

Canberra Evaluation Forum

Justice Reinvestment – is it a solution?

19 July 2012

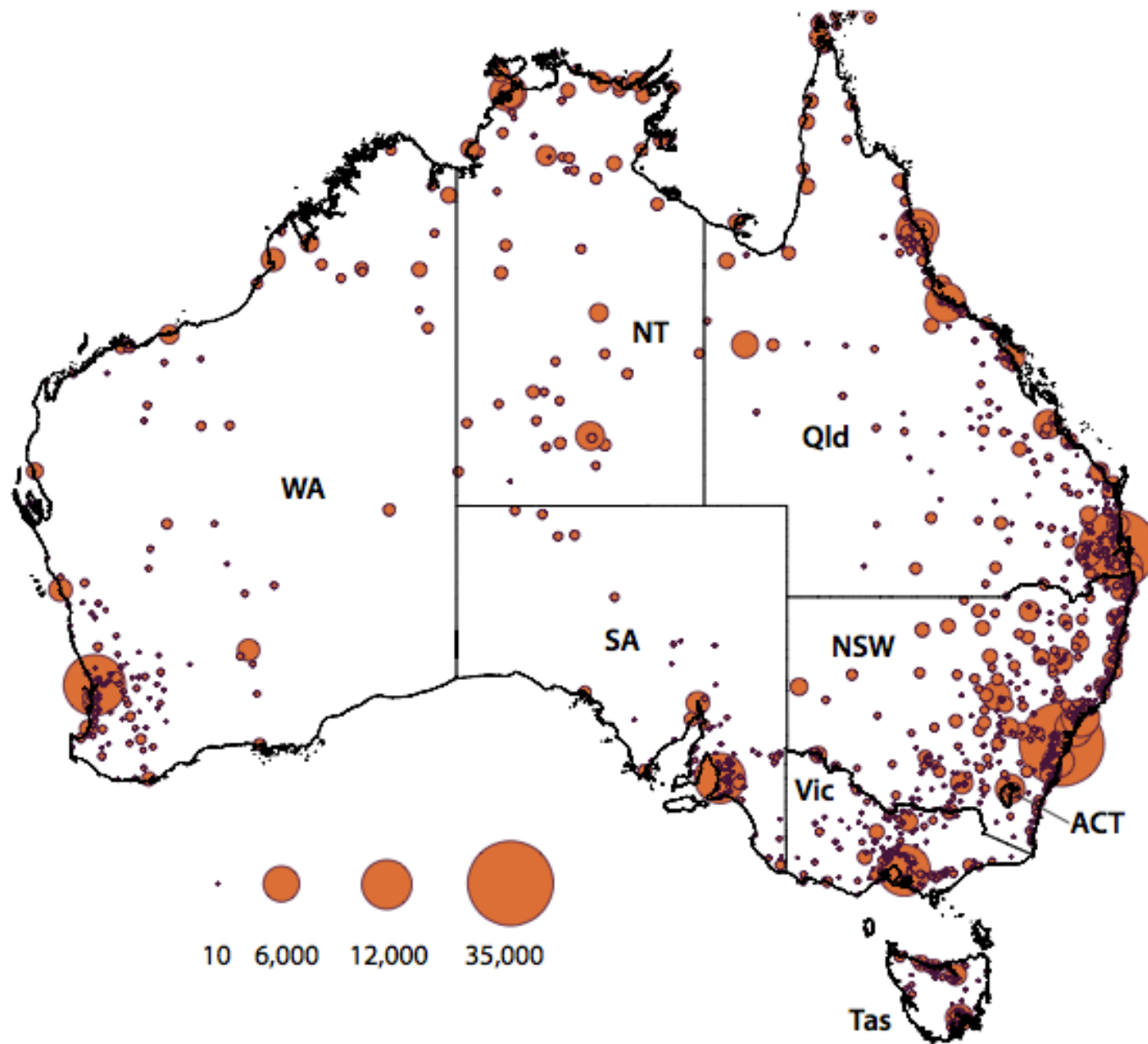


Dr Tom Calma AO

National Coordinator Tackling Indigenous Smoking
and **Indigenous Rights Advocate**

What I will cover in this session

- **Public Policy** relating to Indigenous Australians
 - CTG Campaign
 - DOF Report 2010
- **Australian Prisoner Profiles**
- An overview of **Justice Reinvestment**
- **Status of** Justice Reinvestment in Australia
- **Role of** Public Policy Advisers



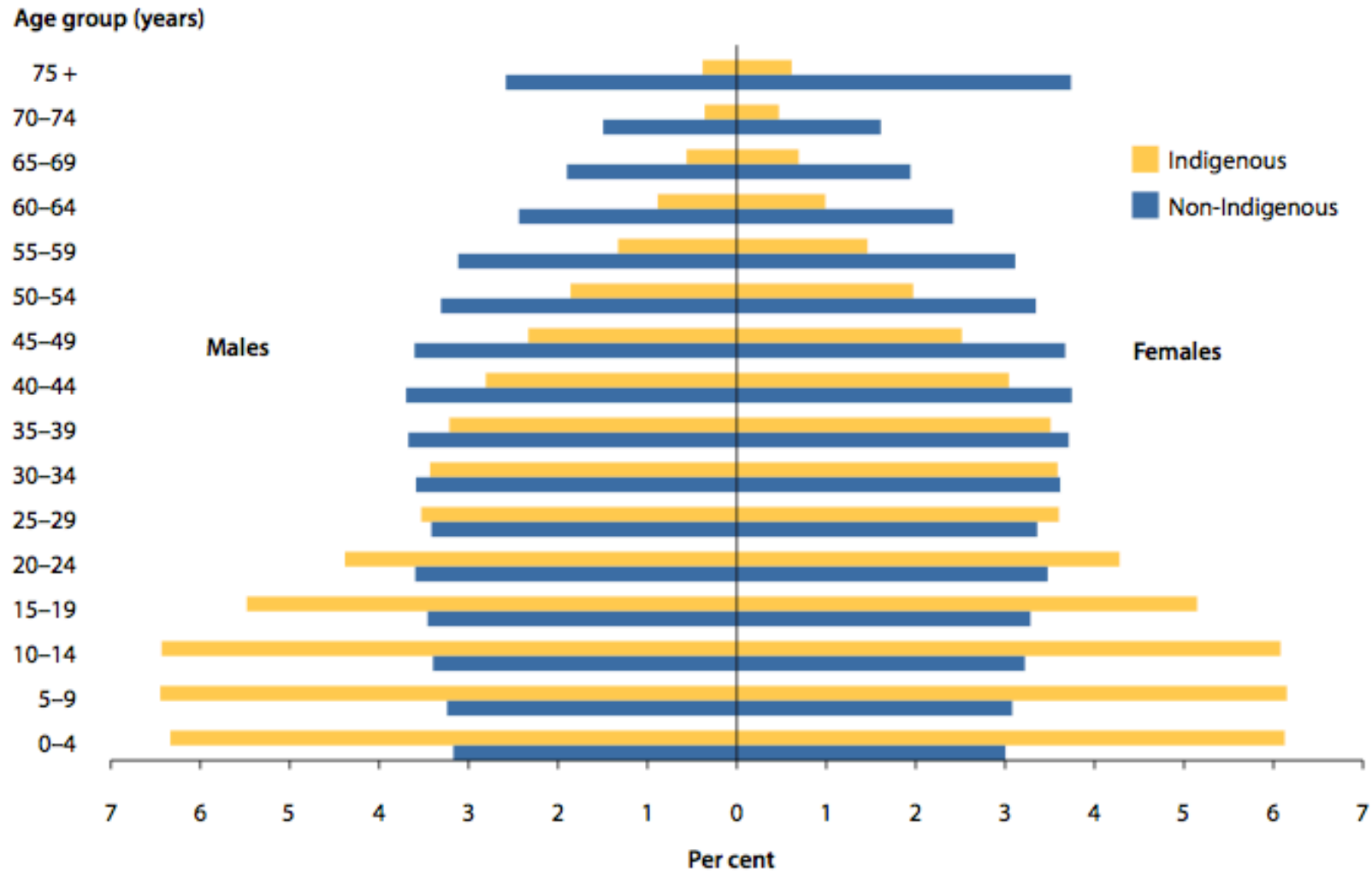
Most
Indigenous
people live
on the
Eastern
sea-board
and in
urban
centres

Note: Population clusters based on urban centre/locality.

Source: AIHW analysis of 2006 Census data.

Figure 2.3: Indigenous population clusters, 2006

Indigenous and non-Indigenous age structures

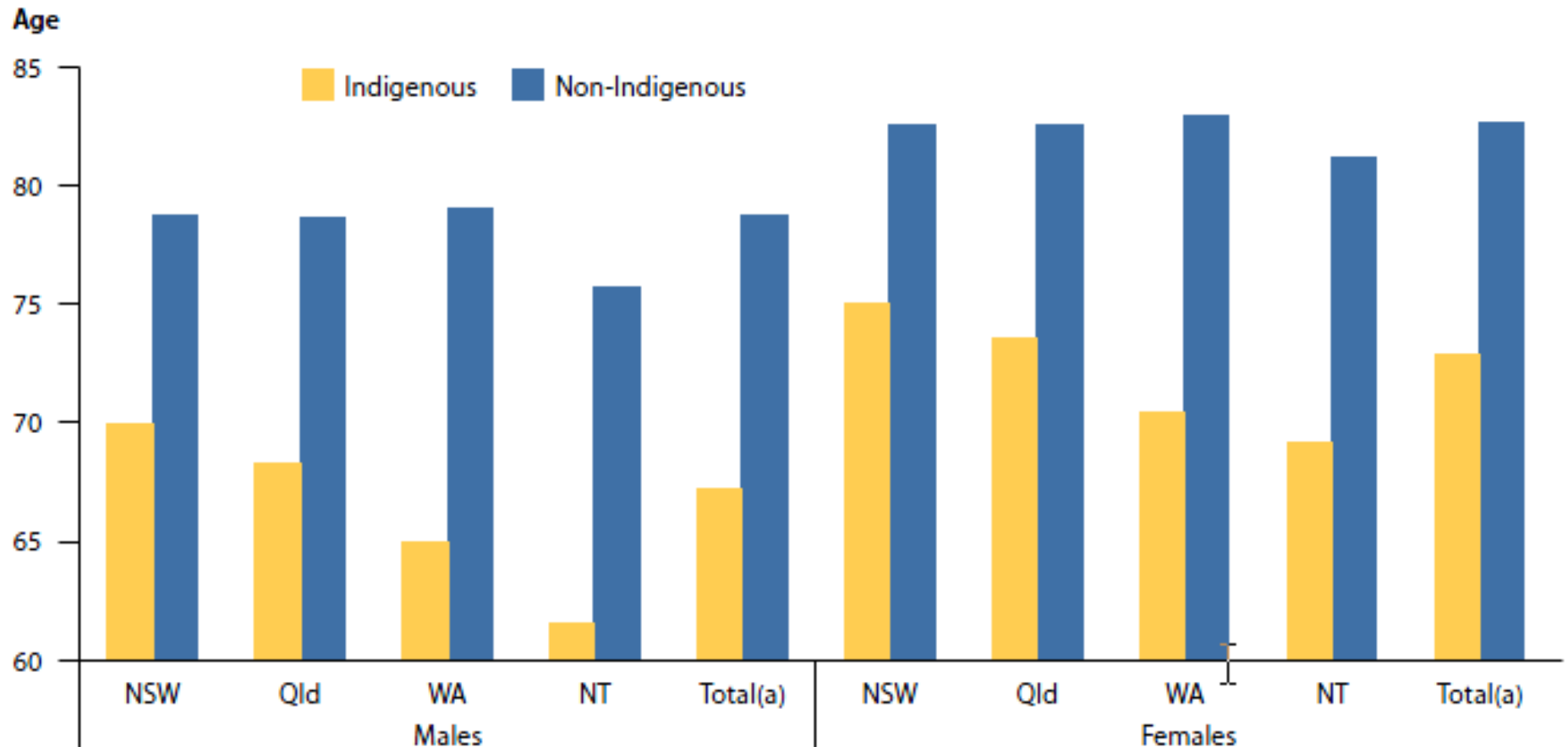


Source: ABS 2008a.

Figure 2.2: Age structure, by sex and Indigenous status, 2006

Life Expectancy at birth

Australian Institute of Health and Welfare 2011

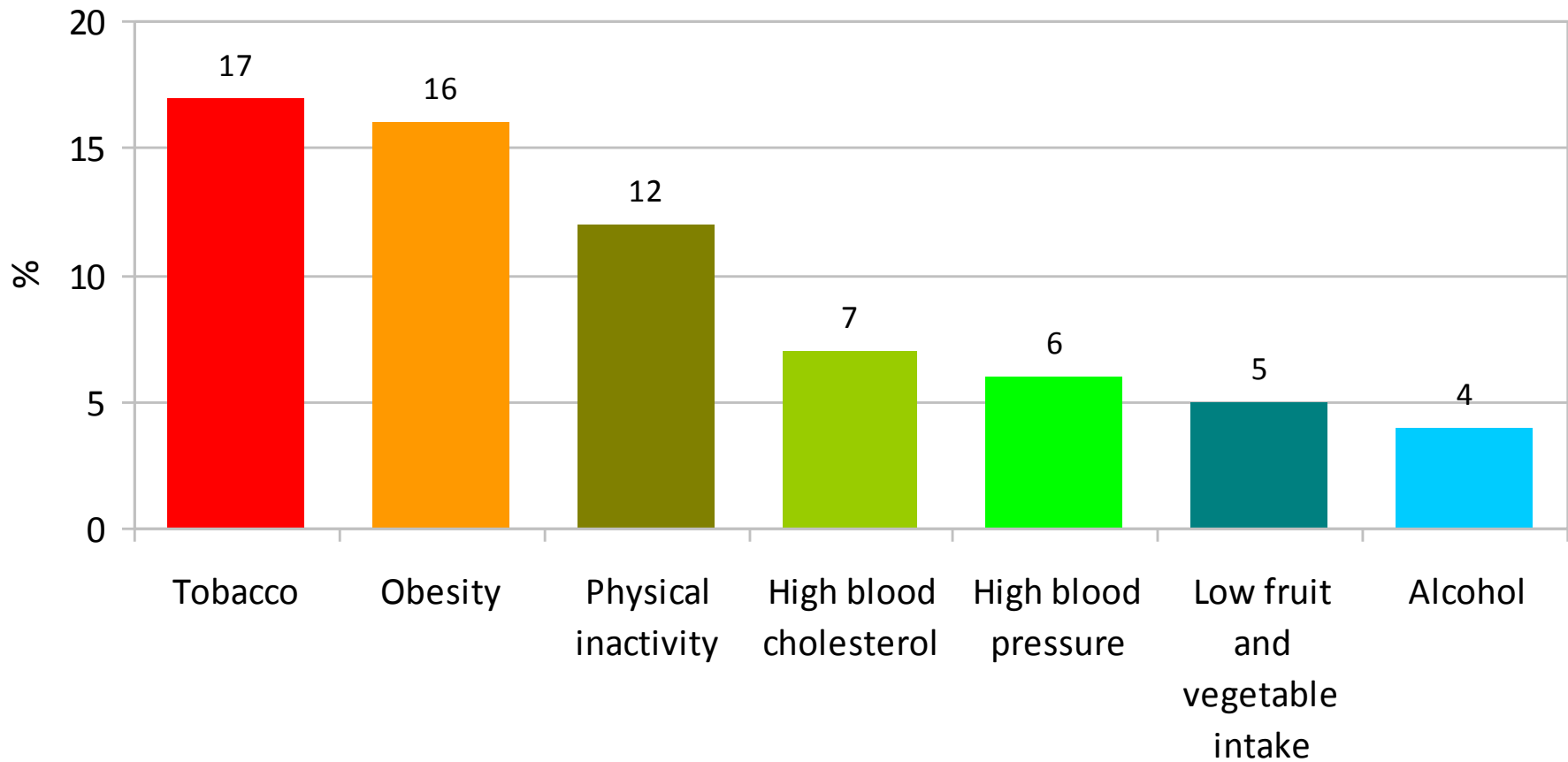


(a) Includes all jurisdictions.

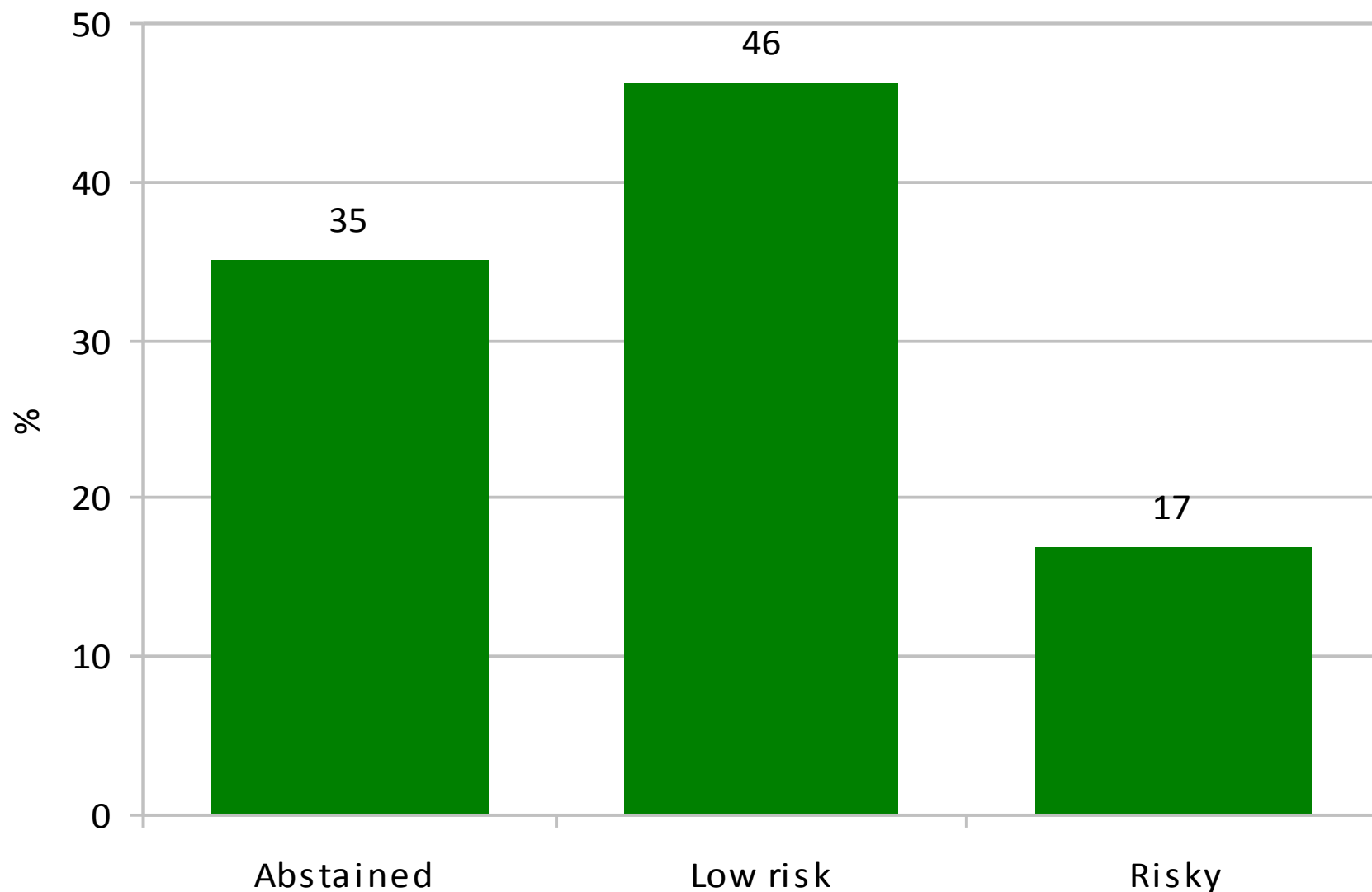
Source: ABS 2009e.

Figure 5.1: Life expectancy at birth, 2005–2007

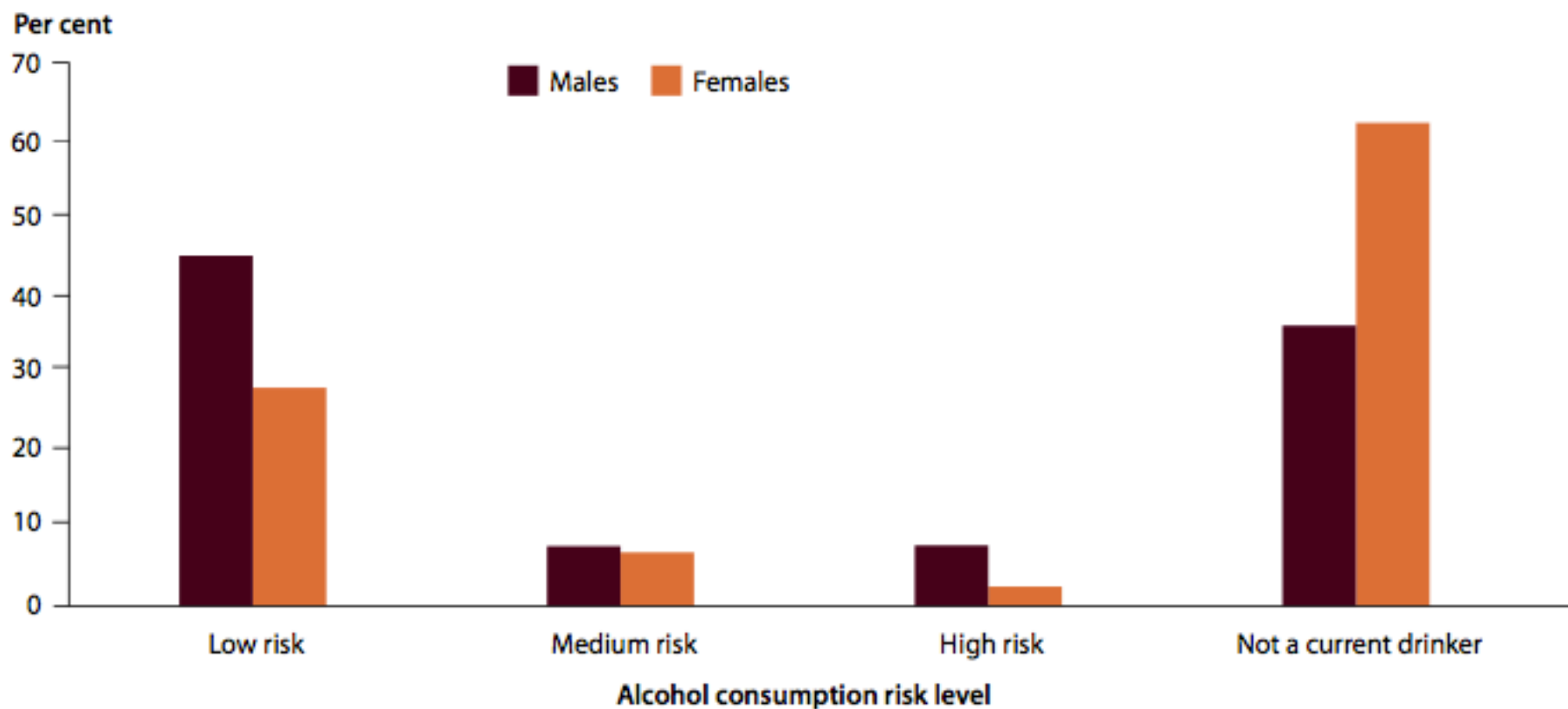
Health risk factors contributing to the gap



Alcohol risk levels Indigenous persons aged 15 years and over, 2008



Alcohol consumption



Source: ABS 2010b.

Figure 6.15: Alcohol consumption risk levels of older Aboriginal and Torres Strait Islander people aged 50 years and over, 2008

Achieving Aboriginal and Torres Strait Islander health equality within a generation

A human rights based approach



The campaign for health equality **requires a comprehensive national plan**

OVERALL TARGET:

HEALTH STATUS EQUALITY *WITHIN 25 YEARS*

Targets and benchmarks as appropriate.

FOUNDATION TARGET:

EQUALITY OF OPPORTUNITY TO BE HEALTHY *WITHIN 10 YEARS*

Sub-target 1:

Equality of access to primary health care within 10 years.

Sub-target 2:

Equal standard of health infrastructure within 10 years



Aboriginal and Torres Strait Islander
Social Justice Commissioner



Human Rights and Equal
Opportunity Commission
humanrights.gov.au

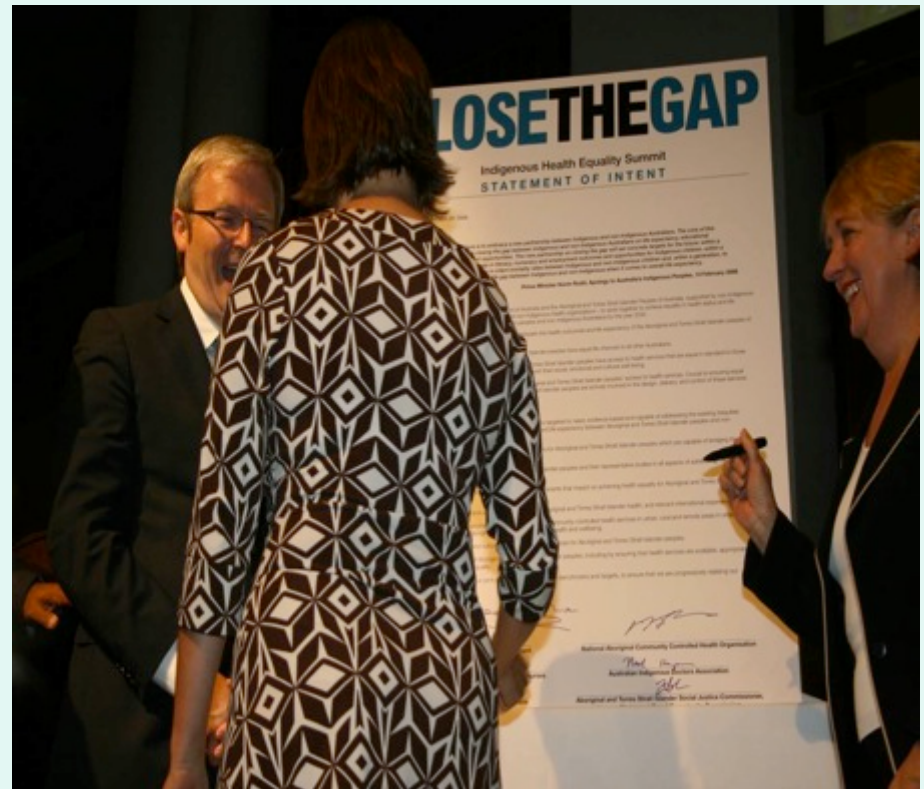
The truth is, a business as usual approach towards Indigenous Australians is not working. Most old approaches are not working. We need a new beginning — a new beginning which contains real measures of policy success or policy failure; a new beginning, a new partnership, on closing the gap with sufficient flexibility not to insist on a one-size-fits-all approach for each of the hundreds of remote and regional Indigenous communities across the country but instead allowing flexible, tailored, local approaches to achieve commonly-agreed national objectives that lie at the core of our proposed new partnership; a new beginning that draws intelligently on the experiences of new policy settings across the nation.

Prime Minister Kevin Rudd, Apology to Australia's Indigenous Peoples, 13 Feb 2008^[1]

Statement of Intent

- PM
- Minister of Health and Minister of Indigenous Affairs
- Opposition Leader
- Every major Indigenous and non Indigenous peak health and human rights body
- First and only bipartisan agreement

20 March 2008



CLOSE THE GAP

Indigenous Health Equality Summit STATEMENT OF INTENT

CANBERRA, MARCH 20, 2008

PREAMBLE

Our challenge for the future is to embrace a new partnership between Indigenous and non-Indigenous Australians. The core of this partnership for the future is closing the gap between Indigenous and non-Indigenous Australians on life expectancy, educational achievement and employment opportunities. This new partnership on closing the gap will set concrete targets for the future: within a decade to halve the widening gap in literacy, numeracy and employment outcomes and opportunities for Indigenous children, within a decade to halve the appalling gap in infant mortality rates between Indigenous and non-Indigenous children and, within a generation, to close the equally appalling 17-year life gap between Indigenous and non-Indigenous when it comes to overall life expectancy.

Prime Minister Kevin Rudd, Apology to Australia's Indigenous Peoples, 13 February 2008

This is a statement of intent – between the Government of Australia and the Aboriginal and Torres Strait Islander Peoples of Australia, supported by non-Indigenous Australians and Aboriginal and Torres Strait Islander and non-Indigenous health organizations – to work together to achieve equality in health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by the year 2030.

We share a determination to close the fundamental divide between the health outcomes and life expectancy of the Aboriginal and Torres Strait Islander peoples of Australia and non-Indigenous Australians.

We are committed to ensuring that Aboriginal and Torres Strait Islander peoples have equal life chances to all other Australians.

We are committed to working towards ensuring Aboriginal and Torres Strait Islander peoples have access to health services that are equal in standard to those enjoyed by other Australians, and enjoy living conditions that support their social, emotional and cultural well-being.

We recognise that specific measures are needed to improve Aboriginal and Torres Strait Islander peoples' access to health services. Crucial to ensuring equal access to health services is ensuring that Aboriginal and Torres Strait Islander peoples are actively involved in the design, delivery, and control of these services.

ACCORDINGLY WE COMMIT:

- To developing a comprehensive, long-term plan of action, that is targeted to need, evidence-based and capable of addressing the existing inequities in health services, in order to achieve equality of health status and life expectancy between Aboriginal and Torres Strait Islander peoples and non-Indigenous Australians by 2030.
- To ensuring primary health care services and health infrastructure for Aboriginal and Torres Strait Islander peoples which are capable of bridging the gap in health standards by 2018.
- To ensuring the full participation of Aboriginal and Torres Strait Islander peoples and their representative bodies in all aspects of addressing their health needs.
- To working collectively to systematically address the social determinants that impact on achieving health equality for Aboriginal and Torres Strait Islander peoples.
- To building on the evidence base and supporting what works in Aboriginal and Torres Strait Islander health, and relevant international experience.
- To supporting and developing Aboriginal and Torres Strait Islander community-controlled health services in urban, rural and remote areas in order to achieve lasting improvements in Aboriginal and Torres Strait Islander health and wellbeing.
- To achieving improved access to, and outcomes from, mainstream services for Aboriginal and Torres Strait Islander peoples.
- To respect and promote the rights of Aboriginal and Torres Strait Islander peoples, including by ensuring that health services are available, appropriate, accessible, affordable, and of good quality.
- To measure, monitor, and report on our joint efforts, in accordance with benchmarks and targets, to ensure that we are progressively realising our shared ambitions.

WE ARE:

SIGNATURES

Representative of the Australian Government

National Aboriginal Community Controlled Health Organisation

Congress of Aboriginal and Torres Strait Islander Nurses

Australian Indigenous Doctors Association

Indigenous Dentists Association of Australia

Aboriginal and Torres Strait Islander Social Justice Commissioner,
Human Rights and Equal Opportunity Commission

Statement of Intent

“.....**commits** the Government of Australia, Indigenous Australians, supported by non-Indigenous Australians and non-Indigenous health organisations **to work together to achieve equality in** health status and life expectancy between Indigenous and non-Indigenous Australians **by the year 2030.**”

- To developing a **comprehensive, long-term plan of action**, that is targeted to need, evidence-based and capable of addressing the existing inequalities in health services, in order to achieve equality ... by 2030
- To ensure **the full participation of Aboriginal and Torres Strait Islander peoples** and their representative bodies in all aspects of addressing their health needs.

Strategic Review of Indigenous Expenditure

– DOF 2010 released 2011

Past approaches to remedying Indigenous disadvantage have clearly failed, and new approaches are needed for the future.

Effective service delivery continues to be a major challenge.....

- **F.11** A clear message from the recent past is that **policies and programs must be targeted to local needs, in close engagement and active partnership with the people they are designed to assist.**
- **28.1.** review the approach to health promotion communications and social marketing strategies to ensure that **they are effectively targeted and implemented** to achieve the desired impact for Indigenous Australians, **drawing on the expertise and activities of other Commonwealth agencies** and coordination forums;...

Community development

Indigenous and non-Indigenous leaders agree on the important goal of providing equal opportunities for all Australians. However, policy, principles and debate must focus on what this means and how it should be achieved. There needs to be a clear relationship between the goal, approach and actions. Very few stakeholders agree on the approach and therefore shift focus straight towards action.

Approach	Description	Advantage	Disadvantage	Successful example
Rights-based	Action driven by basic right to: life; security; livelihood; basic services; be heard; identity.	Current development leading practice	Longer timeframe, prioritisation needed	Scandinavia, France, Kerala (India), Cuba
Needs-based	Survey immediate basic needs such as food, water, health, education and provide these.	Practical, relieves immediate needs	Short term only, over-focus on weakest people	Timor Leste, 2004 tsunami response
Participatory	Ask communities to describe good society and apply to local setting - what must happen?	Cohesive, locally owned and sustained	Regional and urban application difficult	Minority communities in Cambodia, Laos, Africa
Modernity	Modernity used as transitional agent to rebuild community	Easy replication from urban centres	Culturally and locally disrespectful	Post-WW2 reconstruction of Europe, industrial revolution
Ecological	Local knowledge of environment applied to best use resources - humankind a part of nature	Sustainable, uses local knowledge	Economic development a by-product, not a goal	Rural India Canada (First Nations)

'Closing the gap' should be seen as a 'means' to developing and sustaining wellbeing and not an 'end'. It is a means to engage large numbers of people to play a role, within their sphere of influence and competency, to contribute to overall community wellbeing. In that context, closing the gap is starting to show signs of success.



World Health
Organization



Commission on
Social Determinants of Health

Closing the gap in a generation

Health equity through action on
the social determinants of health



1. Improve Daily Living Conditions
2. Tackle the Inequitable Distribution of Power, Money, and Resources
3. Measure and Understand the Problem and Assess the Impact of Action

Social determinants of health

The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.

The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.

Tier 2 Determinants of Health

Environmental Factors

- 2.01 Access to functional housing with utilities
- 2.02 Overcrowding in housing
- 2.03 Environmental tobacco smoke

Socio-Economic Factors

- 2.04 Years 3, 5 and 7 literacy & numeracy
- 2.05 Years 10 and 12 retention & attainment
- 2.06 Educational participation & attainment of Aboriginal & Torres Strait Islander adults
- 2.07 Employment status including CDEP participation
- 2.08 Income
- 2.09 Housing tenure type
- 2.10 Index of disadvantage

Community Capacity

- 2.11 Dependency ratio
- 2.12 Single-parent families
- 2.13 Community safety
- 2.14 Contact with criminal justice system
- 2.15 Child protection
- 2.16 Transport
- 2.17 Indigenous people with access to their traditional lands

Health Behaviours

- 2.18 Tobacco use
- 2.19 Tobacco smoking during pregnancy
- 2.20 Risky and high-risk alcohol consumption
- 2.21 Drug & other substance use including inhalants
- 2.22 Level of physical activity
- 2.23 Dietary behaviour
- 2.24 Breastfeeding practices
- 2.25 Unsafe sexual practices

Person-Related Factors

- 2.26 Prevalence of overweight & obesity

“Close the Gap” versus “Closing the Gap”

“**Close the Gap**” was adopted as the name of the Campaign for Indigenous Health Equality in 2006. In August 2007, the Australian Labor Party signalled their support for the Close the Gap Campaign’s approach to Indigenous health in its Indigenous affairs election platform. As a result, ‘closing the gap’ entered the policy lexicon and has since been used to tag many different Indigenous policy initiatives from the *National Partnership Agreement to Closing the Gap on Indigenous Health Outcomes* to the renaming of aspects of the Northern Territory Emergency Response (the intervention) as *Closing the Gap in the Northern Territory*. As a general rule, any initiative with “Closing the Gap” in the title is an Australian Government initiative. It is important to note that it **does not necessarily reflect the human rights or community development based approach** of the Close the Gap Campaign.



Australian
Human Rights
Commission
for young people everywhere

2008

Preventing Crime
and Promoting
Rights for Indigenous
Young People with
Cognitive Disabilities
and Mental Health
Issues

.....

2009

Social Justice Report

Aboriginal and Torres Strait Islander
Social Justice Commissioner

Justice Reinvestment: a new solution to the problem of Indigenous over-representation in the criminal justice system

Indigenous over-representation in the criminal justice system is a significant social justice issue that needs urgent attention. Some worthy initiatives have been developed since the Royal Commission into Aboriginal Deaths in Custody in 1991. However, what we are doing is simply not working.

Justice reinvestment is a localised criminal justice policy approach, that first emerged in the United States. Under this approach, a portion of the public funds that would have been spent on covering the costs of imprisonment are diverted to local communities that have a high concentration of offenders. The money is invested in community programs, services and activities that are aimed at addressing the underlying causes of crime in those communities.

Justice reinvestment still retains prison as a measure for dangerous and serious offenders. However, justice reinvestment actively shifts the focus away from imprisonment to the provision of community-wide services that prevent offending. Justice reinvestment is not just about reforming the criminal justice system – it is about trying to prevent people from getting involved in the system in the first place.

Justice reinvestment is as much about economics as it is about good social policy. Justice reinvestment asks the question: is imprisonment good value for money? In Australia, we spend increasing amounts on imprisonment, yet prisoners are not being rehabilitated, and rates of return to prison are high.

This is a particular problem among Aboriginal and Torres Strait Islander communities.

Indigenous imprisonment rates in Australia are unacceptably high

- Nationally, Indigenous adults are 13 times more likely to be imprisoned than non-Indigenous adults.
- Indigenous juveniles are 28 times more likely to be placed in juvenile detention than their non-Indigenous counterparts.

There is a lot we can learn from justice reinvestment policies in the United States, and emerging interest in this approach in the United Kingdom. I consider these examples in this year's Social Justice Report.

Justice Reinvestment: A success story

Imprisonment rates are dropping in places where justice reinvestment is being implemented. For example, there was a 72% drop in juvenile incarceration in Oregon, USA, after money was reinvested in well-resourced restorative justice and community service programs for juvenile offenders.

We need to be bold and creative to shape better solutions to Indigenous offending. That is why in this year's Social Justice Report I look to justice reinvestment as a new approach that may hold the key to unlocking Indigenous Australians from the cycle of crime and increasing imprisonment rates.



Left to Right: Jeanette Gordon, Mona Sully, Danika Kingsley (toddler) of the Kukurja people in Balgo, Western Australia. This photo was taken during a program with local youth who have come out of incarceration, under the Kutjungka Documentation Project. Photo: Azaria Rogers (2008).

ACT

NSW

A Strategic Review of the New South Wales Juvenile Justice System

Report for the Minister for Juvenile Justice

Noetic Solutions Pty Limited

ABN 87 098 132 024

April 2010

**JUSTICE
REINVESTMENT
CAMPAIGN**

for **Aboriginal** young people



AIATSIS

AUSTRALIAN INSTITUTE OF
ABORIGINAL AND TORRES STRAIT
ISLANDER STUDIES

Exploring the feasibility of Justice Reinvestment in the Australian Capital Territory

WORKSHOP REPORT

Jill Guthrie

Fleur Adcock

Phyll Dance

November 2011

NT Indigenous imprisonment rate worst in nation

Jano Gibson

Posted September 15, 2011 15:09:30

The Northern Territory has recorded the biggest jump in the Indigenous imprisonment rate of any jurisdiction in the nation.

...about 1,250 Territorians were in custody in the June quarter, with more than 1,000 of them Indigenous.

Indigenous prison rates jump by 52pc

Stephen Johnson

May 5, 2011

- Indigenous imprisonment rates have jumped by more than 50 per cent over the past decade.
- imprisonment rate surged from **1248** for every 100,000 Australian adults in 2000 to **1892** by 2010, marking a 52 per cent increase.
- now make up 26 per cent of the prison population despite making up just 2.5 per cent of the Australian population.

Table 1: Numbers of prisoners across Australia by jurisdiction at 30 June 2007

Location	Indigenous		Non-Indigenous		Total ^a	
	n	%	n	%	n	%
New South Wales	2,058	20	8,030	78	10,285	38
Victoria	238	6	3,945	94	4,183	15
Queensland	1,454	26	4,113	74	5,567	20
South Australia	389	22	1,379	78	1,771	7
Western Australia	1,652	43	2,195	57	3,847	14
Tasmania	67	13	454	86	528	2
Northern Territory	761	84	145	16	906	3
Australian Capital Territory ^b	11	8	126	92	137	<1
Australia (total)	6,630	24	20,387	75	27,224	100

Table 3: Australian prisoners by age and Indigenous status at 30 June 2007 (percentage)

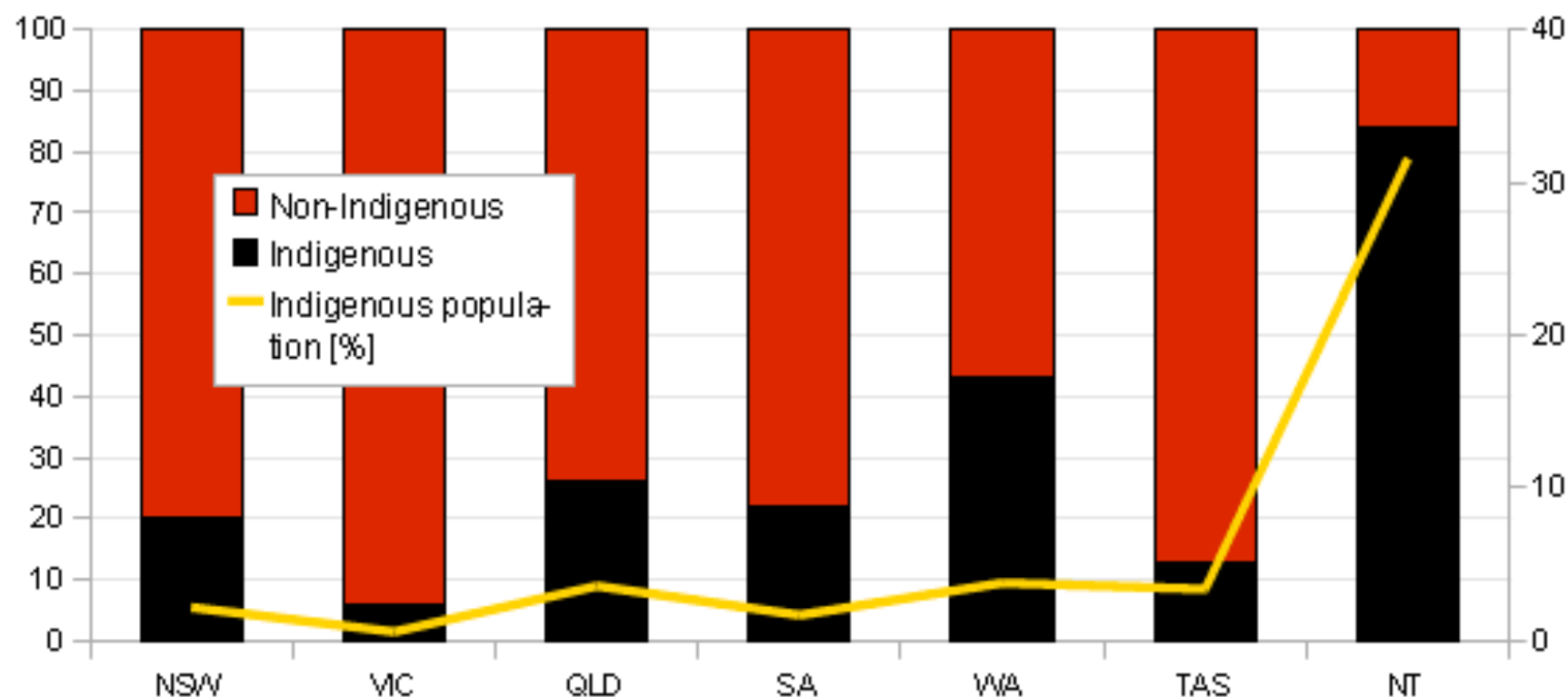
Age group (years)	Indigenous	Non-Indigenous	Total persons
Under 24	27	17	20
25–34	41	36	37
35–44	24	27	26
45–54	7	13	11
55 and over	1	7	6
Mean age (years)	31.8	35.9	34.9
Median age (years)	30.5	34.1	33.1

“ We are at a state of emergency, we can't afford any more experiment.

—Shane Phillips, Tribal Warrior Association, about Aboriginal prison rates [17]

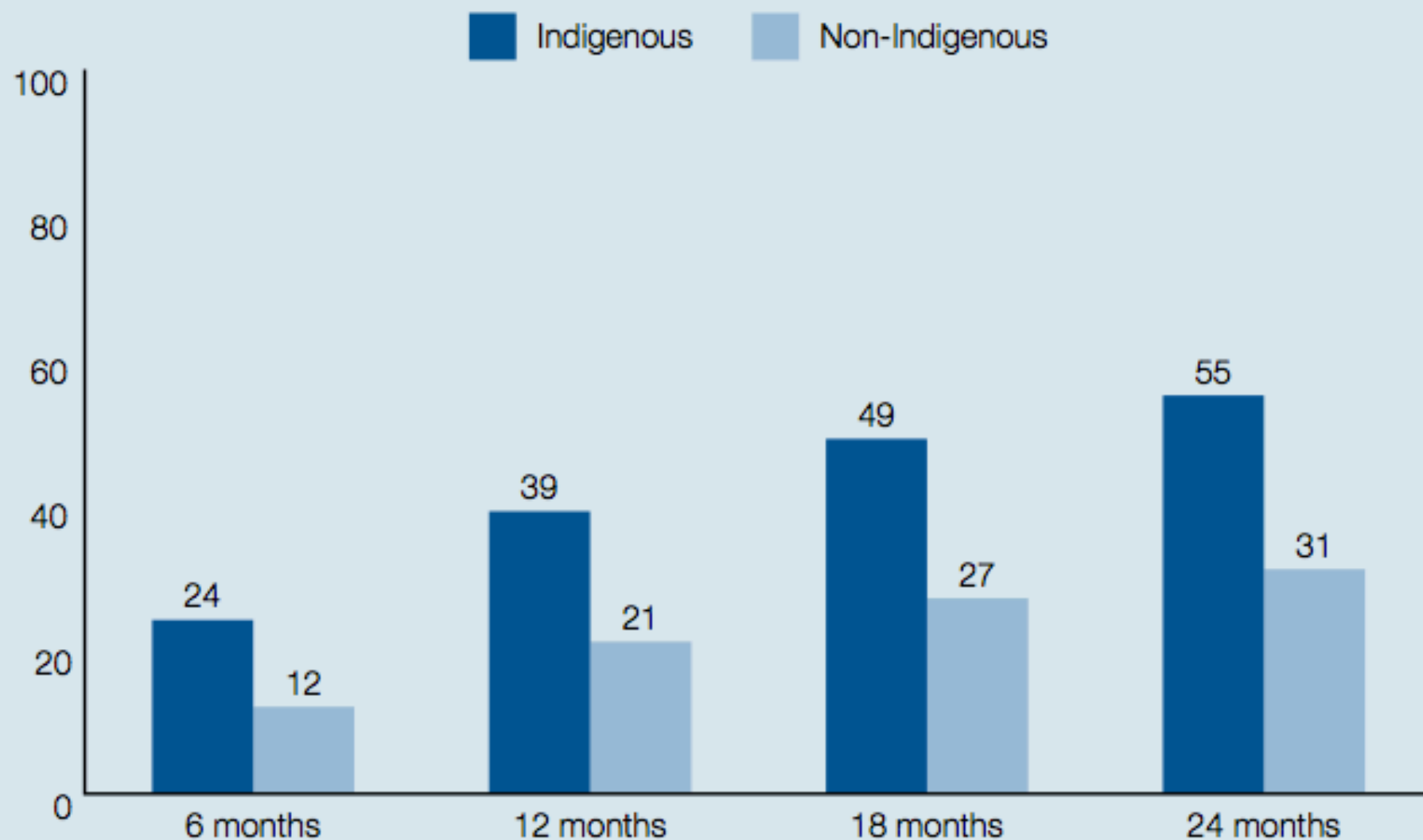
“ The Alice Springs Prison is so far beyond capacity that it's refusing to take prisoners.

—Mark O'Reilly, principal legal officer, Central Australian Aboriginal Legal Aid Service, in 2011 [30]



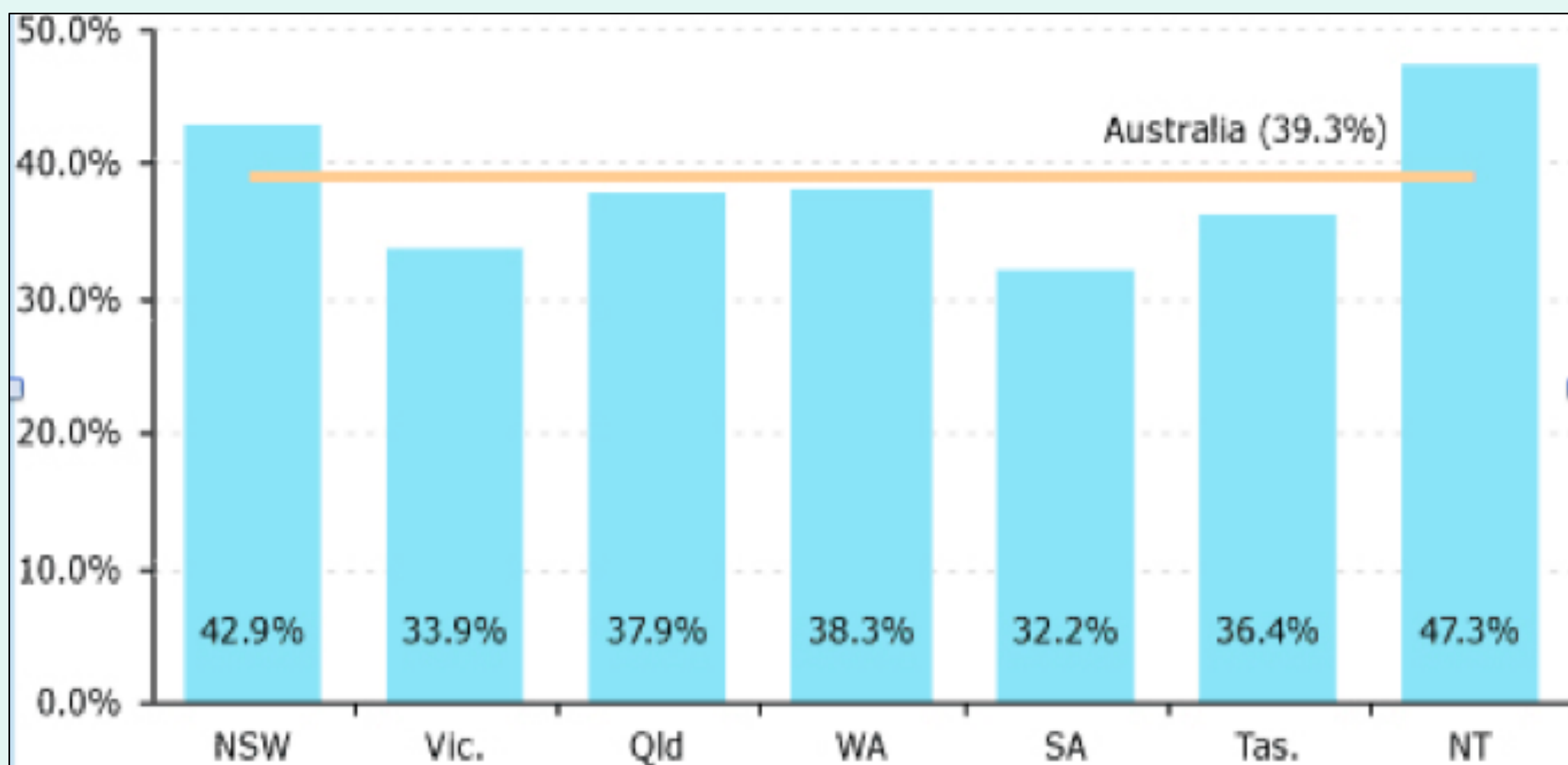
Indigenous prisoners. The bar graphs show the percentage of Indigenous and non-Indigenous prisoners (left vertical axis). The yellow line indicates the percentage of Aboriginal people in the state's population (right axis) [1].

Figure 3: Percentage of released Indigenous and non-Indigenous prisoners readmitted to prison within six, 12, 18 and 24 months



Percentage of prisoners released in 2006-7 who returned to prison within 2 years

Australian Productivity Commission, SCRGSP (2010) Report on Government Services 2009



Characteristics predictive of repeat offending

- **age of offender** — criminal offending peaks in the mid to late teens, diminishing in adulthood
- **criminal history** — the younger the age of first offence, the greater the likelihood of higher levels of offending
- **gender**— for the majority of offences, females are less likely to reoffend
- **Indigenous status** — Indigenous offenders are generally more likely to reoffend, and are more likely to be reconvicted or re-imprisoned upon release from prison

“ High recidivism rates for Aboriginal juveniles tell us that a punitive response is simply not working.

—Wayne Martin, Western Australian Chief Justice [13]

Situational factors predictive of repeat offending can include:

- **unemployment**
- **education and schooling** — those with lower educational attainment are more likely to reoffend
- **residential location** — those living in low socio-economic areas or who are homeless are more likely to reoffend
- **family attachment** — those with limited family attachment are more likely to reoffend
- **poor mental health**
- **drug use.**

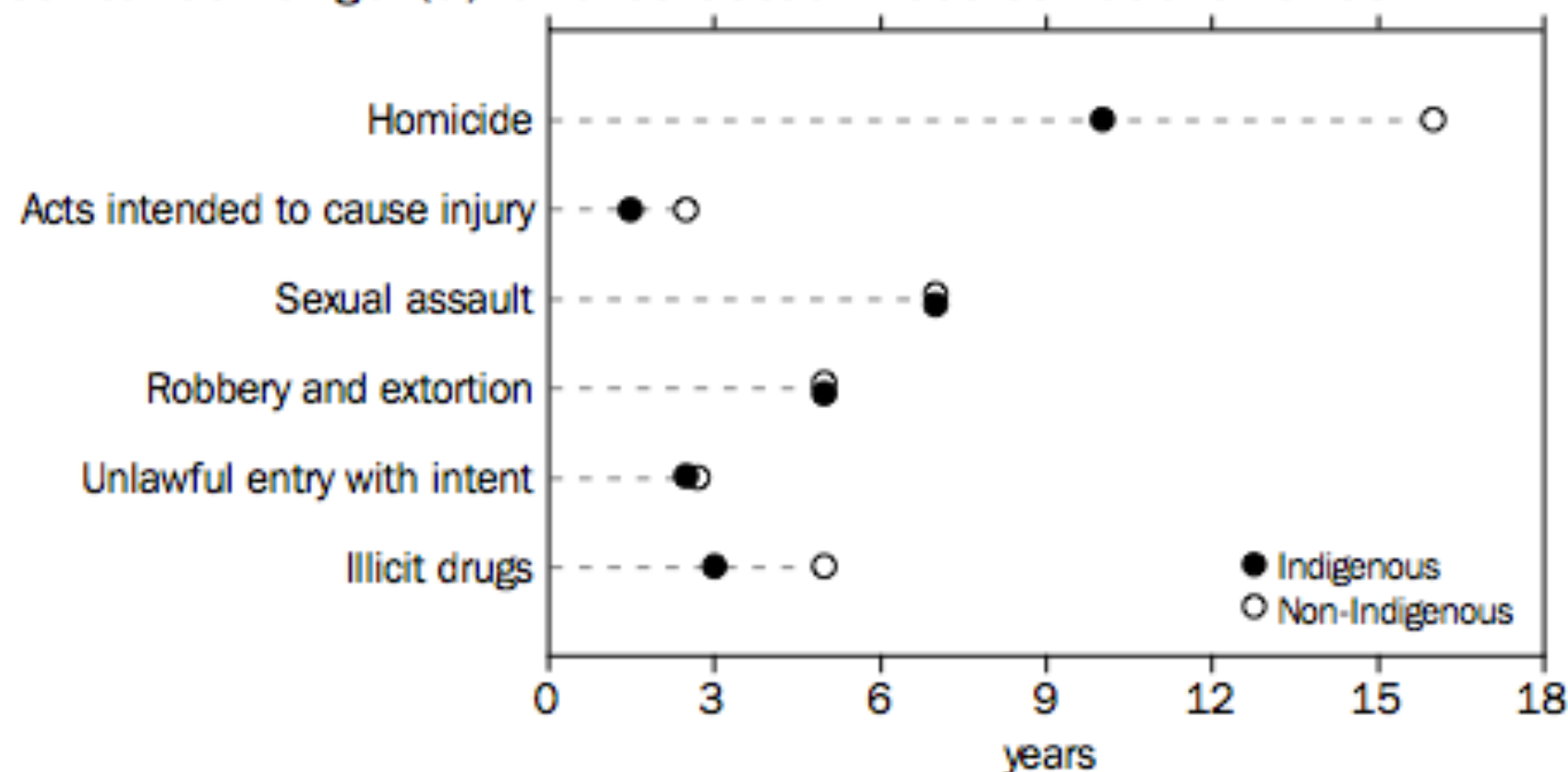
Table 15: Most serious reoffence type for those readmitted to prison within two years by Indigenous status

	Indigenous		Non-Indigenous		Total	
	n	%	n	%	n	%
Murder/attempted murder	8	<1	10	1	18	<1
Sexual assault	24	2	35	4	59	3
Assault	472	44	171	20	643	33
Robbery	28	3	92	11	120	6
Other acts intended to cause injury	4	<1	20	2	24	1
Dangerous or negligent acts	36	3	10	1	46	2
Break and enter	78	7	117	13	195	10
Theft and related offences	60	6	105	12	166	9
Deception and related offences	1	<1	11	1	12	<1
Drug offences	4	<1	32	4	36	2
Weapons and explosives	10	<1	3	<1	13	<1
Property damage	31	3	20	2	51	3
Public order	11	1	10	1	21	1
Traffic	103	10	74	8	177	9
Other offences	152	14	151	17	303	16
Breach of DVO/RO ^a	46	4	13	1	59	3
Total	1,068	100	874	100	1,943 ^b	100

PRISONERS, selected characteristics by state and territory

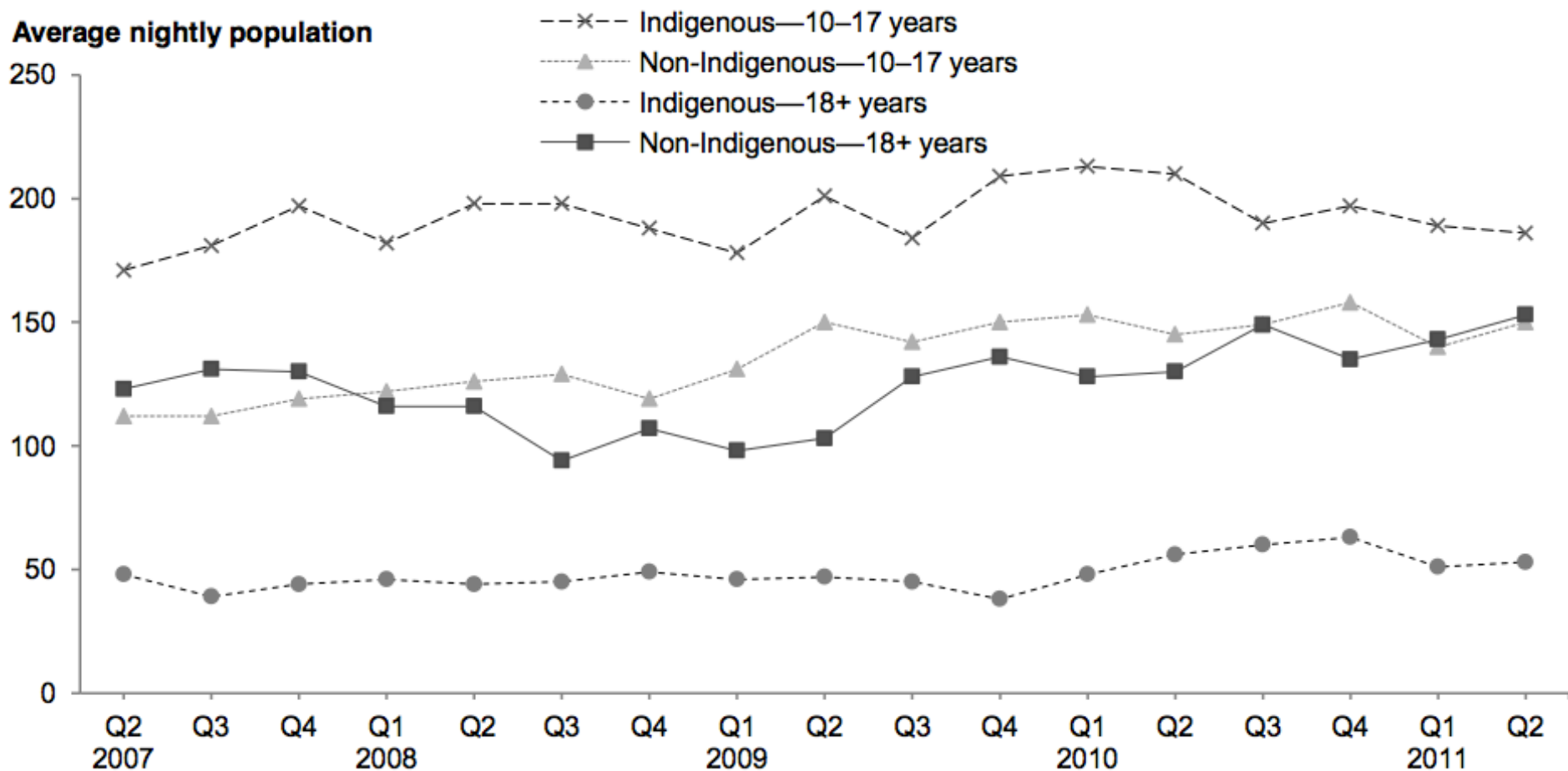
	<i>NSW</i>	<i>Vic.</i>	<i>Qld</i>	<i>SA</i>	<i>WA</i>	<i>Tas.</i>	<i>NT</i>	<i>ACT</i>	<i>Aust.</i>
Indigenous	22.8	6.2	29.7	23.8	38.1	14.5	82.0	13.9	26.3
Non-Indigenous	77.0	93.8	70.3	76.2	61.9	85.5	18.0	83.8	73.6
Unknown	0.2	—	—	—	—	—	—	2.3	0.1
Prior imprisonment(b)	53.2	47.9	60.7	51.3	54.1	61.1	65.1	71.5	54.6
No prior imprisonment(b)	46.8	52.1	39.3	48.7	45.9	38.9	34.9	27.5	45.4

SENTENCED PRISONERS, Indigenous status by median aggregate sentence length(a) and selected most serious offence



(a) Prisoners with indeterminate, life with a minimum and periodic detention sentences are excluded from the aggregate sentence length calculations.

Youth Detention



Source: Tables A22, A23, A25, A26.

Figure 5.2: Young people in sentenced detention on an average night by Indigenous status and age group, Australia, June quarter 2007 to June quarter 2011

Table 1: Number and proportion of prison entrants, by selected mental health related indicators, by sex and Indigenous status, 2010

	History of a mental health disorder		Currently on mental health medication		Very high psychological distress		All entrants
	Number	Per cent	Number	Per cent	Number	Per cent	
Sex							
Male	157	30	83	16	63	12	524
Female	35	41	14	16	22	26	85
Indigenous status							
Indigenous	61	23	31	12	23	9	262
Non-Indigenous	124	38	61	19	56	17	327
All	192	31	97	16	85	14	610

Note: Excludes New South Wales and Victoria as they did not participate in the 2010 National Prisoner Health Census.

Source: Entrant form, National Prisoner Health Census 2010.

Queensland Prison Population

the 12-month prevalence of mental disorder was 73% among men and 86% among women.

This comprised:

- anxiety disorders (men, 20%; women, 51%);
- depressive disorders (men, 11%; women, 29%);
- psychotic disorders (men, 8%; women, 23%) and
- substance misuse disorders (men, 66%; women, 69%).

Justice Reinvestment

A project of the Council of State Governments Justice Center

“

“Justice reinvestment is not a program, but an approach. It relies on data, bipartisanship, the engagement of the three branches of government, and a keen understanding that there is no one-size-fits-all solution to every state’s and county’s problems with its corrections systems.”

— **Jeffrion Aubry, New York State Assemblyman**

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Justice Reinvestment

a data-driven approach to reduce corrections spending and reinvest savings in strategies that can decrease crime and strengthen neighborhoods.

- 1. Analyze data and develop policy options.**

Using a variety of state-specific data, experts analyze and then develop practical, consensus-based policies that reduce spending on corrections to reinvest in strategies that can improve public safety.

- 2. Adopt new policies and put reinvestment strategies into place.**

Jurisdictions receive help to translate the new policies into practice, and ensure that related programs and system investments achieve projected outcomes.

- 3. Measure performance.**

Elected officials and administrators receive updated information on the effect of enacted policies on jail and prison populations and on rates of reincarceration and criminal activity.¹⁹

The cost of imprisonment

From 1998 to 2004 Ohio's prison population declined, but in the last three years, it has climbed 14 percent, from 44,270 in 2005 to a new all-time high of 50,371 in 2008. Between FY 2000 and FY 2008, the Ohio Department of Rehabilitation and Corrections (ODRC) budget climbed 18 percent, an increase of approximately \$239 million. If existing policies remain unchanged, according to a prison population projection the ODRC has released, the prison population is expected to grow 11 percent over the next ten years. If the population increases as projected, \$925 million in additional cumulative spending will be needed to increase the capacity of the prison system. These estimates include \$424 million in construction costs and \$501 million in annual operating costs.

US meta-analysis of 500 research papers findings

- Drug treatment in the community is more effective than drug treatment in prison. Community-based treatment yields an 8.3-percent reduction in recidivism rates, whereas prison-based treatment (either therapeutic communities or outpatient) also reduces recidivism, but by a lesser 6.4 percent.
- Prison education programs work. Basic or postsecondary education programs reduce recidivism rates by 8.3 percent. So do correctional industries programs, which reduce recidivism rates by 6.4 percent.
- In general, community-based programs have a greater impact on recidivism rates than those based in prisons. According to the WSIPP study, the latter reduced recidivism rates by an average of 5 to 10 percent, whereas intensive supervision with community-based services reduced recidivism rates by 18 percent.
- Cognitive-behavioral therapy in prison or in the community reduces recidivism rates by 6.9 percent.

Treatment-oriented supervision programs

17.9-percent reduction in recidivism

Principle A: Focus on Individuals Most Likely to Reoffend

Identifying and focusing community supervision and treatment resources on those individuals in the criminal justice system who pose the greatest likelihood of reoffending might seem like an obvious and straightforward principle for any strategy designed to increase public safety. Nonetheless, criminal justice policies, programs, and current practices in many states do not focus on the offenders most likely to commit more crime, or are not using validated assessment tools to identify that high-risk group accurately.

- Researchers have found seven central *dynamic* risk factors that predict recidivism among individuals under community supervision.²⁶ Dynamic risk factors can be mediated by clinical interventions. These factors include the following:
 1. Anti-social personality pattern (e.g., antagonism, impulsivity, risk-taking)
 2. Pro-criminal attitude (e.g., negative expressions about the law)
 3. Anti-social associates
 4. Poor use of leisure/recreational time
 5. Substance use
 6. Problematic circumstances at home (e.g., neglect or abuse, homelessness)
 7. Problematic circumstances at school or work (e.g., limited education, unemployment)

Principle B: Base Programs on Science and Ensure Quality

Researchers are very clear on the second principle highlighted during the summit—that resources must be invested in program models that studies demonstrate can reduce recidivism. Steps must then be taken to monitor the quality and performance of those models and to hold administrators accountable. Thousands of programs designed to reduce reoffending have been established by well-meaning administrators over the years. Legislatures seeking to cut crime rates have made considerable investments in a wide variety of these initiatives, which have performed with varying levels of success. Some of these initiatives have even had the unintended consequence of making clients more likely to reoffend. Policymakers must ensure that taxpayer dollars are invested only in those strategies that research has shown are promising approaches or that have demonstrated success in making communities safer and healthier.

Principle C: Implement Effective Community Supervision Policies and Practices

More than five million people—one in forty-five adults—are on probation or parole in the United States. This is more than two times the population of prisons and jails in this country.⁵⁰ Over the last twenty-five years, the rate of growth of community supervision populations has exceeded even the growth of prison and jail populations, with far smaller budget increases. In eight states that provided long-term spending figures, the amount of money spent on prisons was eight times greater than that spent on probation and parole. And although less than one in three individuals subject to correctional authorities is behind bars, almost nine of every ten dollars spent on corrections are dedicated to prisons.⁵¹

“

“We have five million people on probation or parole supervision. The failure rates among these groups are high, and they drive up our prison and jail populations—where they cost almost 20 times more to ‘supervise’ than in a community setting. At the same time, there is a lot of consensus about what effective supervision should look like.”

— **Amy Solomon, Senior Research Associate, The Urban Institute**⁵²

”

Principle D: Apply Place-Based Strategies

Place matters. People released from prison and jail return disproportionately to a small number of communities in each state—communities that typically lack social services, housing, employment, and other stabilizing forces. The percentage of people on probation or parole that are concentrated in certain ZIP codes (or even city blocks) is also stunning. Crime, too, tends to be centered around particular locations, such as street corners, lots, buildings, bars, or stores.

“The brunt of most correctional activities in the United States is borne by just a few neighborhoods in every major city in every state of the country.”

— **Eric Cadora, Director,
Justice Mapping Center**

“

“If you just think about reinvesting savings in more probation and parole services... and don't think about reinvesting those savings in a bigger context—if you don't think about a housing strategy as part of it in these very tough places—then you are really not leveraging your savings to the broadest extent.”

**— Sandra Moore, President,
Urban Strategies, Inc.**

”

IS JUSTICE REINVESTMENT NEEDED IN AUSTRALIA?

Thursday 2 August 2012

10am – 5.30pm

Acton Theatre

Crawford School of Public Policy

Crawford Building 132

The Australian National
University



Justice Health in Australia: Equity in Health Care
15 August 2012, Rydges Capital Hill Hotel, Canberra

**JUSTICE
REINVESTMENT
CAMPAIGN**

for **Aboriginal** young people

The 'Justice Reinvestment Campaign' will highlight that in New South Wales Aboriginal young people (who make up just 2.2% of the population) are now 28 times more likely to end up in juvenile detention than non-Aboriginal young people at an annual cost of over \$230,000 per young person.

<http://justicereinvestmentnow.net.au/>

Our Campaign Champions

Already include:

Her Excellency Professor Marie Bashir AC
CVO

Governor of New South Wales

Mr Mick Gooda

Aboriginal and Torres Strait Islander

Social Justice Commissioner,

Australian Human Rights Commission

Dr. Tom Calma

National Coordinator,

Tackling Indigenous Smoking

Mr Bob Debus AM

Prof. Mick Dodson,

Director of the National Centre of
Aboriginal Studies at the Australian
National University,

and 2009 Australian of the Year

The Hon Michael Kirby AC CMG

Marcia Ella Duncan,

Chairperson of the La Perouse Local
Aboriginal Lands Council

Jack Manning-Bancroft,

CEO of the Australian Indigenous Mentoring
Experience

Professor Chris Cunneen,

The Cairns Institute, James Cook
University,

Former Chairperson of the NSW Juvenile
Justice Advisory Council (2000-2007)

Mr. Shane Phillips,

Chairman and CEO of The Tribal Warrior
Association

Prof. Ted Wilkes,

National Indigenous Drug & Alcohol
Committee

Mr Nicholas Cowdery,

AM QC, former NSW Director of Public
Prosecutions

Dr Naomi Mayers OAM,

CEO of Redfern Aboriginal Medical Service

Mr. Sol Bellear,

Chairperson Redfern Aboriginal Medical
Service

Our Campaign Supporters

Already include:

Aboriginal Legal Service (NSW/ACT)

Australians for Native Title and
Reconciliation (ANTA) NSW

Mr Alan Cameron, AM

Lindon Coombes,

Co-Chair of Weave Youth Family and
Community

Mr. Adam Goodes,

Captain of the Sydney Swans AFL Team

Aunty Millie Ingram,

CEO of Wyanga Aged Care Service

Graham West,

CEO of St Vincent de Paul Justice

The Institute of Criminology

Dr Chris Sarra,

Executive Director of

The Stronger Smart Institute

Mr. Peter Stapleton,

Chair of the National Pro Bono

Resource Centre,

Honorary Board member

Aboriginal Legal Service (NSW/ACT)

Mr. Graham West,

CEO of St Vincent de Paul

Youth Justice Coalition

NSW Reconciliation Council

Role of public policy advisers

- **Evaluation** is a **systematic determination of a subject's merit, worth and significance**, using criteria governed by a set of standards. It can assist an organization to ascertain the degree of achievement or value in regards to the aim and objectives of an undertaken project. The primary purpose of evaluation, in addition to gaining insight into prior or existing initiatives, **is to enable reflection and assist in the identification of future change.**
- Evaluation is often used to characterize and appraise subjects of interest in a wide range of human enterprises, including the arts, **criminal justice**, foundations, non-profit organizations, **government**, health care and other human services.

“From self respect comes dignity;
from dignity comes hope; and
from hope comes resilience”



“What can I do to achieve
equality for all Australians?”

