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ABSTRACT

Services provided by agencies in the community neither reduce the rate of recidivism nor the tendency to commit increasing serious offenses. Subjects in an Ontario, Canada study had committed two or more offenses known to police. Half the subjects received no service from any of the community agencies. Findings showed: (1) children who received service had a higher rate of recidivism, (2) children receiving "intensive" services had higher recidivism rates than those receiving "brief" services, and (3) severity of offense was unrelated to the amount of treatment. These findings support an argument for "strategic non-intervention." (BN)

RECIDIVISM AND THE UTILIZATION OF COMMUNITY HEALTH AND WELFARE SERVICES BY JUVENILE DELINQUENTS AND THEIR FAMILIES[1]

J.A. Byles and A. Maurice

The present study is a sub-study of a delinquency control project conducted in Hamilton, Ontario from 1972 to 1976, titled The Juvenile Services Project, which has already been reported elsewhere.[2] In this project, family therapists were teamed with Youth Bureau officers to make counselling services immediately available and easily accessible to families with children in repeated conflict with the law. The service component of this programme ran for eighteen months and all subjects were followed for a two year period. Subjects were assigned randomly to experimental and control conditions; the experimental group received the team approach and the control group received traditional police investigation. Results showed that the innovative team approach (officer and therapist working together) had no effect on the frequency or seriousness of continued delinquent behaviour of the subjects.

However, throughout the project families in both experimental and control groups made frequent use of other services available in the community. Thus these community services were regarded as an important intervening variable possibly effecting the outcome of the main study. The present sub-study was required, then, to determine what effect, if any, the utilization of community services had on the innovative strategy used in the project.

Since we found no differences between the experimental and control group families with respect to either the kinds or intensity of services

received from community agencies, we can combine them into one sample (n=305) for the purpose of this study. In this sub-study then, we report on the nature and extent of services given these 305 children and their families by agencies in the community. And, because we already had data from the main study on recidivism, we can report on the relationship between the provision of these services and the continued delinquent behaviours of the children.

A Note on Methodology and Design

Since the main objective of the Juvenile Services Project was to reduce the rate of referral of juveniles to court, the "target group" consisted of children under fourteen years of age, living in their own families, who had had at least two police "occurrence" reports filed on them for alleged offences but who had not been charged to appear in court. The sample consisted of 264 boys and forty-one girls, with a mean age of eleven years six months at time of entry to the study.

Data on services provided either to the specific juvenile offender or any member of the family was obtained from the files of all community agencies that provide service on request; the data include: (1) who received the service, (2) the nature of the service, and (3) the duration of the service. Only services provided during the year prior to the family's entry into the sample and the year following, were coded; that is, a two year period for each family, but a period during which at least one child was in repeated difficulty with the law.

FIGURE 1

To cope with the difficult problem presented by the diversity of services provided by different agencies we devised an "intensity scale" with a range of from 1 (low) to 4 (high). Some assumptions are built into this scale, for example: that in-patient treatment is more intense than out-patient treatment and that family therapy is more intense than individual therapy, and that making as assessment or the periodic supervision of a family is less intense than regular psychotherapy. These may be questionable assumptions.

Findings: Description of Services Utilized

TABLE I

Shows the agencies included in the study. The major types of service providers are:

1) the school systems (Pupil Adjustment Services)
2) the childrens' aid societies
3) health services, includes in-patient and out-patient psychiatric units and residential treatment centres
4) private (United Appeal) family agencies and group homes
5) correctional services, includes probation, the regional detention centre and training schools.

Only the first four categories are used in data analysis; the fifth (corrections) was included simply to give a complete picture of services used by these families. With a population of over 300,000, the city of Hamilton provides a full range of services for its citizens. Though perhaps different in name, we expect that comparable services are available in most Canadian and American cities. Table I shows that the schools gave service to the largest proportion (39 percent) of sample families.

TABLE 2

Shows patterns of service utilization (by category) by these families. Almost forty percent did not make use of any of these services during the two year period of observation; at the other extreme, about four percent used one or more services in each of the four categories. We cannot say that the 121 families (row 1) received no help with their problems, only that they did not receive service from any of the agencies included in this study. Other helping sources, excluded from this study but which might have been used would include private psychiatrists, family doctors, clergy, friends, and so on.

TABLES 4 and 5

Are condensed from Table 3. Table 4 shows the percent of families receiving service from one, two, three or four types of agencies. Note that next to the "no service" group the largest proportion (27 percent) received service from only one type of agency. Table 5 shows that health services ranked second to schools in terms of the number of families served. Since the schools offer mainly assessment and referral services, we conclude that health carries the major burden of treatment for these families. The services presented in this and preceding tables have included all services given to any member of these sample families.

TABLE 7

Shows services given to the "target juveniles" in these families, the children whose offence brought the family into the study sample. Forty percent of these target juveniles had other siblings who were also in conflict with the law. Here we see that almost half of the target juveniles (as compared with 39 percent of the families) received no service from any of these agencies during the two year period observed.

TABLES 8 and 9

Are summaries of Table 7. Table 8 shows that the largest number (29 percent) were served by only one type of agency and that only twenty-two children (7 percent) received service from three or more types of agency. Table 9 shows again, that health services carry the major responsibility for the treatment of these children.

TABLE 10

Shows the intensity of service given these children over a two year period, as measured by our "intensity" scale. Note that only fourteen percent of the sample received "intensive" treatment.

Regarding the nature and intensity of services provided these juveniles and their families by community agencies, we can say in summary, that:

1) about forty percent of the families and fifty percent of the target juveniles did not receive service from any of these community agencies during the observed two year period,
2) of those who received service, the largest proportion was known to only one type of agency; there were fewer "multi-agency" children and families than initially supposed,
3) relatively few (14 percent) of the target juveniles received intensive treatment,
4) the mental health services carry the major burden of treatment for these children and families.

Hypotheses of "Early Intervention"

The general hypothesis might be stated:

> The earlier that corrective intervention is initiated in the development of delinquent behaviour patterns, the greater the probability that this development can be arrested or curtailed.

Three more specific hypotheses were formulated for this study:

1) the recidivism rate of juveniles who receive service from community agencies will be significantly lower than the rate of those who do not receive service.

2) intervention will be more effective with juveniles having few offences than with those who have committed many offences.

3) the more intensive the service given to juveniles during this early stage of delinquency development the greater the probability of reducing further delinquent behaviour.

TABLE 13

Shows the recidivism rates for target juveniles who received service and those who did not receive service. The findings contradict our first hypothesis by showing that those who received service had a higher recidivism rate (68.8) than those who did not receive service (48.3). The difference is significant at the .001 level.

TABLE 14

Shows the recidivism rates of target juveniles, served and not served, by number of offences prior to entering the sample. For children at the earliest stage of identified delinquency -- one previous offence -- the recidivism rate was higher (57.1) for those who received service than for those who did not (46.2). For children having two or more prior

offences the recidivism rates of the served and the not served were comparable. These findings refute our second hypothesis.

TABLE 15

Shows recidivism rates related to the intensity of service given the target group and indicates a positive correlation between intensity of service and recidivism, thereby refuting our third hypothesis. Thus, all three hypotheses relating to the anticipated benefits of "early intervention" in the reduction of delinquent behaviour are refuted by these findings.

Measures of recidivism, though, have several deficiencies. The measure used in the above analysis was an "all" or "none" measure; a child was labelled as a recidivist if he had one or more alleged offences during the two year follow-up period (after entry to the sample). This measure indiscriminately combines the child who commits one minor misdemeanour, such as trespassing, with the "hardened" delinquent who commits several serious offences, such as armed robbery, as "recidivists".

As partial explanation for these findings we postulated that the more offensive (and serious) the delinquent behaviour of the juvenile, the more likely he was to receive intensive treatment. That is, the behaviour is the antecedent, not the result, of treatment. To test this hypothesis we used the "total seriousness score" of offences committed during the follow-up period. This score (based on the work of Sellin and Wolfgang)[3] takes into account both the frequency and the "seriousness" of the offences.

TABLE 16

Shows support for this hypothesis. Of the seventy-one juveniles having low total seriousness scores, sixty percent received no service and eleven percent received intensive service. Conversely, of the forty-eight juveniles having high total seriousness scores only twenty-three percent received no service and forty percent received intensive service (significant at .0001 level).

This raised yet another question: does the intensive service given the more seriously delinquent group modify their behaviour? To answer this question we examined the intensity of service given the thirty-two "most serious" offenders (mean total seriousness score = 27.7) as it relates to the frequency and seriousness of offences during the follow-up period.

TABLE 17

Shows negligable differences among this group in terms of either number or seriousness of offences, as a function of intensity of treatment; those who received intensive service committed as many and as serious offences as those who received little or no treatment, which suggests that the provision of more intensive treatment by community agencies is not likely to reduce the delinquent behaviour of the more serious offenders.

In summary, the findings do not support the hypotheses; the services provided by agencies in the community neither reduced the rate of recidivism nor the tendency to commit increasingly serious offences of this sample of delinquent children.

In Interpreting these Results

Several limitations of this study should be kept in mind:

1) data on services are aggragated, thus the effects of any particular service cannot be assessed,
2) none of these community agencies exist primarily to cope with problems of delinquency; they exist to help children and families with a myriad of different problems. In many instances, the reason for the service given may have had nothing to do with the child's conflict with the law,
3) the measures of service -- particularly the "intensity scale" are questionable -- reliability, being dependent often, on a coder's subjective judgement,
4) the generalizability of the findings is limited by the characteristics of both the sample of children and the set of community services.

We would argue though, that these negative findings are not attributable to either inadequate or inferior services existent in Hamilton. These agencies compare favourably with those found in any city in Ontario. Indeed, many of these agencies are known across Canada for their leadership in developing innovations for improving the quality of service.

Implications of these Results

These findings are important both for formulating policies in the area of services to delinquent children and for the utilization of scarce mental health resources in the community.

In the policy area, for example, the proposed "Young Offenders Act" intended to replace the present Juvenile Delinquents Act (Canada) would establish "screening agencies" in every community for the purpose of diverting juvenile offenders to these very same kinds of community agencies. The proposed legislation is based on the commonly held assumptions of the benefits of early intervention that have been refuted by this, and other studies.[4] To enact such legislation in the belief that such diversion will reduce delinquency would be perpetrating a hoax.

Mental health services have a legitimate and necessary responsibility in trying to assist emotionally disturbed children, but they need to re-examine their role in the management of delinquent behaviour. Mental health professionals must distinguish more clearly between "disturbing behaviour" and the "emotionally disturbed" child. These services have become the dumping ground for all problems of deviant behaviour in the community -- an overwhelming and inappropriate responsibility.

Finally, these results lend empirical support to the notion of "strategic non-intervention" as suggested by Schur[5] who states:

> The basic injunction for policy becomes: <u>leave the kids alone wherever possible</u>. This effort partly involves mechanisms to divert children away from courts but it goes further to include opposing various kinds of intervention by diverse social control and socializing agencies.

I suggest that we stop kidding ourselves and the public we serve; as mental health professionals we do not have any good answers yet, to the problem of delinquency. We will only find better answers by working collaboratively with other systems in the community (including courts, police, schools and social agencies) in an effort to answer more specific questions, such as: what kinds of problems require intervention? Who should intervene, and under what conditions? What methods are most effective for achieving what objectives? This will be a long-term search, which will demand the utmost ingenuity, perseverence and commitment that can be brought to bear on this perplexing and aggravating problem.

JB
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Footnotes

1 The authors express their gratitude to the Welfare Grants Directorate, Department of Health and Welfare, Ottawa, for funding this research project. This study was made possible only through the co-operation and support of the many agencies in the city of Hamilton.

2 J. Byles and A. Maurice, Final Report: Juvenile Services Project, submitted to Welfare Grants Directorate, Department of Health and Welfare, Ottawa (Project 2555-55-1), February, 1977; A. Maurice and J. Byles "The Juvenile Services Project: The Evaluation of Short-term Crisis Intervention for Juvenile Offenders and their Families", submitted to Journal of Research in Crime and Delinquency, September, 1977.

3 Sellin, T. and Wolfgang, M.E., The Measurement of Delinquency. New York, John Wiley and Sons, 1964.

4 Similar "no effect" findings: Powers, E. and Witmer, H. An Experiment in the Prevention of Delinquency: The Cambridge-Somerville Youth Study. New York, Columbia University Press, 1951. Berleman, W.C., Seaberg, J.R., and Steinburn, T.W. "The Delinquency Prevention Experiment of the Seattle Atlantic Street Center", Social Services Review, 1972, 46:3, 323-364.

5 Schur, E.M. Radical Nonintervention: Rethinking the Delinquency Problem. Englewood Cliffs, N.J., Prentice-Hall, 1973, p. 155.

FIGURE 1: DATA COLLECTION PERIODS: MONITORING AGENCY SERVICE AND DELINQUENT BEHAVIOUR OF J.S.P. SAMPLE FAMILY

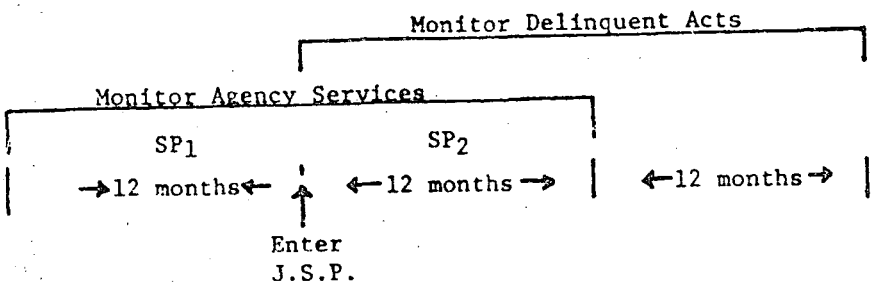

TABLE 1: Family Utilization of Community Resources over a Two-Year Period

	Number of Families Receiving Service	% of Families Receiving Service (n=305)
School Services (PAS)	120	39.3
CAS/CCAS	76	24.9
Health Facilities		
Child & Adolescent Services	45	14.8
Chedoke Child & Family Centre	27	8.9
Hospitals (psychiatric units)	19	6.2
Lynwood Hall	3	1.0
Addiction Research Foundation	2	.7
Private Agencies		
Family Service Association Catholic Social Services	33	10.8
Big Brothers Association	24	7.9
Wesley House	9	3.0
Judicial/Correctional Services		
Arrell Observation Home for Children	28	9.2
Probation and After Care	44	14.4
Ontario training schools	12	3.9

TABLE 2: Utilization* of Services (by Category) by Families, for Two Year Period

Categories				N	Per Cent
CAS/CCAS	Health	Private	Schools		
0	0	0	0	121	39.7
0	1	0	0	21	6.9
0	0	1	0	7	2.3
0	0	0	1	40	13.1
0	1	1	0	8	2.6
0	0	1	1	11	3.6
0	1	0	1	18	5.9
0	1	1	1	5	1.6
1	0	0	0	15	4.9
1	1	0	0	9	2.9
1	0	1	0	4	1.3
1	0	0	1	14	4.6
1	1	0	1	10	3.3
1	0	1	1	10	3.3
1	1	1	1	12	3.9
TOTAL:				305	100

*Utilization: 0 = no service in category used

1 = at least one service in category used by some member(s) of the family

TABLE 4: Multiple Use of Services by Families (by Category)

	N	%
No service used, any category	121	39.7
Served by one category only:		
Health	21	
Private	7	
Schools	40	
CAS/CCAS	15	
Sub-total:	83	27.2
Served by (any) two categories	64	21.0
Served by (any) three categories	25	8.2
Served by all four categories	12	3.9
Total:	305	100

TABLE 5: Families Served by Community Agencies, by Category (n=184)

Category	Total Number of Families	Per Cent of Served Families
Schools (PAS)	120	65
Health	83	45
CAS/CCAS	74	40
Private	57	31

TABLE 7: Utilization* of Services (by Category) by "Target Juveniles" for Two Year Period

Categories				N	%
CAS/CCAS	Health	Private	Schools		
0	0	0	0	150	49.2
0	1	0	0	22	7.2
0	0	1	0	13	4.3
0	0	0	1	31	10.2
0	1	1	0	1	0.3
0	1	0	1	17	5.6
0	0	1	1	5	1.6
0	1	1	1	3	1.0
1	0	0	0	22	7.2
1	1	0	0	7	2.3
1	0	1	0	2	0.7
1	0	0	1	13	4.3
1	1	0	1	9	3.0
1	1	1	0	0	0
1	0	1	1	5	1.6
1	1	1	1	5	1.6
TOTAL:				305	100

* Utilization: 0 = no service in category used

1 = at least one service in category used

TABLE 8: Multiple Use of Services by Target Juveniles (by Category)

	N	%
No service used, any category	150	49.2
Served by one category only:		
Health	22	
Private	13	
Schools	31	
CAS/CCAS	22	
Sub-totals:	88	28.9
Served by (any) two categories	45	14.8
Served by (any) three categories	17	5.6
Served by all four categories	5	1.6
Total:	305	100

TABLE 9: Target Juveniles Served by Community Agencies, by Category (n=155)

Category	Total Number Target Juveniles	Per Cent (of Total Number Served)
Schools (PAS)	88	57
Health	64	41
CAS/CCAS	63	41
Private	34	22

TABLE 10: Extent of Service Utilization by Target Juveniles During Two Year Period

	Intensity Scale Score	No. Subjects	Per Cent (All Subjects)	Per Cent (Served Subjects)
No Service	0	150	49.2	-
Low	1-2	65	21.3	41.6
Medium	3-4	47	15.4	30.5
High	5+	43	14.1	27.9
	TOTAL:	305	100	100

TABLE 13: Target Juveniles Served and Unserved by Community Agencies, and Recidivism Rates

	During SP1			During SP1 & SP2		
Received:	N	Number of Recidivists	Rate of Recidivism	N	Number of Recidivists	Rate of Recidivism
No Service	192	103	53.6	150	73	48.7
Some Service	113	76	67.3	155	106	68.4
	(x^2 = 5.43, 1 d.f., $p < .05$)			(x^2 = 13.20, 1 d.f., $p < .001$)		

TABLE 14: Recidivism Rates by Number of Previous Occurrences; Service versus No Service (During SP1)

	Received					
	No Service			Some Service		
No. of Previous Occurrences	N	Number of Recidivists	Rate of Recidivism	N	Number of Recidivists	Rate of Recidivism
One	145	67	46.2	63	36	57.1
Two	34	23	67.6	33	24	72.7
Three or more	13	13	100.	17	16	94.1
TOTAL:	192	103	53.6	113	76	67.3

TABLE 15: Intensity of Services Given Target Juveniles (During SP1) and Recidivism

Intensity of Service*	N	Number of Recidivists	Rate of Recidivism
0 (no service)	192	103	53.6
1-3 (some)	76	48	63.2
4+ (much)	37	28	75.7
TOTAL:	305	179	58.7

* Using "intensity scale" (See Appendix B)

TABLE 16: Per Cent of Target Juveniles Receiving Community Services (by Level of Intensity) During SP1 & SP2, and Total Seriousness Scores

	Total Seriousness Scores			
Intensity of Service	0 (n = 126)	1-3 (n = 71)	4-9 (n = 60)	10+ (n = 48)
No Service (0)	61.9	60.5	31.7	22.9
Low Service (1-2)	18.3	15.5	33.3	20.8
Medium Service (3-4)	12.7	12.7	23.3	16.7
High Service (5+)	7.1	11.3	11.7	39.6
TOTAL:	100.	100.	100.	100.

TABLE 17: Frequency and Seriousness of Offences Committed by "Most Delinquent" Recidivists* (n = 32) and Intensity of Service Given Families (SP1 & SP2)

Intensity of Service to Family		N	Number of Occurrences $\bar{x}$	s.d.	Total Seriousness Scores $\bar{x}$	s.d.
None	(0)	6	9.8	4.07	25.0	10.45
Low	(1-2)	6	10.8	5.80	29.5	9.45
Medium	(3-4)	6	12.2	3.87	27.0	4.56
High	(5-9)	10	11.6	5.44	29.2	16.19
Very High	(10+)	4	9.0	1.83	26.5	6.45

* "most delinquent" recidivists = subjects with "total seriousness score" of 15 or more, for two year follow-up period. ($\bar{x}$ = 27.7; s.d. = 27.7; range = 15 - 61)