

# How to Increase Voluntary Participation in Justice Programs



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**Premier & Cabinet**  
Behavioural Insights Unit

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## Executive summary

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### Background

In 2015, the New South Wales Government announced a State Priority to reduce adult reoffending by five percent by 2019 (NSW Government, 2015). More recently sentencing reforms coming into effect in September 2018 will give courts more flexibility to impose community-based sentences and require an offender to submit to supervision, participate in behaviour change programs and access other support services as conditions of the sentence (Department of Justice NSW, 2017). As such, there is an increased focus on preventative options to address criminogenic patterns affecting recidivism. Yet non-mandatory programs can often have low participation rates, particularly when programs are new.

In late 2015, the Department of Justice NSW (DoJ) approached the Behavioural Insights Unit (BIU) to find ways of encouraging more high-risk reoffenders to participate in voluntary programs that address criminogenic issues, which aimed to reduce recidivism. From 2016 to 2018, we carried out various research and fieldwork activities to understand the social context affecting voluntary participation in justice programs and used that to provide advice and ongoing findings to DoJ.

### Aims

Our report aims to:

- Identify key behavioural drivers and barriers for engaging in voluntary, behaviour-based offender programs
- Understand the behavioural characteristics and experiences of unsupervised offenders and what impacts their motivation and likelihood to engage in future support.

### Findings

Our project involved three stages of fieldwork, which included: 46 interviews with service providers (35 interviewees representing 18 organisations); two experts on recidivism; nine interviews with clients; and site visits to five sites across metro and regional NSW. Our findings will inform behavioural changes to increase voluntary participation in programs.

Key approaches to reducing behavioural barriers to engagement are:

- **Reduce overly-complicated steps in signing-up clients.** Sign-up process for voluntary programs can be protracted and cumbersome for both clients and case workers, introducing challenges that make a program unappealing (*friction costs*). Use default settings to make signing up easier and reduce hassle by consolidating appointments.
- **Increase a program's appeal by clearly highlighting its unique benefits that are relevant for the individual participant.** Eligible clients perceive that there are too many programs seemingly addressing similar rehabilitation services. This makes services of new programs seem less valuable (*scarcity heuristic*). Personalise delivery, giving clients a choice for specific services tailored to their needs.
- **Reduce the cognitive load (by reducing the number of options, or chunking information), and make the decision-making process motivating for clients.** Due to past negative experiences with other services, and because there are too many decisions to make when considering new services, clients are put-off joining a new program (*choice overload*). The behavioural science tool for *commitment devices and the intention gap* can help clients make useful goals to keep them motivated.

- **Use simple communication tools, such as a script, to draw attention to important details.** Program aims are not always clearly communicated, making it hard to respond to program requirements and other information (*salience*). Make joining attractive using a behaviourally-informed communications strategy. Present information in language that resonates with clients (*framing effect*). Use a clear call to action. Redress the risks that clients might associate with seeking help (*risk aversion*).
- **Positive reinforcement and culturally meaningful approaches can reduce the stigma of seeking help.** Clients often have life-long negative experiences with services which have left them feeling judged, or like they are “failures” (*social stigma*). Program screening tools and assessment can sometimes reinforce this negativity. Programs using motivational interviewing and other interactive techniques engender stronger engagement. Strengthening client’s self-worth and celebrating minor achievements throughout their program participation can motivate them to stay.
- **Consider timeliness of messages, tapping into the desire for a “fresh start.”** Readiness to get rehabilitated is variable depending on age and life circumstances. However, clients will almost invariably experience a sense of exhaustion at the cycle of reimprisonment. They are especially open to the prospect of taking back control of their lives as they face the uncertainty of a sentencing outcome (*fresh start effect*). Experts tell us that the first 48 hours of being released into the community after an arrest is an especially pivotal time. A path to reuniting with family (especially children and grandchildren), or making amends with important people, is an appealing reason for change (where this contact is safe for family and others). SMART goals can help engage clients during this period of reflection (that is, setting specific, measureable, achievable, relevant and time-bound goals).

Another major finding from our fieldwork is that new programs can sometimes inadvertently introduce implementation barriers. These make it difficult to engage clients. Implementation issues should be addressed before behavioural insights can be used.

## Policy context

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In 2015, the NSW Government announced a State Priority to reduce adult reoffending by five percent by 2019 (NSW Government, 2015). This included a new plan to provide more evidence-based rehabilitation programs (Corrective Services NSW, 2015). **Reoffending** refers to individuals who have been repeatedly charged and convicted of a criminal offence. Twenty-three percent (23%) of adults exiting prison in NSW go on to be re-convicted within 12 months, and 56% of adult ex-prisoners will be re-convicted of another crime within 10 years (Agnew-Pauley and Holmes 2015). Men are more likely to reoffend, and Aboriginal people are overrepresented in the prison population.

There are multiple programs geared to people with a reoffending history. Some are mandated as a condition of release into the community, while others are voluntary. The services offered through these programs address social welfare, or criminogenic issues, or a combination of both. Social welfare programs provide assistance with housing, employment, life skills training and other services to stabilise or prepare clients for life outside of jail. **Criminogenic** programs address behaviour changes, such as domestic and family violence behaviour reform, alcohol and other drug rehabilitation, anger management, mental health counselling, and other health services.

Our work focuses on the recruitment and sign-up of voluntary, criminogenic programs by clients who have a reoffending background.

## Behavioural insights on engagement

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**Engagement** in services refers to the *motivation* and *commitment* to undertake activities, which lead to active participation in behavioural interventions (Mason and Prior, 2008; Farrington and Loeber, 2001; Leschied, 2000; Lipsey, 1995; McGuire, 2002).

In some cases, clients with alcohol and other drug problems who are mandated to enter rehabilitation programs can have similar outcomes to clients who entered voluntarily (Coviello et al, 2013). In other cases, because clients are not given choice, mandated programs can sometimes undermine an individual's motivation to change their behaviour (Lynch, 2006). Whether voluntary or mandated, engagement is boosted by a range of factors, including timing of when services are offered to clients, process of recruiting clients (referrals and eligibility screening) and the skills of case workers (Watson, 2005).

### Engagement and motivation

Motivation is positively associated with participation, completion and outcomes in criminogenic programs (Prendergast et. al., 2008; Simpson et. al., 1999). Clients with high personal motivation are more likely than those with low motivation to be engaged in treatment (Melnick, et al, 2001). Moreover, engagement is increased over the long-term through interventions and strategies that focus on maintaining the client's motivation and self-efficacy (Coviello et. al., 2013). To engage clients, programs might appeal to two forms of motivation: intrinsic or extrinsic (Deci & Ryan, 1985).

*Extrinsic motivation*, or externally-motivated behaviour, is often linked to a focus on rewards or other benefits (McMurrin, 2003). Wanting to avoid imprisonment or other penalties is another form of extrinsic motivation. For the general population, appealing to extrinsic motivation can lead to greater engagement, better performance, less likelihood to drop out of services, higher quality learning, and greater psychological well-being (Deci & Ryan, 1985). However, for people at-risk of reoffending or who are otherwise vulnerable, appealing to extrinsic motivations alone may not be enough. Not having attractive life options upon release diminishes the deterrence effects of re-incarceration (Schnepel, 2016a). So intrinsic motives also matter.

*Intrinsic motivation*, or internally-motivated behaviour, relates to goals that are personally challenging or that meet psychological or other needs to improve one's character (McMurrin, 2003). Changes resulting from intrinsic motivation can last longer than external motives, and especially impact long-term wellbeing (Austin, Williams and Kilgour, 2011; McMurrin, 2003). Positive appeals where clients do not feel judged against task performance, threats, deadlines and competition are especially fruitful (Deci & Ryan, 1985).

Engagement increases by appealing to both extrinsic motivations, such as the client's self-interest to minimise jail time, and intrinsic motivations, such as helping clients achieve personalised goals through positive, ongoing feedback (cf. McMurrin and Ward, 2004).

### What we did

Our findings are based on 46 qualitative interviews and site visits with service providers. This allowed us to capture rich experiences and knowledge about effective engagement strategies.

- **Service providers:** 35 participants representing 18 service organisations. This includes the justice sector (solicitors, magistrates, restorative justice specialists, and prisoner advocacy workers); the health sector (alcohol and other drug counsellors, and mental health professionals); Aboriginal-controlled and other not-for-profit service providers
- **Experts:** two academics with expertise in recidivism; crime prevention; correctional justice
- **Clients:** nine clients currently in voluntary programs, living in the community whilst awaiting sentencing. They were are participating in service delivery programs targeting criminogenic issues, such as drug and alcohol rehabilitation; domestic and family violence counselling; anger management modification; mental health therapy.

**Table 1 The participants**

Participant cohort	Number of participants	Gender	Ethnicity <sup>1</sup>	Disability	Participants' geographic location
<b>Service providers</b>	18 organisations (N = 35 participants)	22 women 13 men	6 Aboriginal 7 Other CALD <sup>2</sup> 22 Anglo-Australian	1 participant	15 metro 14 regional 6 interstate
<b>Experts</b>	2 participants (1 economist; 1 criminologist)	1 woman 1 man	2 Anglo-Australian	--	2 metro
<b>Clients</b>	9 participants (All in currently in case management)	2 women 7 men	4 Aboriginal 2 Other CALD 3 Anglo-Australian	5 participants	3 metro 6 regional
<b>Total</b>	<b>Participants N= 46</b>	<b>25 women 21 men</b>	<b>10 Aboriginal 9 Other CALD 27 Anglo-Australian</b>	<b>6 disabled participants 40 able-bodied participants</b>	<b>20 metro 20 regional 6 interstate</b>

<sup>1</sup> Aboriginal, CALD and disability status recorded only when participant self-identified through their answers

<sup>2</sup> CALD is an acronym for culturally and linguistically diverse groups. In this study, this includes non-Aboriginal and non-Anglo-Australian people.

## What we found

The BIU uses the EAST framework to determine effective behaviour change using behavioural science principles and methods (BIT 2014):

- ‘**E**’ stands for making it **easy** to join a program
- ‘**A**’ is for making the services **attractive** to clients
- ‘**S**’ is for using **social** norms and influences to engage clients
- ‘**T**’ is for engaging clients in a **timely** way, making services resonate at the optimum stage.

We present typical quotes from participants (using pseudonyms) to illustrate BI interventions.

### Easy

**Making behaviour change easy.** Our fieldwork suggests that reducing the barriers and difficulty of taking up services (or ‘friction costs’) is the most effective way to establish engagement with clients. Appealing to the novelty of programs and simplifying choices also helps.

#### Reduce friction costs

Programs sometimes have complicated sign-up process protracted over several days or sometimes weeks. People are first contacted by service providers who explain the program. Clients will then be asked to consent to eligibility assessment. They might need to later approve consent for service providers to make enquiries on their behalf to other agencies as part of case management. Some programs will also require two assessments: one to prove eligibility, and another to record additional personal history and administrative details to begin case management.

#### Friction costs

*Small details can make a task seem challenging, which could mean people put off taking action indefinitely.*



Multiple screening tools and processes can be off-putting. Eligibility questionnaires can sometimes be long and invasive. Documentation is often double-handled, as case workers often record manual notes and fill-in paperwork with clients, to be later entered into an electronic database.

Casework potentially adds additional meetings in multiple places, on top of existing commitments to family and other service providers. Clients may have lost their driver's licence or have limited public transportation options in rural areas. This difficulty and repetition makes joining the program unappealing.

#### How to reduce friction costs

**Simplify eligibility processes.** Use pre-filled forms that can be swiftly completed on the spot. Ideally, this might be done on a tablet or another portable electronic device that reduces manual entry.

**Use default settings.** Streamline processes, to enable providers to seek informed consent from clients as soon as they agree to participate in a program. This will enable providers to more easily and transparently make enquires about clients to other agencies. Clients opt-out rather than opt in as a default.

**Reduce hassle for clients.** Negotiate meetings to make case management easy, for example, case managers might meet client in convenient places. Providers might develop a process to minimise or combine appointments in liaison with other agencies.



## Appeal to scarcity

Clients responded positively to being offered a voluntary program as a special choice. For example, being shown they were especially chosen for an exclusive program from a limited pool of people. These clients discussed how their case worker explained that not everyone is offered this opportunity. Alcohol and other drug counselling service provider Lubna is of non-English speaking background working with predominantly Muslim clients. She emphasises to clients: “I work with your background. It’s not about me. It’s about you as an individual.”

### Scarcity heuristic

People may put off decisions, such as considering an offer, when an item or offer seems open-ended or freely available. People attach a higher value to resources that are limited in quantity or time.



Larissa and Watson are Anglo-Australian clinicians in metro Sydney who provide drug counselling. They say that highlighting personalised approach to case management is appealing.

**Larissa:** Gear the program towards what they are telling you, where they are at in understanding their issues. Others are more ambivalent. So if the client is not interested, I would say: ‘Well, you know, these are your options...’

**Watson:** I think that’s just something you do generally with clients. Tailor the treatment plan during the initial suitability assessment.

**Personalise service delivery.** Clients who were happy with the services they receive said they believed they had been especially matched to their own case worker whose job is to help them. Clients emphasised common aspects of their life journeys and the rapport their case workers had established (especially in finding common struggles), and being carefully matched along personal traits, including personality and age.

- **Use a bespoke approach** to optimise extrinsic and intrinsic motivation
- **Personalise choices**, showing why clients are being recommended for a program
- **Bring attention to limited opportunity** not offered to everyone
- **Simplify decision-making** to suit client’s circumstances.

## Minimise choice overload

Clients have trouble sorting information and making choices. There are too many programs and service providers to navigate. Some of the services may look very similar, for example voluntary options for alcohol and other drug rehabilitation via service providers as well as those mandated by magistrates.

Clients are likely already receiving services with other Government organisations or programs (Centrelink, Social Housing, and FACs). When facing possibility of joining another program, it will seem like yet another difficult set of decisions and actions they need to manage.

### Choice overload

Too many options can overwhelm people and lead them to delay making a decision.



**Simplify options**, using a personalised set of narrow and clear choices makes a program more appealing. For example, use case history to identify the top few programs that are most relevant to client. Noel, an Aboriginal client in regional NSW, talks about how his case worker walked him through the pros and cons of different programs. Literally: his case worker drove him to different drug and other alcohol rehabilitation facilities to find one culturally appropriate.

*“It’s close to home, and my first look around it looked good. It seemed really nice. Out here it’s quiet and it looked like people were good and stuff, there is a lot of space and it looks like it’s out of country, ‘cause it’s not close to town, so you don’t really think about grog.”*

**Reduce cognitive load**, by facilitating coordination between providers and other services and stakeholders. This will minimise repetition and provide enhanced case management support. Visual goal mapping, motivational interviewing and other best practice methods may help clients figure out which program best suits their personal circumstances. Rather than looking at big life change, which often set clients up for failure, establish small goals.

The case study below shows how choice overload leads to disengagement and how this can be countered.

### Case study: Jack

*Jack’s story is typical. He is an Anglo-Australian client in regional NSW. Past programs were a hassle for him, having to make many phone calls and running around different parts of town for several services. This made him feel like giving up.*

*“I have been in this situation before and I tried with [drug rehab program], but it didn’t work out... You gotta make phone calls and find stuff man, it was very difficult; there were waiting lists everywhere... It’s a difference between someone that wants to help you, and then you are sitting there all alone and not know what the choices are. It’s massively different.”*

*Jack says his current case worker made him feel “special,” by offering him a bespoke approach to case management (appeal to scarcity). His case worker simplified options (minimise choice overload) and helped liaise requirements for other programs (reduced cognitive load). This made it easy to engage.*

*“I’m so happy I had this option. I don’t know where I would be right now. I was kinda chosen... so I felt special. There are programs that can help, but I think it’s hard when you have so many options. With [my case worker], it’s one appointment, you’ve got it all under one roof. It’s sweet. It’s hard when you are alone; you pursue one option and then get screwed-up. With [drug rehab program] it was, ‘Okay well f\*\*k it, I give up!’” Here you have many ways, all on the table with [case worker]; it’s been mad! If things are easy they are working because it’s easy. Most programs you need to pursue them yourself and they give you stuff and you need to go home and call other people. Personal barriers, financial barriers, cause problems. Here it’s amazing. I meet [case worker] here, five minutes from my house, and I can ride my push bike and it’s easy. It’s awesome. And, like, it works.” – Jack, client, regional*

## Attractive

**Making joining programs attractive.** Programs can increase engagement by making services more appealing, using personalised communication, highlighting the benefits through a clear call to action, and address perceived risks to clients.

### Increase salience

Our fieldwork shows some programs do not clearly communicate the aims or content of services. Clients were most motivated to join a program when they understood how specific skills, tools or content of services would help them navigate their legal and everyday troubles (extrinsic motives). As many clients have tried various programs in the past, programs have to create hope for achievable and meaningful change (intrinsic motives).

#### Salience

*People are more likely to pay more attention to information that is simple, accessible and innovative. People are more likely to respond to information that is personally relevant to them.*



*“Build rapport with the offender. You can do this quite quickly with an elevator pitch on how you will help them. You will either impress them, or not, in just 30 seconds. I say: ‘Hi, my name is Arthur. My job is to make you stay in the community and help you stay out of prison. Would you like to talk to me? I have 17 years’ experience as a lawyer. Are you comfortable with that? I need to ask you some questions. What I ask you, I don’t have to tell anyone. It stays between you and me. I won’t tell anyone.’ ...For high risk people, he would have been through the system a few times and is institutionalised into custody. Show you care and give them hope. ‘But what if I could help you get a home, a bed, food. Work with me to change the patterns in your life.’” – Arthur, justice sector, metro*

### How to use salience to simplify communication

**Address salience** using a script. Swiftly establish the benefits of the program, while also promoting a personalised service (*personalisation*). Use phone and mobile messages and improve other points of engagement using BI techniques (see Figure 1).

**Draw attention effectively.** Personalise messages to draw attention to services. Highlight benefits through design of communication materials (such as enhanced letters and marketing).

**Make joining appealing.** Show why clients are being encouraged to join a specific program and how it’s relevant to their current predicament. Clients say good programs and case workers help “keep you on track,” “help you stay healthy,” and help them stay out of jail.



### Use the framing effect

Service providers stress the importance of quickly picking up on language cues from clients and adopting this language into a “pitch.” This might mean using an informal tone or making jokes, but also being swift and direct about the benefits.

#### Framing Effect

*People draw different conclusions based on how the same information is presented.*



**Have a clear call to action.** The framing effect could be used to simplify information on websites and other public marketing materials, segmented for different stakeholders (see Figure 1).

**Draw on the power of simplification.** Use BI techniques when introducing the program. This includes highlighting what you want people to do, using plain English, breaking down steps people can take, and appealing to positive outcomes of joining a program (*gain framing*) (cf. BIU 2017).

**Highlight the key message** for clients as well as stakeholders using a person of influence or someone clients can relate to, or already trust (*messenger effect*) (see Figure 1).

**Communicate rewards** in the form of a two-minute “elevator pitch” for service providers, as part of the script. The aim is to swiftly establish the benefits, such as how completion of a program may be regarded in upcoming sentencing. Case workers might acknowledge other programs may not have worked and how the current program is different.

### Address risk aversion

Programs do not always clearly highlight the benefits they offer and therefore introduces a sense of risk. Clients are pre-occupied with the immediate risk of being sent back to jail and other concerns (such as finding secure housing or employment). As a result, they have limited mental and emotional bandwidth. The prospect of beginning a program is daunting, as they can range from 12 weeks to

12 months. Starting a new commitment draws energy from the legal hurdles ahead, and potentially steals time away from their brief window of freedom.

#### **Risk Aversion**

*When people are facing an uncertain outcome, they will prefer to stick with a predictable but lower payoff, than risk an unknown reward.*



### Appeal to aspects of the service that incentivise participants' motivation and engagement

To establish and maintain engagement, reinforce benefits of the program at various times of service delivery. Sometimes programs underestimate the need to clearly list the benefits of joining. The presumption is that these will be self-evident or that clients are in always in a position to proactively seek and respond to help. Our fieldwork suggests that framing help around rehabilitation alone is not enough. Clients have tried other programs that didn't help them in the past.

*“The big question that offenders ask when they are offered a program is ‘Do I need to?’ It helps to frame the program, even if voluntary, as something that will help them with their court/parole orders – which are not voluntary.” – Sally, service provider, metro*

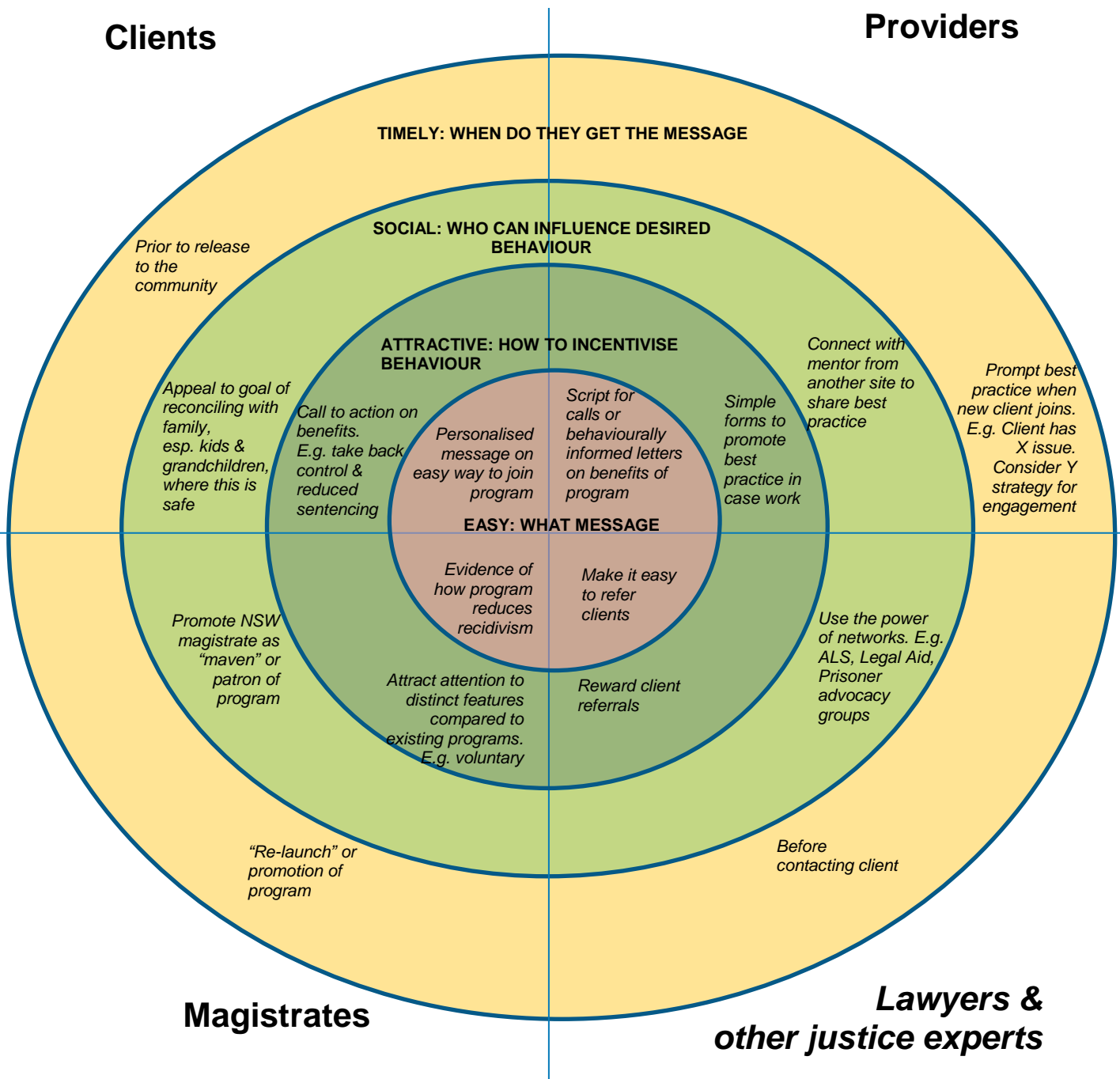
Appealing to both personal goals (such as regaining control of their health) and external rewards (consideration for reduced jail sentence) optimise engagement.

**Incentivise the process of joining and service provision.** Promote how case managers can connect clients with relevant agencies to minimise social welfare concerns. Work development orders and help with referrals to other services are initial levers to engagement.

**Draw attention to a positive self-image.** Clarify that primary role of case management is to work on achievable goals that clients set themselves to get their health, lives, family back on track.

**Reward desired behaviour.** Promote that commitment and progress is provided as evidence for court hearing.

Figure 1: Communication framework for engaging stakeholders



Website:

- Behaviourally informed design
- Emphasise voluntary aspect
- Clear messaging of benefits to clients
- Make services appealing
- Testimonials of clients who have benefited
- Presence on provider websites
- Clarify roles of funders, sponsors & other stakeholders

**Public**

Flyer and marketing:

- Incentivise joining
- Clear call to action
- Simplified information
- Attractive visuals, less text
- List eligibility and requirements
- Promote benefits of case management
- Consider branding to ensure clarity of roles of program partners, such as service provider, funding agency, and other stakeholders

## Social

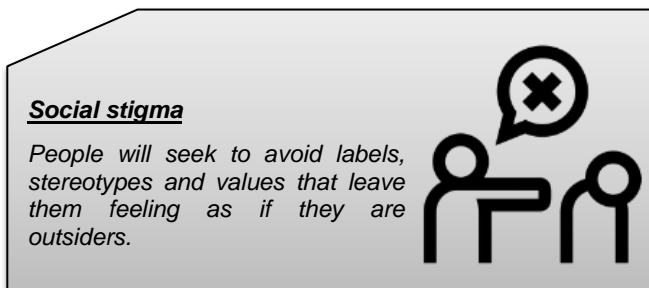
**Harnessing the power of social norms.** Addressing negative social norms around stigma has proved to be effective in engaging clients.

### Redress social stigma

Clients have been made to feel judged as “failures” by past services and programs. They reject being defined primarily by their criminal behaviour. Service providers work hard break down social stigma.

*“Offenders tend to shut down at any sign of judgement. That is, they don’t like being seen as an ‘offender’ with the assumptions that go with it. It is very hard to offer support in that context.” – Leah, service provider, interstate*

*“Stigma is biggest hindrance to establishing and retaining engagement. Stigma is deep-rooted. We need to build capacities in the community – how to break down stigma when seeking assistance for drug and alcohol, for domestic violence, for sexual health. Let’s look at the harm reduction side of things.” – Lubna, service provider, metro*



Assessment tools help law enforcement, justice workers and service providers identify who is eligible for different programs. However some of these inventories use invasive questions that reinforce criminality. The screening process is sometimes disconnected from the work clients undertake in a program. Clients do not necessarily receive feedback despite answering intensive questions about their criminal history. The assessment process is an opportunity for a case worker ‘to draw out the individual’s story as it has meaning to them’ (Mason and Prior, 2008: 15). Motivational interviewing, interactive and collaborative methods are useful.

Assessment is often not culturally sensitive towards Aboriginal and Torres Strait Islander clients or other ethnic or religious minorities. Engagement can be increased by working with Aboriginal controlled programs, and minority community services, as well as a flexible delivery model, ranging from one-on-one to group sessions (see Centre for Innovative Justice, 2015:39).

### **How to reduce social stigma during eligibility assessment**

**Reduce stigma** by drawing on a behaviourally-informed screening tool to assist case management. Using BI, the questions might be reduced and simplified, to focus on patterns of behaviour, and in turn, inform goal-setting and commitment to family and friends. Draw on a limited number of questions from the risk-need-responsivity model, validated through BI measures (test, learn and adapt questions) (cf. Casey et. al. 2014). Use a simplified template, checklists and visual feedback about patterns of behavioural, short-term goals and program outcomes. Make personalised recommendations that the client immediately understands. Use the tool to prompt best practice from case workers and to enhance clients’ self-esteem at the point of assessment.

**Encourage commitment.** At the end of the assessment session, the tool might provide a meaningful measure that could be provided to the client as a type of commitment device. This could be writing down a goal that emerges from the assessment. BI literature shows that making commitments to family or friends increases the likelihood of achieving goals.

**Use social norms.** Consider culturally-relevant questions and measures for Aboriginal people and other minorities.



## Timely

**Offering programs at the optimum time when clients are open to change.** Clients and service providers say the best time to approach clients is at a moment of reflection and weariness, when they are fed up over the cycle of being reimprisoned. The first 24 to 48 hours after being released into the community in the case of pre-sentencing is an ideal time to engage people at high-risk of reoffending (see also Watson, 2005). Pre-sentencing treatments are most effective where there is no delay between trial and treatment (Centre for Innovative Justice, 2015; Gondolf, 2012).

### Leverage the fresh start effect

People who reoffend are not motivated by fear of incarceration. They don't want to go to jail, but they are used to being sanctioned, which only further alienates them. To engage this cohort, it is important to hook into intrinsic motives to break the cycle of reoffending.

Proactively contacting clients when they are "ready for change" can make a world of difference (Centre for Innovative Justice, 2015:48). Fatigue of losing many important relationships can open the door to change. Programs can draw on aspirations to reunite, reconcile or support clients and their family as a pathway for engagement.

#### Fresh start effect

*People are more likely to change their habits during a period of transition.*



### How to prompt clients when they are most receptive to change

**Prompt clients when they are most receptive to change**, within 48 hours of release into the community. Addressing fatigue and loss can be an engagement entry point. Use the clients' language, such as being "tired" of the cycle of reimprisonment, or wanting to "take control" their lives.

Offer social welfare referral to find stable housing and other support, as this otherwise preoccupies the clients' 'mental bandwidth'.

Appeal to client's weariness of repeated patterns, such as:

- Being tired of the cycle of reoffending
- Exhaustion over constant re-imprisonment
- Needing to take back control of their lives

Discuss the client's desire to reconnect with family (especially children and grandchildren), where this is safe.

Leverage SMART goals (specific, measurable, achievable, relevant, and time-bound). In a typical 12-week program, a series of small goals would be best. This could be to attend at least 7 out of 10 sessions with a therapist to work on a family-related goal (such as reconnecting with children or grandchildren), or to reduce (rather than eliminate) alcohol and other drug use.



Clients who are younger (under the age of 30 years) may have been in and out of trouble with the law, but, as participants observe, they might still think they can “game the system.” Clients who are older (especially in their 40s and 50s) have spent various stretches of time in and out of jail. They are weary of prison, but equally distrustful of programs. In either case, voluntary participation hinges on making contact early and showing the client a clear path to get back control of their lives. Lionel leads a men’s behavioural change program for violent perpetrators in metro Sydney. He appeals to clients’ hope for change:

*“The main ‘hook’ is offering hope for the offender; that life doesn’t have to keep going the way that has been going and that it can change. The three criteria for acceptance into the program are: **mission** – a readiness to accept why the man is here. **Conversation** – an ability to talk about themselves. **Goals** – the desire to become a better man.”*

See below for a more in-depth look at the fresh start effect as a catalyst for changing behaviour.

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### **Deep dive: fresh start effect**

*“Your client will do anything under the Sun not to get a jail sentence... How often I have sat someone in the box in the District Court and asked if they are prepared to do this and this. And they say: “Yes, yes, yes”. And the judge sends them: “Off you go.” It’s not that they don’t care. It is that they are just not ready to engage with those challenges yet... But if the person has reached that mind stage... when a person can recognise an anger management issue or drug issue that’s where you see change. To engage with Aboriginal risk offenders you need to engage the whole family, to truly engage... For DV and anger management– everyone has a trigger... You are sending them back into the family and so you can’t look the client in isolation alone.” – Anita, justice sector, metro*

*“Any time someone has been engaged in a behaviour quite long term it will always take longer to rewire that person’s brain... after 20 or 30 years of this behaviour, their attitudes towards criminality is, ‘This is not normal, but it is okay...’ Research says when people do rehabilitation programs of their own volition, it’s better. They can still gain benefit if they’re mandated, but it’s much better when it is about, ‘I’d like to get help. I’d like to change.’” – Doris, service provider, regional*

### **What’s the best way to engage someone who wants to change their lives?**

All participants (service providers and clients) talked about how the desire to reconnect with family (where this is safe) is a timely point of intervention.

*“I would probably just ask him about if there is there anyone you have pushed outside of your life, people pushed away and they need to come back in because of the change in their lives. Like they may have lost everything, like their sons and kids, relationships and DV and all that, and lost property and cars and now they are coming back and being healthy.” – Noel, client, regional*

*“The incentive is to connect with family, kids and community; and that’s not even DV connected. They need case management and then they can be relocated from social housing. A lot of them have been shamed and they may even have moved away from the town. The drug and alcohol program [in regional NSW] was successful. They bought in the whole family.” – Mick, justice sector, regional*

*“Our programs for families – part of that is related to research that family connection is a leading success indicator for someone coming out of prison. If someone can provide support, try to maintain their family connections, or resolve issues coming up for the family. That’s the upshot of it. We would see the families and children as also requiring their own support.” – Dorothy, service provider, interstate*

*“I would say with majority of clientele they’ve reached a point where there is no return. They’ve lost a lot of support systems. Maybe they’re now financially unstable. There’s a very small window when that happens. Sometimes change comes from wanting to do it for someone else. Sometimes it’s stigma: am I being judged by God? Am I going to go to hell? For others, it’s ‘I want to do it for me now. God is watching me.’ You have to find them at right moment and intervene.” – Lubna, service provider, metro*

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### Implementation factors that impact engagement

People caught up in the criminal justice system are not dissimilar to other customers in NSW in that they are put-off engaging in programs by previous bad experiences that have generated negative emotional responses. The people we interviewed have received various services throughout their lives, including voluntary rehabilitation programs or mandated, parole-related programs. They rarely remember the names of these programs, with the exception of well-known alcohol and other drug programs. Yet they recall vividly negative experiences – from asking for assistance and not receiving respectful responses, to feeling alone navigating bureaucracies and forms. This made them wary of starting over with new programs and new case workers. The distrust was compounded by implementation barriers that make joining programs a big hassle. Below is a summary of some implementation issues that emerged in our fieldwork and how to redress these barriers. Implementation issues need to be sorted first, before BI interventions can be most effective.

- **Improve avenues for contacting clients.** Clients are hard to contact because they are often homeless or in precarious housing. A solution might be to contact hard-to-reach clients through trusted stakeholders (such as lawyers and prisoner advocacy networks)
- **Create easy options to engage.** Programs seem inaccessible, especially when clients have limited travel options. Having mobile and flexible case workers who can drive out to clients or accompany them to appointments makes it easier to engage clients
- **Keep referral pathways open.** Referral programs can be limited if they come from only one source, such as police and Community Corrections. Referrals through exiting service providers, Aboriginal-controlled services, and self-referral can be more powerful levers for change
- **Produce easy-to-use tools for best practice.** Best practice for case management is well-documented, but in dense manuals that are hard to recall on day-to-day
- **Facilitate collaboration.** Privacy provisions of some programs can sometimes hamper cooperation between service providers, court users and criminal justice stakeholders. Some programs will have privacy restrictions that means client history is withheld from service provider. Service providers stress the importance of case history, to better understand criminogenic patterns and to pre-empt any outstanding legal issues
- **Work with Magistrates to consolidate charges.** Clients are sometimes unable to complete programs due to other outstanding charges, which lead them back into the court system. Negotiating a more straightforward process to combine outstanding charges and pending court cases would enable clients to maximise their opportunity to fully commit to rehabilitation
- **Establish a representative justice programs advisory board made up of Aboriginal leaders and experts from rural and metro NSW.** Aboriginal service providers experience consultation fatigue, with multiple programs and services seeking their input after new programs are launched. Setting up an advisory body of various Aboriginal-controlled services, legal representatives, community services and elders would lift this burden from ad hoc requests. Advisory members should be remunerated adequately
- **Engage stakeholders early on aims, roles and outcomes of new programs.** When new programs are launched, misconceptions can quickly spread and lead to disengagement. For example, lawyers may not have visibility of certain programs or have the ability to refer their clients into a program. This closes a potential opportunity to engage clients.

Below are some behaviourally-informed tips for improving implementation issues related to case management, which in turn would boost engagement.

## Case management

People make decisions based on the information they have readily available, especially from intense memories, usually events that are unusual or which evoke an emotional state (*availability heuristic*). Clients have a negative perception of case workers based on personal or family experiences in the past. The table below demonstrates the negative and positive effects of behaviours displayed by case workers when engaging clients.

**Table 2 Case worker behaviour effect on client engagement**

Case worker behaviour	Effect on client engagement	
	Negative	Positive
Displayed demeanour	Perceived arrogance leads to de-motivation <i>E.g. “talking down” to clients, or being dismissive</i>	Demonstrating empathetic listening increases trust <i>E.g. “they show they are on your side”</i>
Presentation of self	Dressing too business-like widens social distance to clients	Dressing, acting and talking in ways that are familiar to clients establishes a positive working alliance <i>E.g. “we just clicked”</i>
Communication	“Harassing” clients increases stress <i>E.g. unhelpful or excessive contact during difficult times</i>	Negotiating and agreeing on level of contact boosts support <i>E.g. ring to remind about appointments or check up on outcomes in a helpful rather than judgemental manner</i>
Commitment	Inconsistency leading to distrust <i>E.g. being moved frequently from one worker to another lowers confidence in client that service is invested in their success</i>	Reflecting on overcoming similar problems the case worker has experienced in the past makes them an ally <i>E.g. ‘respect them and be on their level’</i>

**Build-in positive reinforcement.** Clients are wary of poor services. At any given time they (or their family members) will already be clients of various government, health and community programs. Being approached to enter a new voluntary program may trigger distrust. Turning negative past experiences into goal-setting would help. For example, address what approaches to avoid in case management, and the client’s preferences for contact. Positive reinforcement at various points of case management can create more positive memories of service delivery. For example, providing weekly feedback on useful behaviours or thanking clients for showing up to appointments on time.

**Make best practice easy to implement.** For service providers, case management is emotionally and physically draining, so best practice is not necessarily top of mind in complex, day-to-day settings. A ‘working alliance’ or ‘therapeutic alliance’ approach uses personalised approach and focuses on the strengths of the client (Burnett and McNeill 2005:232). Making best practice a routine aspect of case management is pivotal to engagement (Trevithick, 2005; Miller and Rollnick, 2002; Lynch, 2006; Milkman and Wanberg, 2007; Britton and Farrant, 2008; McMurrin and Ward, 2010). Using BI techniques can prompt best practice in an everyday setting. For example:

- Facilitate knowledge sharing and mentorship for case workers through less time-intensive methods. E.g. secure social messaging apps
- Document and share case studies of techniques that are achieving results
- Provide checklists or case management aids that are simple to incorporate in daily work.

## Next Steps

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Our findings have been used to expand NSW government understanding of how to best engage people who have a reoffending history in voluntary programs. We will continue to work in collaboration with relevant service providers and other agencies in the justice sector and beyond, to better address the barriers and enablers to increasing support and service delivery to at-risk cohorts.

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