



The New Zealand Psychological Society

Te Rōpū Mātai Hinengaro o Aotearoa

Submission on behalf of the New Zealand Psychological Society

Parliamentary Inquiry into the Identification, Rehabilitation and Care and Protection of Child Offenders

Introduction

The New Zealand Psychological Society welcomes the opportunity to comment on the terms of reference below in relation to the parliamentary inquiry into the identification, rehabilitation and care and protection of child offenders.

Terms of Reference

1. Determine what, if any, are the identifiers of potential child offenders, and how service provided by the Ministry of Social Development could minimise the likelihood of further offending
2. Consider the evidence-based rehabilitative programmes provided by the Ministry of Social Development for child offenders, and assess their effectiveness in changing offending patterns.
3. Examine the correlation between the time frames for referral of children into the care and protection system by the Family Court and the effectiveness of the rehabilitation in addressing the underlying behaviour, and consider options for streamlining the referral process.
4. Consider whether the care and protection model is effective in meeting the needs of key stakeholders and whether improvements could be made.

Submission

As a general conclusion, the New Zealand Psychological Society is of the view that interventions that have proven effectiveness in changing the most challenging behaviours including criminal offending of young persons, are time and resource intensive, highly structured, involve all of the key people in the young person's life, tend to operate across family, school and community environments, have a number of interventional components and have a strong fidelity of implementation / quality control focus (e.g., Reid, Patterson, & Snyder, 2002). They therefore tend to be expensive but we would argue that the alternative of repeated or lengthy incarceration and the cost to the community of ongoing offending is likely to be much more expensive. The earlier in the young person's life that a formal intervention is initiated, the more likely it is in the longer term to be cost-effective.

Such interventions are likely to involve a number of statutory and voluntary agencies and we acknowledge that there is a real problem in communication and coordination between them. A significant part of the problem is that different agencies and the professionals that they employ often operate from different theoretical perspectives and have different (and sometimes variable) professional training and modes of intervention. There is no ready solution to this problem other than the Ministry of Social Development and Ministry of Justice using the available international research evidence and local research evidence when awarding contracts to programme providers. The same agencies need to systematically put in place (in collaboration with the Ministry of Education and the Tertiary Education Commission) requirements for ongoing professional training and development of the relevant workforce that ensures both that there are a sufficient number of qualified professionals being produced to meet growing needs of the NZ population, and that the existing workforce can be up-skilled to understand and use best practices based on emerging research data.

The current evidence is that multimodal / multifaceted / multi-element approaches (including multisystemic therapy which is a misnomer because although it focuses on all of the offender's environments and has a strong quality-control component, it is not a single therapy but rather an individualised set of interventions), behavioural approaches (including cognitive behaviour therapy, behavioural family interventions, applied behaviour analysis) and skills-oriented interventions (e.g. anger management, drug and alcohol treatment, problem solving and moral reasoning training and academic programmes and behavioural parent training) are much more likely to be effective than for example, boot camps, quasi-military training, mentoring and counselling.

We also suggest in the New Zealand context that such programmes must have a strong bicultural focus. We emphasise that any one intervention alone - particularly if it focuses on just one environment - is very unlikely to be effective. It simply doesn't address and change the contextual or environmental factors that led to the offending. We also note the extremely well established finding that any group treatment of young offenders carries the risk of increasing rather than reducing offending behaviours through social contagion and modelling processes.

Interventions that solely focus on the offender are much less likely to be effective than interventions that also focus on his/her family and involve school and community resources. Which of the multimodal interventions is the most effective (e.g. multisystemic family therapy, multidimensional foster care, functional family therapy and therapeutic foster care) could be debated. The choice of intervention could depend on whether or not the identified young offender actually has a functional family, school or community to engage with and the risk that they pose to the community.

This submission addresses the relatively small group of chronic offenders that research indicates is involved in more than half of the total amount of youth offending. Significantly, these offenders are likely to come from the most dysfunctional families and communities and approximately 50% are Māori.

We are aware of one treatment programme (Te Hurihanga in Hamilton) for male offenders aged 14 to 17 that has been implemented consistent with the international evidence described above and subsequently evaluated. The programme has a strong bicultural focus and the young offenders stay in it for between 9 and 18 months, moving from a residential phase, to a transition phase to a home phase. The locally derived evidence (Warren and Frazer, 2009) attests to the effectiveness of this example of a multi-modal approach, and specifically multi-systemic therapy in the third phase. Of the first eight young people to have graduated from the programme, none have reoffended.

We are aware that because of the high cost, the Government has decided not to provide any further funding for Te Huritanga beyond the initial 3-year pilot phase, in favour of the 'Fresh Start' programme. We do not know whether the reported costs of Te Hurihanga at \$630 000 per graduate included both operational (i.e. day to day running) and capital costs (i.e. building the facility). If the reported costs do include capital costs then (as a former Youth Court Judge apparently commented), this is rather like awarding the entire cost of building a new operating surgery on the few first patients. This decision also perpetuates a chronic feature of social intervention policies and programmes in NZ, namely that programmes and initiatives are started and stopped, usually with little rigorous attention to research evidence

in the initiation, and unhelpful focus on cost in the termination, and with the effect that it is almost impossible to undertake the kind of rigorous, extended and evaluated programme development that such initiatives require. Inevitably there is also loss of whatever expertise has built up during the brief life of the project. This widespread practice by NZ government Ministries stands in dramatic contrast to the way that corporates such as Fonterra approach the task of product development, where long-term, systematic processes, involving immense investment over long timeframes is characteristically required to take a product from basic science initiation to final marketing.

We are also not aware of the evidence base for many of the specific components of the 'Fresh Start' initiative which is apparently aimed at a larger group of 1000 youth offenders. The Children, Young Persons, and their Families (Youth Courts Jurisdiction and Orders) Amendment Bill suggests that this includes compulsory Youth Court Orders (parenting, mentoring and drug and alcohol rehabilitation), including 12 and 13 year olds within these orders and creating "tougher, more effective sentences" of 6 months residence or supervision with activity plus a year supervision and three-month military style activity camps for 40 serious offenders. We have already noted the substantial negative evidence on the effectiveness of the boot camp idea and the paucity of evidence for mentoring or supervision. There is however strong evidence for the effectiveness of the 'Triple P' and 'Incredible Years' parenting programmes (de Graff, et al. 2008; Fergusson, Stanley & Horwood, 2009; Kaminski, et al., 2008; Lees & Ronan, 2008; McCart, et al, 2006; Reyno & McGrath, 2006; Thomas & Zimmer-Gembeck, 2007).

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