

**Submission
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COMMUNITY SAFETY IN REGIONAL AND RURAL COMMUNITIES

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**The Primary Prevention of Youth Crime in Queensland:
*A Proposal for Community-Controlled, Data-Guided, Evidence-Based Early Prevention
Initiatives in Selected Queensland Communities***

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The Need and the Opportunity

1. *The primary prevention of youth crime means stopping crime before it starts.*
2. *We do not do primary prevention much in Queensland, or anywhere else in Australia.* This is despite the fact that many communities have established ‘crime action partnerships’ of residents and local organisations that are crying out for funding and assistance to implement a wide range of preventative services suited to the needs of children and families in their region.
3. The Qld Government has not invested in a systematic and long term way in the primary prevention of youth crime since the YACCA program in the 1990s: *Youth and Community Combined Action*. In our evaluation of this work we concluded that results were mixed. The program was mostly implemented by youth workers in disadvantaged areas, and addressed a wide range of issues being faced by young people at the time. While the program had many benefits, it generally failed to address the key risk factors for youth crime, and could not be shown to have contributed to a decline in youth crime.
4. This picture of very limited investment in primary youth crime prevention is characteristic of all Australian jurisdictions. Overwhelmingly efforts across the country are devoted to *early intervention* with children deemed to be ‘at risk’ in some way (e.g., disruptive behaviour) or to *the treatment or management of young people who become enmeshed in the youth justice system*. In fact *we put enormous resources into expensive ‘tertiary’ or ‘deep end’ services for apprehended young offenders*. In Queensland there is a huge over-reliance on youth detention, which is often very harmful for children and of doubtful preventative value.
5. The absence of primary youth crime prevention from the Australian policy landscape persists nearly a quarter of a century after publication of a ground-breaking Australian government report produced by a panel of eminent researchers that I had the privilege to lead: *Pathways to Prevention: Developmental and Early Intervention Approaches to Crime in Australia*. <https://research-repository.griffith.edu.au/handle/10072/93808>. This report made a powerful case for investment in national community-based developmental crime prevention and early intervention policies and initiatives.

Primary Prevention Can Work – Including Place-Based or Community-Based Approaches

6. After 40 years of research and evaluation around the world, *there is now overwhelming evidence that primary prevention approaches really work to reduce crime and a range of other problems, especially for children and young people from low income backgrounds.*
7. *Preventative interventions early in life, for families with children under five years of age, can be particularly effective in laying a solid foundation for children’s positive development, but preventative initiatives can be implemented for children of any age, from before birth through to late adolescence.*
8. *Successful approaches include structured or enriched preschool programs, centre-based developmental day care, home visitation to first-time pregnant teenagers, family support services, parental education, and mobilisation of community coalitions.*
9. Apart from reductions in youth offending, *positive outcomes include educational success, better cognitive functioning, healthy social and emotional development, lower drug use and antisocial behaviours, improved social participation, and enhanced family functioning.*
10. In the early 2000s I led a Griffith University research team that worked in partnership with Mission Australia, Education Queensland, and seven local preschools/ primary schools to design and implement *The Pathways to Prevention Project*. This project operated in a disadvantaged region of Brisbane and combined two preschool enrichment programs for 4-year-old children in 2002 and 2003 with comprehensive family support which extended from 2002 until 2011, involving in all more than one thousand families and nearly 1500 children aged 4-11 years. *In a forthcoming report to be published by the Australian Institute of Criminology, we present evidence for a range of positive effects of the Project for children and their parents, including a reduction in involvement in youth crime.*
11. The Australian government has invested for some years in some high quality early prevention initiatives which, on the basis of overseas evidence, should lead to crime reductions in the long-term. These include:
 - a. *HIPPY: Home Instruction/Interaction For Parents of/and Preschool Youngsters* which has been implemented in 100 communities. HIPPY provides parents/carers with the confidence and tools to support their child's education and helps them create a home learning environment which improves their child's school readiness and the parent-child relationship. Australian evaluations have demonstrated a range of positive outcomes for children and parents, but have not extended to an investigation of long-term crime involvement.
 - b. *Australian Nurse-Family Partnership Program* which has been implemented in about 16 First Nations communities. In this program registered nurses and family partnership workers make prenatal and postnatal visits to teenaged first-time

mothers and their families until the child turns 2. The nurse and partner work together with the expectant mum, identifying strengths and opportunities, delivering program content, and supporting a healthy pregnancy and confident parenting. Overseas evaluations have shown for some implementations substantial long-term reductions in child maltreatment and arrests of both mother and child.

12. The Australian Government has also supported for many years a range of *place-based initiatives for children*. Prominent among these is *Communities for Children*, the design of which was influenced by early findings from the Pathways to Prevention Project. Communities for Children operates in 52 disadvantaged communities, delivering services for children aged 0-12 years and their families (and can include children up to 18 years of age) through local agency partnerships coordinated by an independent non-government organisation (the Facilitating Partner). *Unfortunately, despite being an excellent model for the delivery of quality services tailored to the needs of local children, the evidence for the impact of Communities for Children on child or parent outcomes is weak and equivocal.*
13. Many other communities in Australia are currently working towards crime prevention and early intervention goals, such as *the highly regarded Maranguka Justice Reinvestment Project*. Preliminary impact assessment of this promising initiative suggested a significant drop in youth crime in the Bourke region in 2017 compared with the previous year. However, such 'pre-experimental' research designs with no control groups or meaningful comparisons with business-as-usual conditions do not permit inferences to be made about the causes of the crime reduction. *There is an urgent need in Australia for the growing number of 'place-based' initiatives to be subjected to rigorous evaluations.*

Communities That Care and PROSPER: The Two Place-Based Approaches With the Strongest Evidence for Community-Wide Impact on Youth Crime and Substance Abuse

14. A recent systematic review of the scientific literature that I conducted for the Paul Ramsay Foundation shows that internationally there are only two prevention models that have strong scientific evidence for their success in the primary prevention of youth crime and related problems like drug and alcohol misuse and school dropout: *Communities That Care (CTC) and PROSPER (Promoting School-Community-University Partnerships to Enhance Resilience)*.
15. Both models work through *community mobilisation* (including a process of community participative research where appropriate), then *community coalitions* are formed which raise funds and work with prevention experts to identify *evidence-based initiatives that can be implemented locally to address priority risk factors for youth crime or substance abuse*, and to strengthen existing protective mechanisms operating in the community.

16. *The community coalitions, not the government, are responsible for the selection, implementation, evaluation, and review of results, leading to the next cycle of planning, implementation and evaluation.* Government is typically involved through funding (although this is seldom one hundred percent of what communities need – communities are expected to raise their own funds as well), through the participation of government agencies in local coalitions, and through the provision where possible of technical assistance and communication with key policy people and politicians.
17. While PROSPER and CTC have many similarities, PROSPER differs from CTC in that it is focussed narrowly on *the prevention of substance abuse*, whereas CTC focusses on a broader array of youth outcomes, including crime and antisocial behaviour. The broader remit of CTC leads to a step that is not necessary with PROSPER: *the conduct of a comprehensive survey of children aged 12-16 in local schools that measures the needs of young people across the community* (specifically an array of community-wide risk and protective factors for youth crime and other youth problems). *This survey is conducted to guide the selection of evidence-based interventions* that address the priority needs of local young people.
18. CTC is supported in Australia through Communities That Care Ltd, a not-for-profit affiliated with Deakin University (<https://www.communitiesthatcare.org.au>). CTC has been implemented and evaluated extensively in local government areas throughout southern Australia, with *impressive evidence of long-term, community-wide impacts on youth crime, antisocial behaviour, substance abuse, injuries and mental health*. However *CTC is virtually unknown to government policy people in Australia* – an extraordinary problem that should be rectified as soon as possible!
19. There is even more impressive evidence for the population-wide impact of CTC and PROSPER in the United States. This work is supported by extensive research on the sustainment of effective implementation by communities – in other words, *we know a lot about how to keep CTC working effectively on a long term basis, without much government support*.

Designing Community-Based Primary Prevention Initiatives in Queensland

20. *The principles and methods proposed in this section build on the successes of Communities That Care and the Pathways to Prevention Project*, two primary prevention approaches with strong Australian evidence spanning the preschool, primary, and adolescent years. The attractions of these models are obvious – *community-controlled, strong scientific foundations, and external support available to communities*. I envisage that several communities with diverse characteristics may be the initial target for preventative initiatives.
21. The first step in conducting a primary prevention initiative is to understand how children develop in very different communities across the state, including why some become

involved in antisocial behaviours and crime. *This means we need data on the needs of children and families in each specific community, especially data on the risk factors present in that community (like high rates of school absenteeism) as well as data on protective factors (such as strong family bonds). Profiles of risk and protective factor will differ markedly between communities, so priorities for action will be unique to each community. One size DOES NOT fit all!*

22. Secondly, primary prevention involves building on the understanding of the specific local needs and community-level risk and protective factors to *empower local community partnerships*:
 - a. *to devise actions that are suited to the needs of their own children and families,*
 - b. *are based on solid scientific evidence that they will work,*
 - c. *and that fit local cultures and contexts.*
23. Primary prevention then involves *acting as early in children's developmental pathways as is appropriate in light of the local data, with control vested in the local partnerships, to promote the positive development of ALL children in the community.* The focus should therefore be **universal** - the wellbeing of ALL local children, not just those that are (for example) engaging in troublesome behaviour or are refusing to go to school.
24. A more precise term for this approach is *developmental crime prevention* since it involves *acting early to foster positive developmental pathways.* Because of the need for early action, developmental prevention is also sometimes called *early prevention.* Developmental or early prevention often means *acting early in life,* before children go to school, since it is in these early years that the foundations for positive development are laid.
25. But more fundamentally '*early*' means *early in the developmental pathway that leads to crime or substance abuse.* This might mean for example helping children negotiate the transition from primary to high school when they are going through puberty and coping with a new school, new friends, and many new demands that might lead them to be influenced by an antisocial peer group. *Time* expressed as chronological age is important, but so is the *timing* of actions in light of *life transitions when children and parents may be particularly vulnerable but are also open to external guidance and assistance.*
26. The emphasis in developmental crime prevention initiatives is on *support enlightened by scientific knowledge,* not so much on social control and certainly not on punishment. For this reason *developmental crime prevention, at least when primary prevention is the goal, should NEVER be the responsibility of police, youth justice, or any arm of the criminal justice system.* The agencies, both government and non-government, that can make the biggest contributions to developmental/early/primary crime prevention can be found in the health, social services, and education sectors, although it is important

that 'institutions of regulation' like the police are represented on local partnerships or committees.

27. All services and contributions by groups or individuals outside the community must be guided and preferably controlled by local partnerships or *coalitions* that are representative of their communities and *are prepared to collaborate around shared goals*, not just cooperate or even coordinate the activities of partner organisations.
28. *High quality collaborations are hard work!* CTC and other public health initiatives overseas measure the quality of local partnerships in terms of their cohesion around shared goals, transparency of decision-making, power sharing, and openness to scientific evidence. *My colleagues and I have developed such a measure for Australian community partnerships.*
29. *I propose an initial focus in Queensland on a mix of regional, remote, and urban communities where local partnerships are already active and where youth crime is a major problem.* Perhaps six communities (two in each category) could be the trail blazers, with others learning from their experience (and mistakes) and moving into action after a period of local capacity building.
30. *Communities seldom get all these steps right the first time.* Many things can go wrong, but with strong local leadership, support from university-based prevention scientists, funding from government, local businesses, and philanthropy making it possible to employ a Coordinator (preferably fulltime), and with a willingness to learn from mistakes, community coalitions can achieve a great deal over time.
31. *The goal in each community should be to work toward the development of a coherent set of community-controlled practices grounded in scientific research on what works and why, and directed at sustained community-wide impact within a framework of continuous quality improvement and iterative learning based on rigorous measurement of inputs and outcomes.*