questionnaire. If the profile of parenting services is identified as an area of concern, consider undertaking the following analysis of your service;

- *Integrating the parenting service:* review your service to assess where barriers to integrating the YJP parenting service with wider family support provision may occur
- *Strategic support:* seek feedback from practitioners and key partners to identify whether there are opportunities to increase the level of senior and strategic support for YJP parenting services
- *Promoting parenting services*: undertake a focus group or brief questionnaire to assess whether there are opportunities to increase partners' awareness of the parenting service's role and outcomes

Improvement suggestions
• Ensure all partners are fully aware of, and engaged with, YOT parenting services through regular meetings, information sharing, training sessions and working guidelines/protocols. • Ensure YOT parenting services form a coherent part of your local authority's Parenting Strategy. • Work with senior managers, the YOT Management Board and other Children and Family Services locally to ensure the value and importance of parenting work is recognised and embedded as a core service. • Actively promote the impact and benefits of YOT parenting services to all referral agencies, senior managers, statutory partners and other local service providers.

Supporting materials	Material location
• 'Parenting work in the Youth Justice System' slide pack	• Supporting materials folder
• Cost avoidance tool {still to come}	• Available soon
• 'Raising the Profile of Parenting Services' document	• Supporting materials folder
• Skeleton presentation	• Supporting materials folder
• First tranche of Families First Pioneers (Welsh Government) announced	• http://wales.gov.uk/newsroom/childrenandyoungpeople/2010/100720familiesfirst/?lang=en
• Second tranche of Families First Pioneers (Welsh Government) announced	• http://wales.gov.uk/newsroom/childrenandyoungpeople/2011/110328familiesfirst/?lang=en
• Integrated Family Support Service - Working Together to Improve the Lives of Vulnerable Children and their Families in Wales – Welsh Government.	• http://wales.gov.uk/topics/childrenyoungpeople/parenting/help/ifst/?lang=en

4. Assessment and improvement area	DELIVERING EFFECTIVE PRACTICE Effective working practices are often not fully followed and utilised in some local areas which can lead to examples of poor practice and impact upon the effectiveness of parenting interventions and outcomes for parents and young people.

Context and Options for further assessment

Delivering effective parenting support services requires YOT parenting workers and professionals from other agencies to be aware of, and adhere to, a wide range of guidelines, national standards, legislative requirements, working protocols, and evidence-based effective practice information. Examples of common issues which can result in poor working practices include;

- Lack of knowledge and the effective application of the '3 stepped' approach to engaging and working with parents/carers
- The importance of working with parents and families to manage a young person's likelihood of offending/reoffending is not fully instilled within everyday YOT practices, which can limit engagement – parenting workers often have to 'fight for their place at the table'
- Poor information sharing between agencies
- Varying working practices, cultures and targets among different agencies which can lead to conflicting priorities
- YOT parenting teams do not have enough information and/or knowledge of other local areas' parenting services and examples of local practice to be able to build upon their service and learn from emerging practice
- When YOTs become involved with families, other local services often withdrawn their involvement and effectively 'hand the case over' to the YOT

Steps

- Complete the YOT self-assessment questionnaire. If delivering effective practice is identified as an area of concern, consider undertaking the following analysis of your service;
- *Priorities, goals and expectations*: undertake a focus group or brief questionnaire with key partners and agencies to assess whether existing protocols, working practices, referral and communication methods and information sharing meet the needs of all partners involved in delivering services to young people, parents/carers and families
- *Role of parenting service:* examine all aspects of your Youth Justice Partnership service to ascertain where barriers to fully

embedding and integrating parenting services with wider children and family services may occur – ie, are practitioners aware of the service, do interventions provided meet the needs of other agencies etc • *Knowledge of alternative practice*: review your service to identify where information gaps may exist and where you may benefit from knowledge of other local areas' parenting services
Improvement suggestions
• Ensure all agencies involved in delivering parenting services have shared and clearly communicated expectations e.g., set out through protocols or Service Level Agreements. • Work with senior managers, the YOT Management Board and other Children and Family Services locally to ensure the value and importance of parenting work is recognised and embedded as a core service. • Communicate with other YOTs and local delivery services to share information about evidence-based practice, locally developed services and models of service delivery to learn from emerging practices • Use formal/agreed escalation processes within your YOT to challenge poor practice and encourage colleagues to work effectively with parents/carers and families

Supporting materials	**Material location**
• 'Parenting Support' e-forum	• Go to www.communities.idea.gov.uk and search "Parenting Support in the Youth Justice Context"
• 'Key features of effective parenting services'	• Supporting materials folder
• 'Key documents, research and practice information'	• Supporting materials folder
• 'Frequently Asked Questions' document	• Supporting materials folder
• *Key Elements of Effective Practice – Parenting* (Source document) and Summary document	• http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=389&eP=
• Parenting Orders and Contracts Guidance	• http://www.education.gov.uk/publications/eOrderingDownload/Parenting-contracts.pdf
• National Standards for Youth Justice Services	• http://www.yjb.gov.uk/publications/Scripts/prodView.asp?idproduct=466&eP=
• Case Management Guidance	• www.yjb.gov.uk
• First tranche of Families First Pioneers (Welsh Government)	• http://wales.gov.uk/newsroom/childrenandyoungpeopl

announced	e/2010/100720familiesfirst/?lang=en
• Second tranche of Families First Pioneers (Welsh Government) announced	• http://wales.gov.uk/newsroom/childrenandyoungpeople/2011/110328familiesfirst/?lang=en
• Integrated Family Support Service - Working Together to Improve the Lives of Vulnerable Children and their Families in Wales – Welsh Government.	• http://wales.gov.uk/topics/childrenyoungpeople/parenting/help/ifst/?lang=en

5. Assessment and improvement area	**USING PARENTING ORDERS EFFECTIVELY** Lack of knowledge and understanding of the purpose and effective use of Parenting Orders, and a reluctance among some practitioners to use them, can lead to examples of ineffective practice and poor outcomes for parents and young people.

Context and Options for further assessment

The use of Parenting Orders can vary considerably between local areas and can be impacted upon by a range of issues including relationships between YOT parenting workers and other agencies, and practitioners' personal opinions of their value and effectiveness.

Parenting workers can sometimes be reluctant to apply for, and process, Parenting Orders due to negative perceptions and lack of evidence of their effectiveness, lack of consequence should parents breach an Order, and lack of clarity over the roles and responsibilities of agencies involved in delivering Parenting Orders. The extent to which the Judiciary recommend Parenting Orders can also vary between local areas and may be affected by personal experiences and opinions in some cases.

Where parents are in breach of a Parenting Order, many practitioners do not pursue enforcement action due to lack of experience and poor knowledge of undertaking the process, perceptions of its lack of consequence and effectiveness, and perceived and/or real barriers to completing the process. Where enforcement action has been pursued, many practitioners report problems successfully completing the process due to conflicting priorities/criteria between different agencies, poor information sharing, and lack of clarity over agencies roles and responsibilities.

Steps

- Complete the YOT self-assessment questionnaire. If using parenting orders effectively is identified as an area of concern, consider undertaking the following analysis of your service;

- *Roles and responsibilities:* seek feedback from key partners to ascertain whether procedures, roles and responsibilities are understood, and identify where barriers may occur
- *Parenting Order applications and court decisions*: undertake a focus group with key partners to identify whether there are opportunities to improve working practices with regards to applying for and issuing parenting orders

Improvement suggestions
• Ensure all partners are aware of their roles and responsibilities with regards to applying for and processing Parenting Orders, supporting parents/carers to complete their Order, and pursuing enforcement action in incidents of breach wherever appropriate. • Ensure the appropriate staff are fully aware of, and follow, the latest Parenting Orders and Contracts guidance as far as possible. • Ensure all relevant information on parents/carers is provided to the Courts prior to court hearings to enable them to make informed decisions about the type of parenting support, if any, which is required. This includes an assessment of the need for parenting support as well as relevant information about the parenting support services available locally.

Supporting materials	**Material location**
• 'Key Features of Effective Parenting Services'	• Supporting materials folder
• 'Frequently Asked Questions' document	• Supporting materials folder
• Parenting Orders and Contracts guidance	• http://www.education.gov.uk/publications/eOrderingDownload/Parenting-contracts.pdf
• YJB's Directory of Emerging Practice for information on breach	• http://www.yjb.gov.uk/dep/Disclaimer.aspx

6. Assessment and improvement area	**KNOWLEDGE OF SPECIALIST AREAS OF PRACTICE** Some practitioners suffer from a lack of sufficient information and/or knowledge of delivering services and programmes to parents where specialist issues such as domestic violence, attention deficit hyperactivity disorder (ADHD), autism, and attachment issues play a role in family relationships, limiting the effectiveness of the interventions.

Context and Options for further assessment

Many families who come into contact with the youth justice system experience multiple problems, some of which may contribute to the young person's offending behaviour. To effectively address the causes and contributing factors of a young person's offending and to reduce their likelihood of reoffending, it is important that both parents/carers and practitioners are able to address these issues and effectively work with the child or young person.

However some practitioners lack information, knowledge and training on how to work with service users where specialist issues such as domestic violence (including child to parent violence), attention deficit hyperactivity disorder (ADHD), autism and attachment issues play a role in the families' relationships. Few parenting programmes designed to address specialist issues such as these exist and information about them is not widely known among parenting practitioners.

Steps

- Complete the YOT self-assessment questionnaire. If knowledge of specialist areas of practice is identified as an area of concern, you may like to consider selecting from the following suggested improvement actions.

Improvement suggestions

- Ensure all staff have sufficient knowledge and understanding of the range of specialist issues they regularly encounter, including how to detect specific problems and how they may impact upon family relationships and offending behaviour
- Practitioners should seek information and advice from leading experts and practitioners who have previously worked with

families who experience specialist issues to capitalise upon their experience and expertise and improve their parenting services

- Ensure key messages and learning are disseminated to all staff by colleagues when they attend training courses and/or identify relevant evidence-based information

Supporting materials	Material location
• Parenting Toolkit materials on specialist issues	• Supporting materials folder
• Websites and other sources of information	• http://www.canadiancrc.com/parent_abuse.aspx • http://www.parentlink.act.gov.au/parenting_guides/teens/abuse_to_parents • http://news.bbc.co.uk/1/hi/8366113.stm • http://familylives.org.uk/sites/default/files/reports/PplusAggressionOctFinalGL.pdf

7. Assessment and improvement area	**TRAINING** Some practitioners experience problems accessing suitable training, including core skills development, which can limit the quality and effectiveness of parenting interventions and impact upon outcomes for parents and young people.

Context and Options for further assessment

Parenting workers can suffer from a lack of confidence and ability to deliver appropriate support and interventions to parents, particularly those with complex support needs, due to a lack of required generic and specialist training. While there is a range of good quality training available on evidence-based parenting programmes, practitioners also require core delivery skills training, including group work and one-on-one sessions, to improve and maintain their ability to deliver effective interventions. The extent to which services adhere to programme integrity (ie., programmes are delivered in the way they were designed to be) can also impact upon the retention of parents on parenting programmes as well as parents' and young peoples' outcomes. Core YOT workers and staff from other agencies also require skills and training for working effectively with parents and families. Staff can sometimes be reluctant to engage with parents, possibly due to a lack of confidence and knowledge of how to work with them, thereby limiting the parents' engagement and effectiveness of the service.

Steps

- Complete the YOT self-assessment questionnaire. If training is identified as an area of concern, consider undertaking the following analysis of your service;

- *Meeting practitioner and service user needs:* seek feedback from a small group of service users, as well as YOT parenting workers, to identify whether they have experienced barriers/problems which could be addressed through practitioner training
- *Universal skills:* examine your YOT service to ascertain whether there are opportunities to increase knowledge and skills for working with parents/carers and families across the partnership

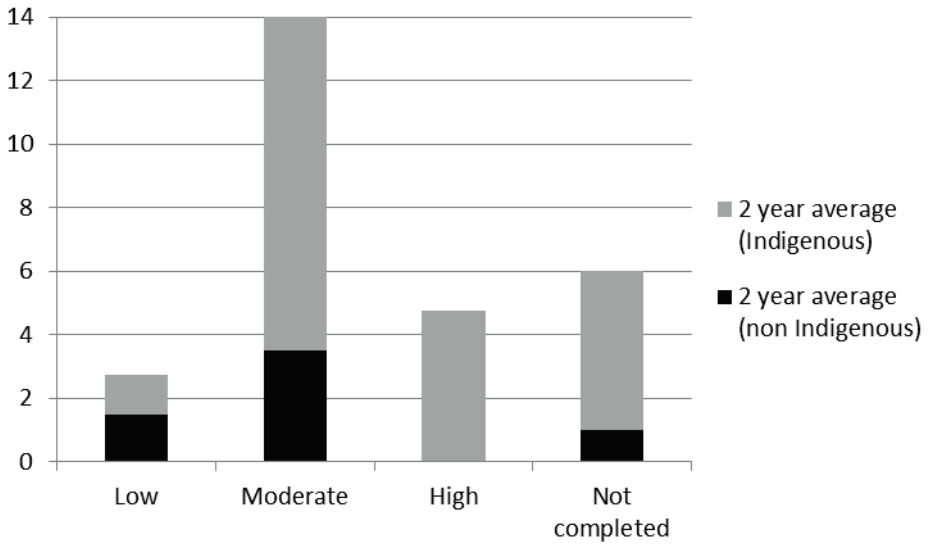
Improvement suggestions	
• Practitioners should use their Personal Development Plans or equivalent documents to request and access suitable training. • Regularly access information and training available from national providers (see list below) and capitalise upon free training wherever it is available • Parenting leads/coordinators should make the case for parenting workers to have access to suitable and regular training with senior managers, and ensure training is identified and included within YOT budgets. • Record and evaluate anecdotal information and outcomes of parenting interventions to support the case for access to suitable training. • Ensure key messages and learning are disseminated to all staff by colleagues when they attend training courses • Where possible, develop an in-house training programme to ensure staff can benefit from each others' expertise • Establish and maintain communication with neighbouring YOTs (via meetings and forums), voluntary sector organisations, local family intervention programmes (FIPs), and other stakeholders to share information on emerging and effective practice.	
Supporting materials	**Material location**
• 'Programme Training Details'	• Supporting materials folder
• The Commissioning Toolkit	• www.commissioningtoolkit.org
• YJB Directory of Emerging Practice	• http://www.yjb.gov.uk/dep/Disclaimer.aspx
• Children's Workforce Development Council	• www.cwdcouncil.org.uk
• *Key Elements of Effective Practice – Parenting (Source document)* pages 37-40	• http://www.yjb.gov.uk/Publications/Scripts/prodView.asp?idproduct=389&eP=
• National occupational standards (NOS) for parenting	• http://www.lluk.org/wp-content/uploads/2010/12/Work-with-Parents-NOS-Nov10-Pending-Approval.pdf
• Youth Justice Interactive Learning Space	• www.yjils.org.uk

Summary of key data: Roma Youth Justice Service Centre

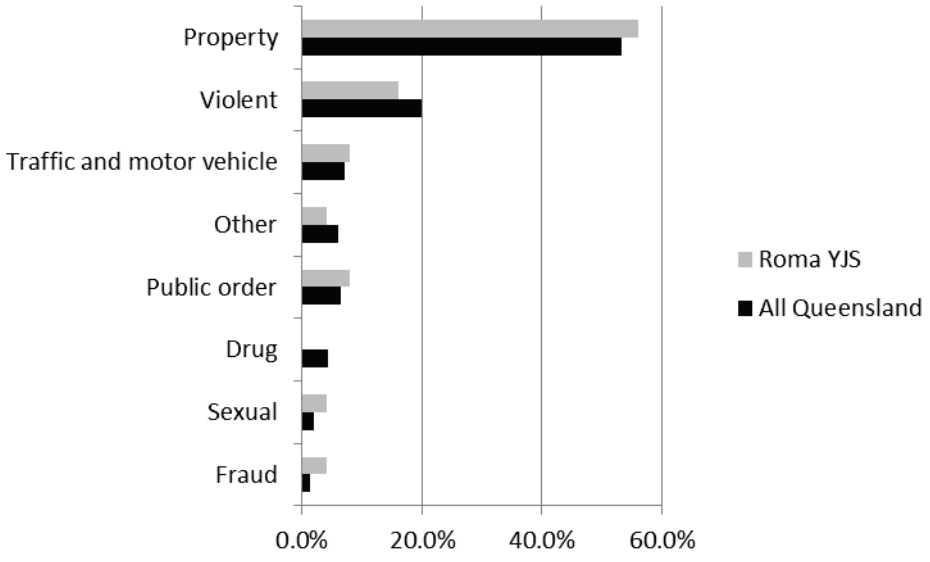
Admissions to orders, Roma YJSC, 2011-12

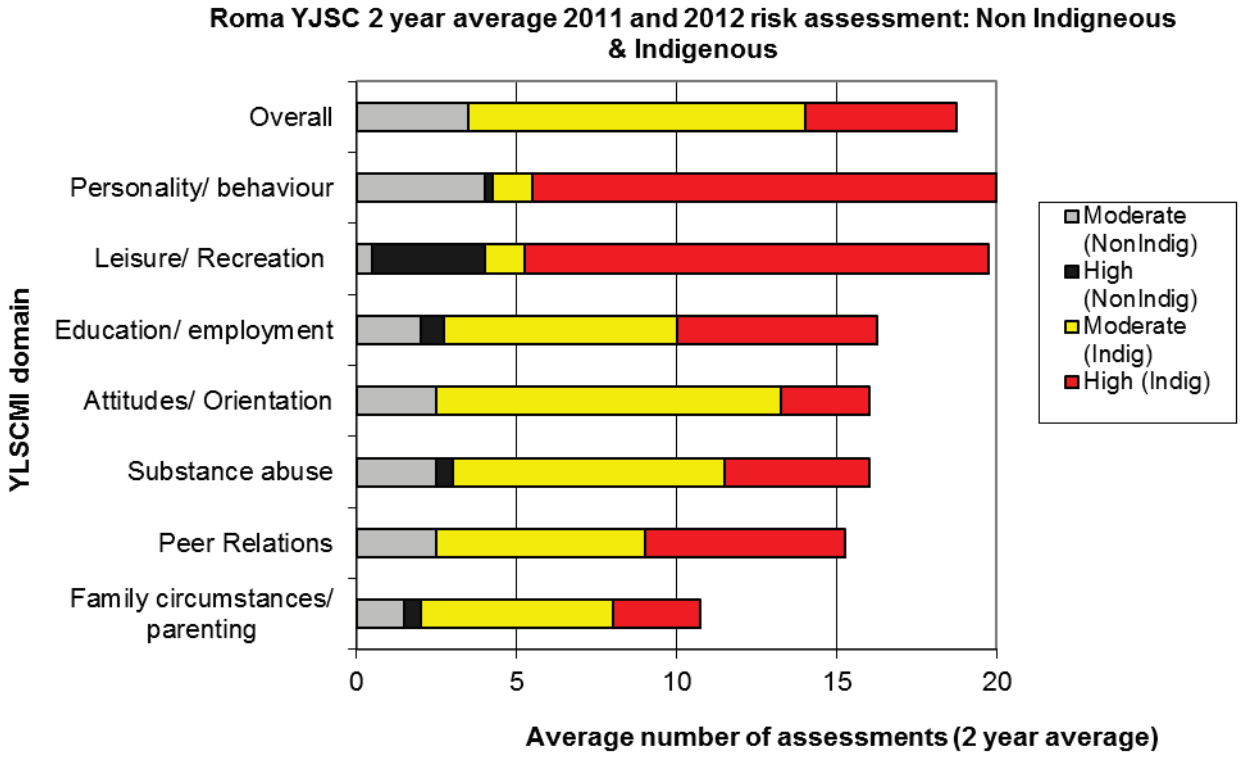
Order type	Number of orders	Proportion of Queensland total	Distinct young people	Average orders per young person
CSO	9	1.07%	9	1.00
CRO	8	3.2%	8	1.00
Detention	4	1.2%	2	2.00
Probation	12	0.9%	12	1.00
SRO	5	2.3%	3	1.67

Overall risk level for Roma YJSC – 2 year average of 6 month periods



Proportion of the most serious proven offences for distinct young offenders, 1 July 2012 to 31 March 2013: Roma YJSC and State-wide average





Family

80% of young people assessed in the first three quarters of 2012-13 have one or more issue relating to family and parents (the state-wide average is 72%).[1]

Mental Health

The proportion of risk assessed young offenders assessed with characteristics consistent with the five selected mental health conditions, Quarter 1-Quarter 3 of 2012-13

- One or more identifiable mental health issue: 75% (state-wide average 80%)
- Two or more identifiable mental health issue: 50% (state-wide average 60%)
- Conduct disorder: 45% (state-wide average 59%)
- Substance misuse disorder: 55% (state-wide average 62%)

[1] Scoring for the family domain is not sensitive enough for Youth Justice Clients. Conversely the scoring for leisure and recreation is considered too sensitive and is interpreted with caution.