

GROUP 2

BEST PRACTICES IN COMMUNITY-BASED TREATMENT OF JUVENILE OFFENDERS

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I. INTRODUCTION

Globally, the latter half of the last century has found those of us responsible for the care, protection, and rehabilitation of juvenile offenders, faced with phenomenal challenges, *vis-a-vis* an increase in criminal activity as well as the dangerous nature of them. It is recognized that stiffer penalties are not necessarily the required response at this time, despite the public call for such.

Empirical research has shown that stiffer penalties do not reduce crime (Andrews et al., 1990). Research suggests that community-based treatment is a more effective way to meet the best interests of the juvenile and increase community safety (Lipsey and Wilson, 1998).

The Convention on the Rights of the Child indicates that the deprivation of liberty of children should only be used as a measure of last resort, and when used, only for the shortest appropriate duration (Article 37). The group agrees that in considering holistic rehabilitation, community-based treatment is the preferred option, with institutional treatment being a last resort. Institutional treatment is not an economically viable option and the stresses and other disruptive elements which it brings to family life are less desirable.

Several countries—Barbados, Papua New Guinea, South Africa and Sri Lanka to mention a few—still have been unable to comply with the Convention on the Rights of the Child and the Standard Minimum Rules for the Administration of

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Juvenile Justice, and with the United Nations Standard Minimum Rules for non-Custodial Measures (The Tokyo Rules). This has been partly a result of economic and political reasons amongst others. Whatever the barriers to full implementation, the group recognizes the need to urgently meet the challenge of decreasing youth crime and supporting the United Nations agreement.

The group agreed that good management systems (individual and organizational) are imperative to promote success from rehabilitative efforts. Staff training and programme development must be on a continuous basis and research to cater to changes in both of the above whenever necessary must be conducted.

The group considered too that the community consists of invaluable resources which can be tapped and utilized to enhance rehabilitative efforts. Success of the goals of prevention of further crime and recidivism demands vibrant public relations endeavours.

II. DESIGNING A MODEL

In deliberating on the preferred model for community-based treatment of offenders, members of group 2 unanimously agreed on the need to identify a few guiding principles. These principles were themselves guided by an appreciation of the multidimensional and complex nature of youth offending and the need to draw on the expertise of a broad base of knowledge in the community, if accurate assessments and appropriate treatments are to be delivered.

A. Principles

The principles underpinning our proposed model of community-based treatment are as follows:

- (i) The preferred option, in as many instances as possible, is to divert youth at the pre-court or at the court stage;
- (ii) That there should be a Multidisciplinary Team to work on the best treatment options that will address the needs of the juvenile to help him or her to remain in the community;
- (iii) That the Multidisciplinary Team should leverage on the availability of community resources to support the juvenile in conflict with the law;
- (iv) That the system should be one of through care for continuity of care and supervision of the juvenile.

The group also discussed how to define a juvenile. The minimum age of criminal responsibility varies from country to country. We have in part concluded that definition should be considered not only by age but by their developmental stage.

B. Multidisciplinary Team

1. The Purpose

The purpose of the Multidisciplinary Team is to assess and decide upon the best interests of the juvenile through the maximum utilization of community resources by drawing on the expert views and opinions of professionals from diverse backgrounds. The overall goal of the team is to identify programmes that decrease criminal behaviour and increase personal responsibility.

The Multidisciplinary Team treats a juvenile consistently in the community-based treatment through all the formal and informal judicial stages. This will include pre-court diversion, court

diversion and court disposition (probation, community order and other types of disposition implemented in the community), as well as following release from correctional institutions (parole, aftercare and so forth). The Multidisciplinary Team provides supervision and support at all of the above-mentioned stages based on the idea of through care.

Figure 1 illustrates the model system of community-based treatment and the role and functions of the participants.

2. Composition of the Team

Members of the Multidisciplinary Team may vary based on the needs of the juveniles, the stage of juvenile justice system and diversity of the juvenile justice system and child welfare system in the relevant countries. The probation officer (child welfare officer) ought to be the key personnel in the Multidisciplinary Team throughout community-based treatment. A comprehensive example of the composition of the Multidisciplinary Team could be: Probation Officer, Welfare Officer, Psychologist/Psychiatrist, Social Worker, Guidance Counselor/School Teacher and Religious Worker.

3. Function of the Multidisciplinary Team

The basic function of the Multidisciplinary Team is to collectively assess the juvenile, to devise a treatment plan which meets the best interests of the juvenile, as reflected in the knowledge of a wide range of professionals from relevant areas.

The team plays a central role in the community-based treatment of juveniles in terms of assessment of needs and risks of a juvenile, planning of treatment or programme, monitoring the

implementation of supervision and support throughout the juvenile justice system.

4. Role of the Probation Officer

The Probation Officer serves as the care manager of the Multidisciplinary Team reporting to the court the progress of the juvenile.

C. Informal Procedure (Diversion)

All juveniles at a certain age should be diverted to an informal procedure for meeting the needs of care and protection of juveniles. Some juveniles also may be diverted from police, prosecution and the court stage based on the seriousness of their offence.

Various kinds of programmes are administered by the Police, Court, Probation Service, NGOs and the private sector. The Multidisciplinary Team assesses needs and risks of a juvenile and tries to find the available programme which best fits the juvenile's needs.

The group proposes a model of programme designed for informal procedure such as a six-month period programme, with flexibility for early termination for juveniles who show good progress and are not in need of further supervision based on the Singapore system. Flexibility of term is to reward good behaviour and render an opportunity for juveniles to leave the programme early. The key elements to successful completion are regular attendance, punctuality, progress, and deportment and full participation in the activities.

If a juvenile fails to make good on his/her chance given to attend the informal programme, there will be recourse to bring him or her to court.

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D. Treatment Programme

1. Types of treatment programmes

Each community has various kinds of treatment programmes. Actually, in our group discussion, many types of programmes were introduced by the participants of the respective countries. There is a range and number of programmes available in the respective countries.

The following are some examples of the programmes. The community resources that provide each of them are parenthesized.

- (i) Individual Counseling (NGOs, Clinic, Health Center, Private Psychologist)
- (ii) Cognitive Behavioral Therapy ((NGOs, Health Center, Clinic, Private Psychologist)
- (iii) Family Therapy ((NGOs, Health Center, Clinic, Private Psychologist)
- (iv) Drug Treatment (NGOs, Health Center, Clinic, Private Psychologist)
- (v) Literacy Skill Training (NGOs, Public School, Volunteer Probation Officer)
- (vi) Vocational Training (NGOs)
- (vii) Promotion of Employment (Cooperative Employer, Volunteer Probation Officer [VPO])
- (viii) Restorative Programmes such as Victim Offender Mediation, Victim Impact Panel, Family Group Conferencing (NGOs)
- (ix) Community Service Work (NGOs)
- (x) Adventure/Sports (NGOs, Sports Bodies)
- (xi) Mentorship (VPO)
- (xii) Supervision (VPO)
- (xiii) Fostering (NGOs)

2. What Works?

When selecting a programme, we should consider its effectiveness. That is, we should adopt a programme that has

empirical evidence of sufficient effectiveness for the juvenile's rehabilitation.

In this regard, we referred to the meta-analysis on effectiveness of different treatment types by Lipsey and Wilson (1998). According to their findings, the effective types of treatment are individual counseling, interpersonal skills training, behavioral programmes, multiple services, restitution, employment/academic programmes, advocacy/casework and family counseling.

Most of the programmes that we are recommending are consistent with the findings from the meta-analysis. However, adventure/sports, mentorship and fostering are exceptions. These programmes need to be empirically evaluated in the future.

3. What works best for whom?

Although there are many generally effective programmes, none of them work equally well with all juveniles. While for certain juveniles, some treatments work, but they will not work for others, and for a third group, they may even get worse as a result. Therefore, it is crucial to adopt programmes that are empirically related to the juvenile's risks and needs. Such programmes have a stronger likelihood of successful rehabilitation of the juvenile.

We identified the relevancy between risks/needs and programmes, in accordance with Visiting Expert Dr. Leschied. Table 1 shows which programmes are likely to target a juvenile's specific risk and need.

It is important to emphasize that this table is not all-inclusive and therefore it should not be applied without due consideration to the complex situations

that most juveniles face. Risk/need factors of juveniles are multidimensional and influence the extent and the type of programmes that should be used.

4. The role of the Multidisciplinary Team at the Court Stage

The Multidisciplinary Team adopts a broad perspective for assessment. The team gathers information from various sources, considers them from all aspects, and identifies a juvenile's risk and need.

Secondly, the team selects a programme that is most clinically relevant to the juvenile's risk and need. The team must have knowledge of the available programmes in the region. In this regard, the team has a strong connection with community resources, and naturally knows what programmes are available. This is one of the greatest advantages of the Multidisciplinary Team.

5. The Legal Framework

These programmes are carried out in a legal framework, namely dispositions such as Probation, Intensive Supervision Probation, Fines/Restitution, and Community Service Orders. The Judge decides upon the disposition in which the treatment programme is expected to most effectively function. Probation officers supervise and manage the programme.

E. Limitations to Implementation

The group agreed on the usefulness of the Multidisciplinary Team for the through care of juvenile delinquency. However, limitations to implementation of the team vary from country to country. The two most common barriers in all of our countries are: attitudes of the judiciary, lack of cooperation and support among ministries/departments, internal departments, divisions and sections of

ministries/departments, that are charged with the care of the juvenile.

Especially in developing countries, the lack of training for professionals and human resources as well as geographical and transportation problems also present as difficulties. To overcome these barriers, conscious reform is not only agency related, but should equally involve the community. It is to be hoped that in the near future, implementation of the model will be realized in all countries.

III. OPERATIONAL ISSUES

A. Staff Training

1. Objects

The group discussed the training systems for Probation Officers and others involved in community-based treatment of juvenile offenders as practiced in the UK, Singapore, Japan, Palestine, Barbados, PNG, South Africa, and Sri Lanka.

A model system for community-based rehabilitation of juvenile offenders needs to be supported with a training system that will equip each officer with core competencies to execute proper care and supervision of juveniles according to best practice standards.

To achieve this, it is important therefore that staff be given proper training, instruction and guidance to:

- (i) Clarify their responsibilities with regard to the rehabilitation of offenders and to ensure that the offenders' rights as well as that of society's are protected;
- (ii) Understanding the vital need to cooperate and coordinate activities with all the other agencies concerned

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with the rehabilitation of each juvenile;

- (iii) Continually maintain and improve their knowledge and professional capacity by attending relevant in-service and other training programmes.

2. Model Training System

It was noted that the entry point for Probation and other community-based corrections staff vary from country to country. Thus, the Group proposed that a model of in-service training programmes should be competency-based in addressing the training needs of Probation Officers in stages starting from foundation or basic training for Probation Officers to specialized training aimed at helping the worker to achieve higher levels of competency. The training would be designed to foster the development of skills in the 4 major areas of a Probation Officer's core functions, namely:

- (i) Collecting information, i.e. interviewing & conducting psychological tests
- (ii) Analyzing the information and making an assessment
- (iii) Report writing
- (iv) Coordination and working with key constituents (elements) of the juvenile justice system including forging effective partnerships with volunteers and other community resources.

3. Mode of Training

From the sharing among participants and Visiting Experts, it was clear that there was merit in a training programme that combines formal learning with group work and experiential learning. The training should also be an opportunity for officers to go back to their jobs to apply the knowledge and skills learned. There should also be a recall after training for officers to return to the training institute

or other agency responsible for the training, to reflect on their practice. Also evident was the need for formal training to be supported by mentorship at the workplace to reinforce learning and sharing of best practices.

In some countries, the adoption of a one-to-one supervision policy was felt to be a good mechanism for staff support and development in this very challenging area of work.

Due to the emphasis on a through care concept for the model system of community-based rehabilitation of juvenile offenders, the Group saw merit in the UK system of having staff from both community and institution-based corrections to have their training (or at least part of the training for institution staff) side by side with counterparts working on community-based treatment.

The group also noted the difficulties arising with the designed training model. In some countries (e.g.: Sri Lanka, South Africa, Papua New Guinea), the officers or volunteers serve in undeveloped village areas, and travel long distances to the city, to participate in the training programmes. Due to the poor transportation facilities, communications problems in those areas, the participation may be low, therefore the effectiveness of the training courses will not be at a satisfactory level. However, if we design programmes for implementation in rural areas, finding resource persons (trainers) is also very difficult. In designing training programmes, all these factors must be taken into consideration. Counter-measures will be discussed in section 5.

4. Training Curricula *Basic or Initial Training*

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The Group proposed the following for the basic or initial training:

- (i) Community-based corrections theories and philosophy
- (ii) The legal framework of community-based corrections
- (iii) The relevant laws, statutes and international human rights instruments, e.g. Convention on the Rights of the Child, Tokyo Rules etc.
- (iv) Motivational interviewing
- (v) Needs and risk assessment, diagnosis and risk management
- (vi) Preparing reports for Court
- (vii) Case recording and case management
- (viii) Rehabilitation programmes and resources
- (ix) Relationship with other elements of the juvenile/criminal justice system, including court work skills, working with other law enforcement agencies, etc.
- (x) Skills in forming effective partnerships with VPOs including volunteer support, recognition and development strategies
- (xi) Policies and procedures in relation to PO's job description
- (xii) Authority, accountability and responsibilities associated with the office practice
- (xiii) Skills required to work with clients including special groups within the Probation Service
- (xiv) Communication and interpersonal skills
- (xv) Code of ethics and professional liability
- (xvi) Boundaries or parameters setting; e.g. where Probation Officers can safely say he/she has done his/her best for a juvenile and the responsibility ends there
- (xvii) Professional and personal relationships with persons under supervision

- (xviii) Relationships with colleagues (peers and subordinates)
- (xix) Creation and maintenance of a safe and harassment-free workplace
- (xx) Victim's rights
- (xxi) Offender's rights and responsibilities

Specialized Training

Besides the generic training at a basic level, the Group also saw the need for further training depending on the area(s) of specialization and specific treatment issues that a community-based corrections staff needs to address beyond his/her early years in Service. Programmes that have demonstrated effectiveness will require personnel to be given proper training and guidance in programme delivery to ensure the integrity of the programmes are preserved. Thus, for staff involved in the delivery of cognitive behavioral programmes, multi-systemic therapy etc., will require specialized training.

Training for Supervisory Staff

The training system should also allow for the gradual phasing in of technically competent Probation Officers to a manager if she/he has been identified as having the capacity and willingness to perform at a higher level.

Such training should cover the expanded role, responsibility and accountability that come with the higher office. Management development programmes, which include financial and human resource management, skills in staff support and development, project management etc. are necessary for supervisory and managerial staff involved in community-based corrections.

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For more senior level staff, the training would have to also focus on topics such as performance benchmarking, conducting service audits, developing and evaluating programmes and services for clients, staff and other stakeholders. Policy development and review are also necessary skills for senior staff in probation practice.

In its discussion, the Group also agreed that besides in-service training, there could also be pre-service training programmes aimed at attracting life-experienced personnel from other disciplines to make mid-career switch to probation work. This could provide a solution to some countries facing the challenge of having young and inexperienced officers or finding it difficult to attract and/or retain suitable staff in probation work due to the nature of the job and the often comparatively low remunerations accorded to Probation and other community-based corrections officers.

5. Executive Exchanges

The Group also felt there was room to explore the potential of having executive exchange programmes among probation and other community-based corrections staff to inject dynamism and exchanges of ideas among probation practitioners and managers. Where possible and practical, there should also be a leveraging on the advancement of information and other technology to develop best practices across jurisdictions. Examples cited include:

- (i) Video conferencing
- (ii) Virtual contacts with experts
- (iii) Distance learning to complete a diploma, degree in probation studies, and so forth.

It was observed that, increasingly, countries with the expertise in training, e.g. UK, Canada, US, and Australia are offering distance-learning programmes for this area of specialization.

6. Volunteer Probation Officer (VPOs) Training

Volunteers Probation Officers (VPOs) to be engaged in the rehabilitation of juvenile offenders should be carefully selected and screened to weed out those with serious convictions e.g. sexual offenders, and others whose intentions may not meet the best interests of the rehabilitation of juveniles.

Training for VPOs should at the very least cover:

- (i) Active listening and communication skills
- (ii) Legal framework of community-based corrections
- (iii) Ethics and professional liability

In addition, the training should also briefly cover the core areas of training for Professional Probation Officers (PPOs). It is felt that the extent and depth of coverage of training for VPOs would vary depending on the nature of assistance required of the VPO in each country.

However, no matter the variation, it is important that the role of VPOs *vis-a-vis* that of PPOs be clearly spelt out to ensure role clarity on both parties. This is vital for effective partnerships between PPOs and VPOs to exist.

B. Finding New Resources

The group identified a number of areas in which new resources are needed if the rehabilitation needs of young offenders are to be effectively met, risks properly managed and treatment effectively

organized. The particular needs of offenders include:

- (i) Basic Education
- (ii) Vocational Training
- (iii) Employment
- (iv) Accommodation
- (v) Health
- (vi) Family relationships
- (vii) Sports and leisure

The organizational needs of treatment agencies include:

- (i) The development and evaluation of effective programmes
- (ii) Business planning and organization

The group identified a number of potential sources of help. These include:

- (i) Cooperative individuals
- (ii) Neighbors and peers
- (iii) Schools, public and private
- (iv) Academic institutes
- (v) Business—the private sector
- (vi) NGOs
- (vii) Government ministries and departments

Table 2 is a table describing the ways in which these different sources meet the rehabilitation needs of offenders in various countries. The marked boxes show these are currently found in South Africa, Papua New Guinea, Sri Lanka, Barbados, Palestine, the UK, Singapore and Japan.

The organizational needs of agencies can be met by academic institutes, businesses, NGOs and governments.

The following are practical examples of the kind of resources which can be provided by two of the sources;

- (i) Examples from Neighborhood/Peers: school equipment, special education classes, vocational training opportunities, work experience, employment to parents, shelter care, Volunteer Probation Officers, community health centers/clinics, sports clubs, local friendly societies, camping trips, pocket money, family counseling and support.
- (ii) Examples from NGOs: Out of school programmes, Volunteer Probation Officers, street children education, school aid, special education, staff training, vocational training, equipment and tools, employment opportunities to offenders and parents, shelters for orphans and homeless, medical facilities, health education and clinics, drug prevention and rehabilitation, sports clubs youth associations, confidence building measures, financial help, guidance, counseling and family support, awareness raising regarding problems and solutions.

IV. ACCOUNTABILITY AND EVALUATION

A. Offender Information Management System

1. Guiding Principles for Offender-based Information System

The following guiding principles underpin the Group's proposal for an offender-based information system:

- (i) Special consideration should be given to facilitate the active involvement of the "many helping hands". This includes:
 - a. Proper support, consultation and training by professional staff;
 - b. Adequate and appropriate information sharing with persons to be engaged in formal or

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- informal supervision and support to young offenders;
- c. Developing a mechanism for information sharing and feedback which poses the least administrative burden to community partners.
- (ii) It is important that tracking of offenders' performance should be driven primarily by a focus on helping the offender to address risks and needs issues and strengthening the prospect of community-based treatment. Hence, in cases of non-compliance by offenders, appropriate alternative community options should be explored.
- (iii) There should be strict rules governing confidentiality of information on offenders and families (exception should only be on a need to know basis).
- (iii) the juvenile is given a community order(s); or
- (iv) the juvenile is committed to an institution.

The outcome of the court disposition of each case is registered by the Probation Service even where the juvenile is given a committal order. The Probation Service would then open a case file on each offender.

The case file would have a copy of the pre-sentence report, court order, consent forms (for certain countries), summary sheet etc. It would also include the supervision plan for the offender concerned. If the offender goes to an institution, a second case file is opened by the institution while the Probation Office holds on to its own file for continuation of supervision once the juvenile is released on license or parole after a period of stay in the institution.

2. Outline of Case Management System

The starting point of involvement differs somewhat with a few countries having Professional Probation Officers (PPOs) being involved right from the time of arrest and police investigation, while other countries' Probation Services only come in after the defendant has made a guilty plea or is found guilty as charged.

Regardless of the starting point of involvement of the Probation Service, the practice is universal in that the Court requires a pre-disposition report to make the most appropriate determination for a juvenile offender.

There are several possible outcomes:

- (i) the juvenile is released with or without condition;
- (ii) the juvenile is released with supervision;

It is noted that in most countries, the case reviews are done internally through mechanisms such as checks by senior probation officers, Assistant Directors, Chief Probation Officer, or provisional commissioners and so forth. It was noted that the Singapore system is characterized by a very active involvement of the Juvenile Court which reviews each probation case after 6 months of the date of the probation order. In this system, the PPO puts up a review report which details the progress of the juvenile while on probation and performance in programmes or activities to which the PPO had referred him/her.

Such a system also requires the PPO to provide a status update of the casework intervention undertaken by the PPO or Volunteer Probation Officer (VPO) to address the risks and needs of each offender as spelled out in the supervision

or treatment plan contained in the pre-disposition report.

For all the countries represented in Group 2, there is recourse to bringing a juvenile back to court if he/she breaches his/her probation condition by re-offending or failing to comply with the terms of probation. The outcome may take any or a combination of the following:

- (i) continuation of probation after a warning or fine or both;
- (ii) variation of the probation conditions (more stringent conditions); or
- (iii) revocation of probation.

It was observed that regardless of whether the offender information management system is performed manually or computerized, there is a system of recording actions taken by the PPO (or VPO as the case may be for some countries), the juvenile's response to these actions and the outcome of court action if the violation requires bringing the case back before the court.

It was observed too that in systems which are managed manually, probation officers are required to provide monthly progress reports which are collated by senior officials for workload accounting, other statistical analysis or for evaluation of the impact of programmes or casework intervention on offending behaviour.

More and more countries are going into some form of computerization of data on offenders to enable better operational planning and analysis of the probation outcomes, impact of supervision or treatment plans in an attempt to move towards evidence-based practice.

3. Development of Offender-based Information System

In attempting to develop a model system for community-based treatment of juvenile offenders, the Group is mindful that due consideration has to be given to the development of an offender-based information system; one that starts from risk and needs assessment at the pre-disposition investigation stage. This has to be followed closely by a process of formulating an individualized supervision or treatment plan to address the risks and needs of each juvenile to steer him/her from offending.

In the Group discussion, it was noted that despite slight variations in individual countries' practices, there is a commonality in the framework used for assessing risks and needs. There is also a recognition that risks and needs have to be re-assessed from time to time to factor in the dynamic variables that may impact on a juvenile in rehabilitation.

Risks and Needs Assessment

For many of the participating countries, there exists some form of standardized risk assessment tool which is usually a form or format. During the course, participants were also introduced to the systematic risk assessment instruments used by UK, i.e. ASSET and the Canadian Youth Level of Service Inventory (YLSI). The risk and needs assessment instrument is a vital tool for offender-based information management system. For one thing, it helps with classification of a juvenile in terms of the degree of supervision and level of service he/she needs to strengthen the prospect of successful rehabilitation in the community.

The Group noted from the sharing of practices in each country that the

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assessment of risks and needs cover the following areas:

- (i) Family, criminal and care history
- (ii) Offending behaviour
- (iii) Living arrangements
- (iv) Family and parental relationships
- (v) Education
- (vi) Neighborhood
- (vii) Life cycle
- (viii) Health
- (ix) Perceptions of self and others
- (x) Attitudes
- (xi) Motivation to change
- (xii) Positive factors (that can be tapped on to strengthen the community-based treatment)
- (xiii) Recommendations

Formulation of an Individualized Care and Treatment Plan

The formulation of an individualized care and treatment plan is based very much on what is uncovered during the pre-disposition social investigation. Additional information that comes to light after this stage should also be considered to ensure the treatment plan is responsive to the changing needs and circumstances of each juvenile.

The care and treatment plan is the description of the objectives of supervision and the activities or casework intervention that will be carried out during the process of supervision. The plan should factor in the following objectives:

1. Risk objectives—which aim to reduce or control the effects of a risk factor or need factor on juvenile’s adjustment to the community.
2. Need and support objectives—aimed at addressing care issues to help support the juvenile to complete his community-based treatment successfully. This would include measures and help by the Probation Officer and/or the Volunteer Probation Officer (whether directly or through other agencies) to increase the protective factors that would prevent the juvenile from future offending or breaching his court order.
3. Punitive objectives—designed to impose some form of penalty or restrictions, to symbolize the community’s claim that criminal behaviour is not acceptable).
4. Management objectives—designed to maintain effective supervision for the cases and this includes items such as regular reporting to the Probation Officer (or Volunteer Probation Officer), keeping a job, leading an honest and industrious life, maintaining a suitable living situation, keeping away from criminal associates, staying away from undesirable places like gambling establishments, etc.).

4. Development of Forms for Individual Files

The table below depicts the data capture on offenders at the various stages of entry into the system:

Stage	Information Gathered
Reception of Case	Name, date of birth, age, sex, offence information, family information, address, contact number etc.

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Stage	Information Gathered
Disposition of Court	Pre-sentence report Basic information Court order Risk and needs assessment Recommended care and treatment plan
Supervision or Treatment Stage	Date, time and other contact details; office contacts, home visits, employment community work, attitude, conduct and performance at community work; etc. Evaluation of community-based treatment Risks and needs assessment and subsequent re-assessments if there are any changes in dynamic factors Supervisor’s modification and evaluation Records of case discussions/conferences Details of warning or any court action taken during supervision and outcome of the court review/action. Monthly progress reports

It is worth noting that the model system proposed is one that emphasizes the active engagement of community resources in the informal and formal supervision and support to juvenile offenders. It therefore follows that the offender-based information system must be designed to allow for appropriate and timely sharing of information and feedback between VPOs, schools, NGOs, faith-based organizations, sports and recreational bodies, employers etc. This is necessary for effective and integrated management of juvenile offenders in the community.

It is also important that the method of feedback or reporting of progress updates on each case between the various agents of supervision and support be done in ways that facilitate effective partnerships between Probation Officers and the

“many helping hands” engaged in the rehabilitation process.

The flow of information on offenders in integrated case management system is shown in Figure 2.

B. Public Relations: Gaining Public Confidence

1. Overview

In general, the public is reluctant to accept offenders in their community. However, social support is vital to reintegrate juveniles into the community. Furthermore, the community has a lot of resources that contribute to prevent recidivism. Social support, including financial assistance and technical aid, is precisely essential for community-based treatment.

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In fact, there is a mutual relationship between social support and successful rehabilitation of a juvenile delinquent. That is, social support enhances the effectiveness of community-based treatment programmes; on the other hand, successful rehabilitation of offenders brings public confidence to the community-based treatment system.

Therefore, strategies to address public concerns, promote public support, form partnerships and build confidence by courts and probation services have to be formulated. The strategies must be based on scientific evaluation. Juvenile justice has to provide the public with empirical evidence that community-based treatment programmes are effective to reform a juvenile delinquent and to secure the community against crime.

In this regard, recently, some empirical research has been conducted in North America. The finding of research indicates that for juvenile delinquents several community-based treatment programmes such as cognitive behavioral, skill-oriented, and multi systemic treatment result in positive effects.

This kind of research should be designed in respective countries. When the research confirms the effectiveness of programmes, it gives the community empirical evidence that juvenile justice is accountable to the community.

2. How to Gain Public Confidence

As noted above, in order to gain and enhance the public confidence, promotion of community involvement is of paramount importance. In general, the Probation Service coordinates various agencies and groups and plays a major role in the promotion of rehabilitation. Then, we mainly discussed the strategies

for this target. Some examples of them are as follows.

(i) *Public Participation in the Juvenile Justice System*

It is useful to obtain public understanding about community-based treatment, set up consultative committee and involve the public. The committee considers the public's opinion about the planning and evaluation of treatment programmes. Juvenile justice should be managed not only by authorized specialists but also by the public. This contributes to raising community awareness.

(ii) *Volunteers in community-based treatment programmes*

In several countries, Volunteer Probation Officers (VPOs) complement the work of Professional Probation Officers. VPOs assist a juvenile to rehabilitate as a mentor in the community. They also play an important role to promote crime prevention and mobilize social resources. Through these activities, they show the public how a juvenile can rehabilitate themselves in the community.

BBS (Big Brother and Big Sisters) in Japan act as a confidant of a juvenile and play the similar role to a VPO in the community.

It is also worth asking ex-offenders and their parents to assist the juvenile's reintegration into the community. They can become a good advocate for a juvenile in obtaining employment, as well as being a good model of reform.

(iii) *Avoiding stigmatization*

When a juvenile is given the opportunity of education such as vocational training and literacy education, it is desirable to use

institutions that are not traditionally associated with offenders. Otherwise, stigmatization is likely to become the obstacle to obtaining social understanding.

(iv) *Providing services to the community*

Many juveniles are regarded as useless to the community due to their past misconduct. Hence, measures to regain the trust of the public are essential. Community service work is a good example of regaining the public's trust. If the planner or practitioner of treatment programmes can grasp the needs of the community in advance and devise a programme that meets them, completion of community service work can provide visible and tangible evidence that juveniles can become contributing members of the community.

It is also important that the Probation Service provides the community with some resources such as counseling. The Probation Service should also be recognized by the community as a useful organization.

(v) *Providing security to the community*

Public safety is very important in gaining social confidence. It is important to not mislead the public regarding guarantees of the effectiveness of community-based treatment, but it is hoped that the realistic education will provide the basis of the community's support for treatment.

Some countries have developed strict measures such as Home Confinement, electronic Monitoring, and Intensive Supervision. In combining these measures with community-based treatment programmes, there is an increased likelihood of successfully treating a high-risk juvenile in the community.

(vi) *Public Relations*

Mass media often report juvenile crime so sensationally that the public lose their confidence in juvenile justice. Therefore, giving objective information to both mass media and the public is crucial.

Information about the effect and efficiency of community-based treatment based on scientific research is one of the most important elements. Usually these findings are provided only in technical journals or books for specialists; moreover, they use difficult technical terms. Such information should be translated into more user-friendly terms and provided in more accessible ways. That is, information about juvenile justice should be popularized through publishing, videos, TV programmes, web sites, and so on. Information and examples about how to live without violence should be provided to the public through the materials such as posters, newspapers and brochures. This information will help children to understand the differences that exist between their values and real life values.

The mass media can provide the community with media education resources for youth, violence prevention programmes, parent workshops, and volunteer staff training. Thus, mass media is one of the most useful resources for public relations.

Governmental sectors that organize and promote the above-mentioned activities should involve mass media with them.

Crime Prevention Awareness Campaigns and Street Drama are also useful. The governmental sector can appoint celebrities to a number of these campaign activities.

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C. Summary

An offender-based information system is a vital step in the move towards best practices in community-based treatment of juvenile offenders. It allows for:

- (i) A systematic assessment of the risks and needs of each juvenile and the extent to which these needs are met through a comprehensive and integrated management of juvenile offenders on community-based treatment;
- (ii) Objective benchmarking of progress made by each offender;
- (iii) Analysis of the impact of treatment programmes and other casework intervention by Probation Officers, volunteers and other agencies working in partnership to achieve successful outcomes for the juvenile. This will enable a more effective and efficient use of resources to target high completion and low recidivism among juveniles on community-based treatment.

While the Group recognises the importance of an effective and efficiently managed offender-based information system in effective case management in the interests of the juvenile, we are mindful that there should be a high premium on confidentiality of all information on offenders and families. To this end, there has to be a clear policy on destruction of juvenile records and judicious use of such information outside the framework of supervision.

Programmes to gain public confidence in community-based treatment for juveniles should be geared towards providing communities with the understanding that community-based treatment is not about addressing emotions, but rather to apply practical

measures in the effective rehabilitation of these juveniles within their communities, to the benefit of the community at large.

The goal of community safety is best achieved through the delivery of effective community-based intervention as expressed through a well-managed case management system.

Public relations is all about communicating to the public (in ways they can understand and appreciate) what they need to know to dispel unnecessary fears about community safety issues, effective treatment methods in reforming juvenile offenders while they are allowed to remain in the community.

V. CONCLUSION

Having examined all the risk factors and conducted needs assessments, this model has been designed as the one which is practicable to all participating countries. Although some countries may find some aspects impractical to implement immediately, the wish is for a system that is as similar as possible in design and which will be implemented in the not too distant future.

Successful response to this model depends on the unveiling and gallant public relation efforts of practitioners. There is no reason why any and all avenues should be spared. We are cognizant of the fact that consistent vigilance for changes of the mood and attitudes of the community will be necessary. However a keen eye must be kept for any new or additional resources which might manifest from time to time.

Continuity of community based rehabilitative treatment also means continuous research and evaluation of

programmes that can inform practitioners. While we appreciate that resources are scarce, we must ensure that what resources are available are being appropriately distributed to those youth most in need.

Above all, staff training must be given a high priority if professionals are to be equipped to provide effective service.

Finally, we cannot emphasize too strongly that the needs of the youth are complex and require the input and support of many community professionals. We have advanced the concept of the Multidisciplinary Team, which we feel is the best vehicle to support such evidence-based practice.

REFERENCES

Mark W. Lipsy and David B. Wilson, 1998, "Effective Intervention for Serious Juvenile Offenders," in "Serious & Violent Juvenile Offenders, Risk Factors and Successful Interventions," edited by Rolf Loeber and David P. Farrington, Sage Publications, pp.313-345.

D.A. Andrews et al, 1990, "Does Correctional Treatment Work? A Clinically Relevant and Psychologically Informed Meta-Analysis," 28 *Criminology* 369.

Leschied, A.W. "Effective Correctional Treatment." UNFAEI, 118th Course, July 2001, Fuchu, Japan.

Figure 1
Model System of Community-Based Treatment

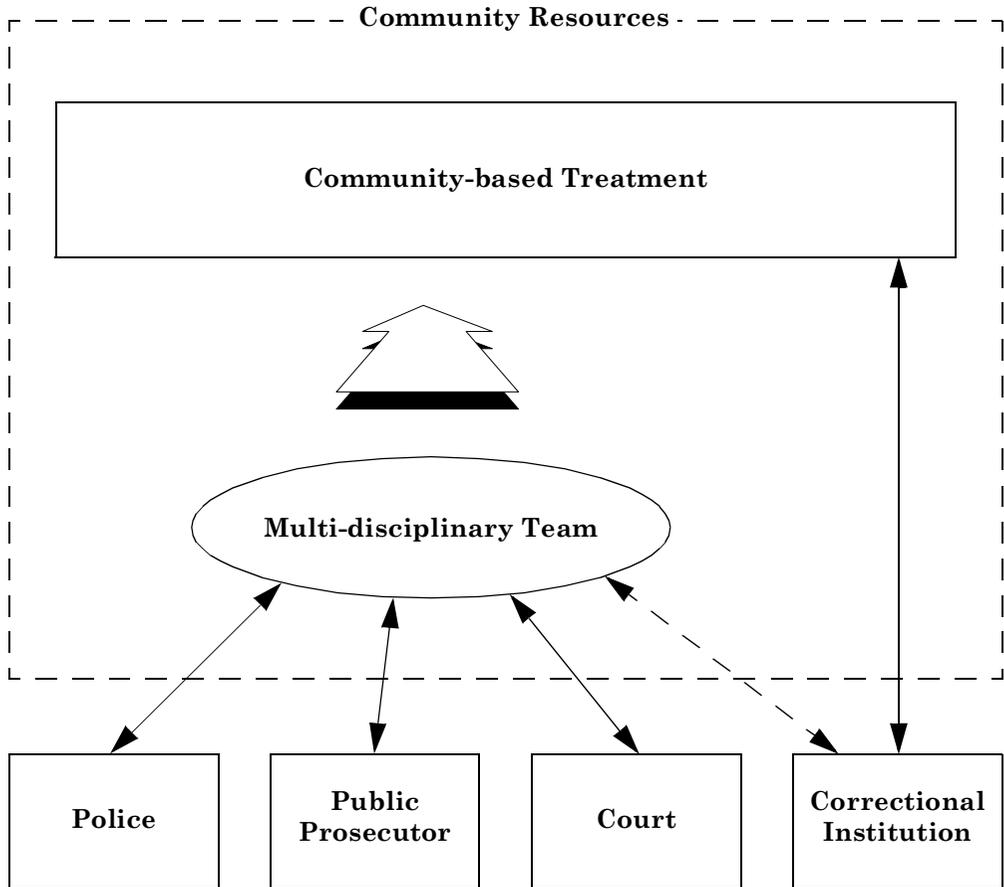
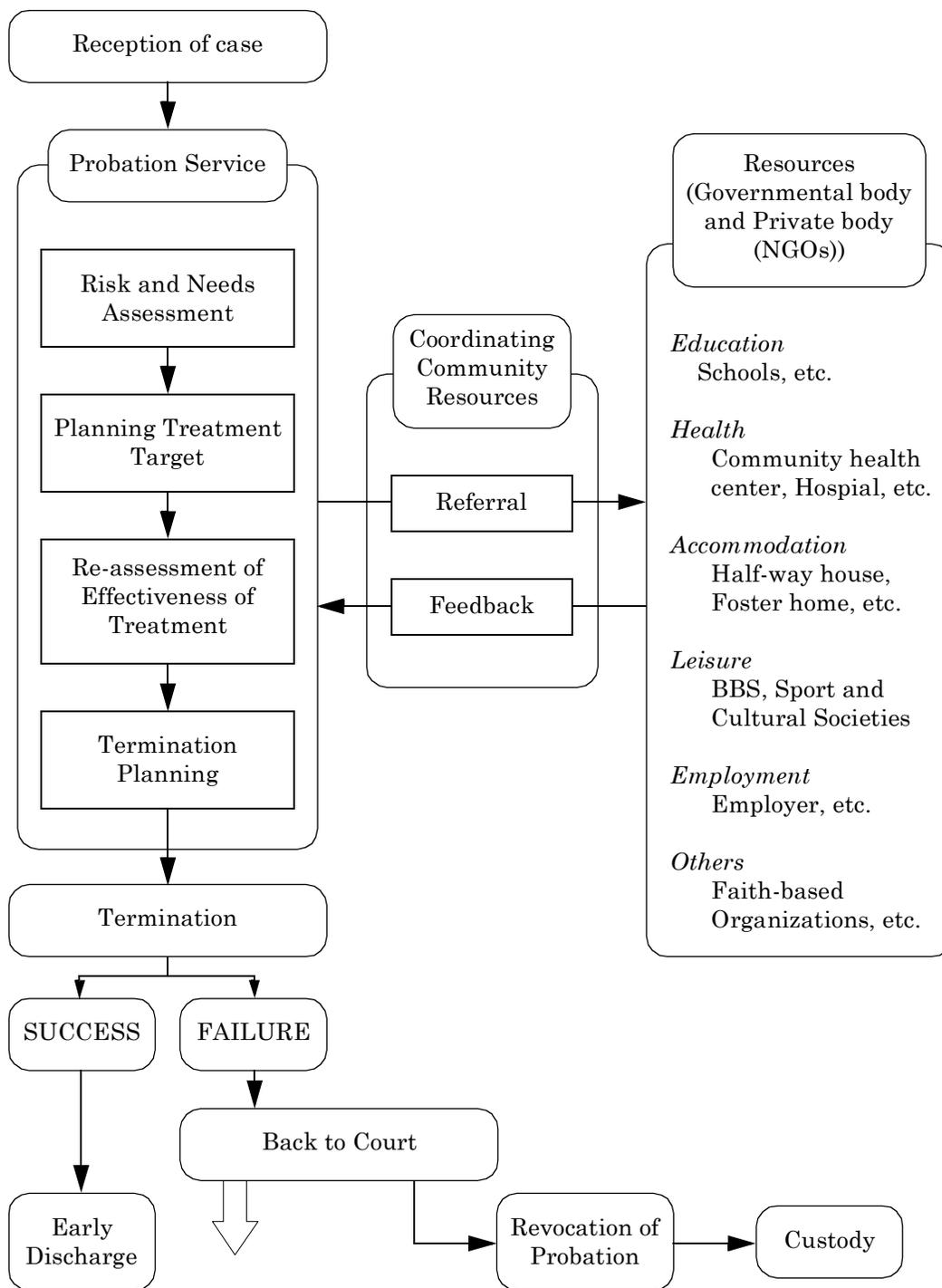


Figure 2
Integrated Case Management System



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Table 1
Treatment Programme in the Context of Risks and Needs

			Programme					
			Individual Counseling	Cognitive Behavioral Counseling	Family Counseling	Drug Treatment	Literacy Skill Training	Vocational Training
Risk/Need	Family	Family relationships			✓			
		Inadequate Supervision			✓			
	School	Disruptive Behavior	✓	✓				
		Low Achievement					✓	✓
		Truancy					✓	✓
	Employment	Unemployment					✓	✓
	Peers	Delinquent Group	✓	✓				
		Few Positive Friend	✓	✓				
	Drug	Substance Use		✓		✓		
	Leisure	Making Better Use of Time						
	Individual	Resiliency						
		Self Esteem	✓					
		Attention Deficit					✓	
		Antisocial attitude	✓	✓				
			Programme					
			Promotion of Employment	Restoring Programmes	Community Service Work	Adventure/ Sports	Mentorship	Fostering
Risk/Need	Family	Family relationships						
		Inadequate Supervision						
	School	Disruptive Behavior						
		Low Achievement	✓					
		Truancy					✓	
	Employment	Unemployment	✓					
	Peers	Delinquent Group				✓		✓
		Few Positive Friend				✓		
	Drug	Substance Use			✓			
	Leisure	Making Better Use of Time			✓	✓		
	Individual	Resiliency		✓			✓	
		Self Esteem				✓		
		Attention Deficit					✓	
		Antisocial attitude			✓			

Table 2
Rehabilitation Needs and Resources

Needs	Resources						
	Cooperative Individuals	Neighbors Peers	Schools Public & Private	Academic Institutes	Business: Private Sector	NGOs	Government Ministries & Departments
Basic Education	✓		✓			✓	✓
Vocational Training	✓		✓			✓	✓
Employment	✓				✓	✓	
Accommodation	✓					✓	
Health	✓	✓			✓	✓	✓
Family Relationships	✓			✓			
Sports/Leisure	✓	✓					✓

“✓” means that the resources are currently used in participant’s countries.