

Nudgeathon 2019: Queensland Health Team 2

Ides Wong, Michael Lazzarini, Khiraan Kumar, Toni McLean

A bundle of strategies is proposed to increase the rate of referrals to Adult Restorative Justice Conferencing (ARJC). Briefly, these strategies aim to increase the referral rate by: 1) broadening the current eligibility of the program, 2) targeting “untapped” referral sources, 3) capitalising on the “Hawthorne effect”, and 4) streamlining the current triage and referral process. “Bundled” approaches are commonly used in achieving improved outcomes in healthcare where there are a cluster of contributing factors.

Key actors

We identified the following key actors with current involvement in ARJC to be instrumental to the process of referral. These key actors operate in different systems of beliefs and values; however, ARJC would provide, and demand, an opportunity for these systems to intersect, potentially finding a resolution that is beneficial to all.

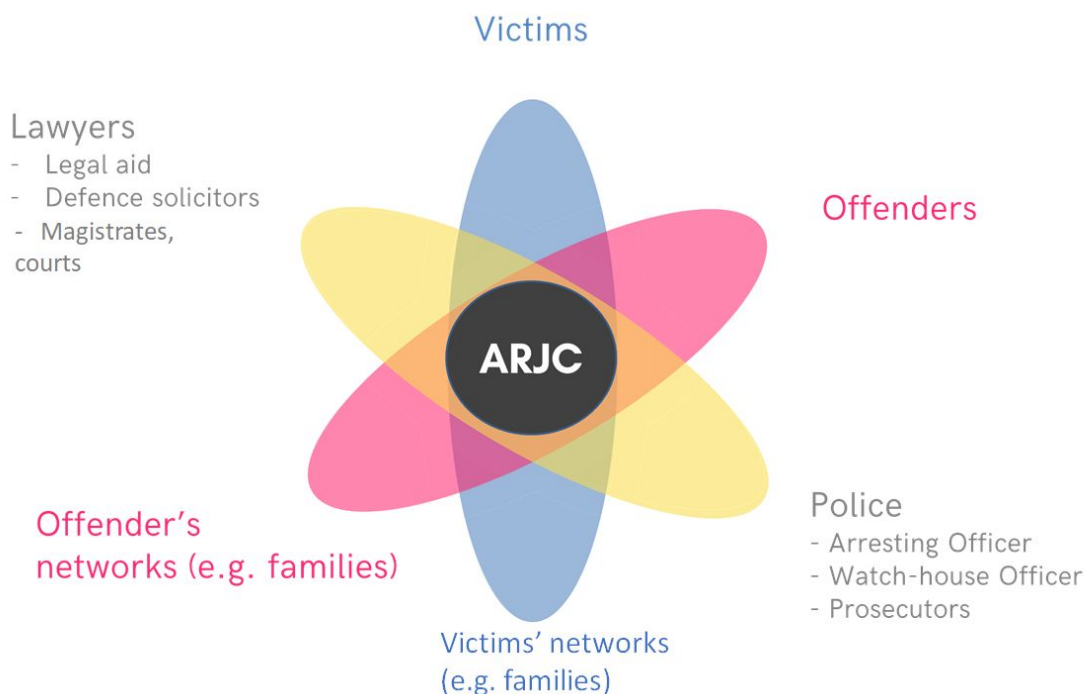


Figure 1: Key actors involved in ARJC

Strategy 1: Broadening the current eligibility criteria of participants for ARJC

The data provided shows reducing numbers of referrals to ARJC. We were also advised that the Together with the number of offenders decreasing, the restrictive ARJC referral eligibility criteria is resulting in an increasingly smaller available cohort of ARJC participants. These restrictive criteria may be due to Saliency bias, where individuals are more likely to focus on items or information that are more prominent (such as criminal history) and ignore those that are less so (such as willingness to engage in ARJC), thereby creating a bias in favour of things that are striking (Kahneman et al. 1982, Bordalo et al. 2012). The existing eligibility criteria are focused on offender behaviour and are implicitly value laden. Exclusion of certain offenders from the program may potentially deny victims the opportunity for healing, and other key therapeutic elements of ARJC.

We propose to expand the eligibility criteria of ARJC. Specifically, remove the exclusion criteria of “offenders with a related offence within the last 5 years” and “offenders who have previously attempted ARJC”. Little evidence has been found that a previous history of similar offence is an indicator the offender (and victim) will not benefit from ARJC. Excluding previously offers is counter-intuitive to

breaking the cycle of re-offending. Similarly, previous attempt of ARJC (particularly if unsuccessful and at no-fault of the offender) should not exclude them from future ARJCs. This exclusion also precludes victims from the potential for closure, a key element of the program.

Strategy 2: Targeting “untapped” referral sources

While ARJC is available to offenders post-sentence, data of referral sources in 2017-18 did not include Queensland Corrective Services. To increase the referral rates, we propose to target post-sentencing referrals as a key focus area. This includes creating demand from, and broadening referral sources to include, prison advocacy groups including actors such as Sisters Inside, prison chaplains, and prison health and mental health staff. Service Providers and Non-Government Organisations will be provided with a suite of materials to support them in their important role in the restorative justice process. Additional supporting steps are outlined in Strategy 4.

Strategy 3: Capitalising on the Hawthorne effect

We propose a suite of strategies to capitalise on the Hawthorne effect. Also referred to as the Observer Effect, this suite of strategies aims to increase referral rates by capitalising on key referrers' awareness of being observed. Under this strategy, we propose to provide the right for independent parties (including Prison Legal Advice Service, community boards/committees, advocacy groups, pro-bono lawyers, prisoners and victims themselves) to review cases that were not referred to ARJC (*Strategy 3.1*); send a random sample of non-referred cases (de-identified) that may be eligible for ARJC to these interested parties (*Strategy 3.2*); and include referral rates of ARJC in public performance reporting (*Strategy 3.3*).

These strategies aim to capitalise on the observer biases by providing the right to other interested parties to review non-referrals. Further, outcomes from reviewing non-referrals will be fed-back to relevant parties, potentially increasing the awareness among referral sources on cases that may be eligible for ARJC that they may not have realised.

Strategy 4: Streamlining the current referral process

The appropriate referral source is dependant upon what stage of the criminal justice system the offender is in.

Referrals to ARJC challenge the status quo bias of a disparate group of actors; each must consider embarking upon a less familiar path. Further compounding the issue is a lack of awareness or clarity of the potential for ARJC and roles of referrers. We propose that referral sources are given the options to simply call DJAG ARJC staff to lodge their referral - this would provide some ease for the refer and provide an opportunity for DJAG staff to give quality feedback to the refer. We also propose to develop an interactive online assessment tool to assess the eligibility of potential participants for ARJC. This reduces the need for referrers to decide whether a potential participant may be eligible for ARJC.

For offenders that are *prima facie* eligible for ARJC, we propose to implement an active choice element, by way of an extra question to opt-out of ARJC referral, to be integrated into this processes. This is designed to address the status quo bias.

Evaluation of strategies

We propose to evaluate our behavioural strategies through a Process and Impact evaluation.

For the Process evaluation, we propose to undertake qualitative studies to understand whether the nudges have been implemented as expected, and any lessons learned from their implementation.

For the Impact evaluation, we propose to undertake a pre-and post evaluation on referral rates, to identify whether the bundle of strategies generated increased referrals to ARJC, and any unintended consequences from these strategies (both good or bad consequences).

Finally, we propose relevant government agencies to have referral targets in their Service Delivery Statements; develop a victim specific ARJC measure for the Queensland Government's *Keep communities safe priority* under *Advancing Queensland's Priorities*; and through improvements to data collection, drive agency and geographically performance through internal monitoring and reporting.