

*Early Intervention  
in Crime Prevention*

*Noarlunga  
Consultation Report*

*Crime Prevention Unit  
Attorney-General's Department*

*May 2002*

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## *Acknowledgements*

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This report summarises consultations undertaken with stakeholders in a cluster of suburbs within the City of Onkaparinga and would not have been possible without the time, thought and input of all those interviewed.

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## *Introduction*

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This report is designed to assist stakeholders in the Early Intervention in Crime Prevention Program to make decisions about the development of the program in Noarlunga.

The first chapter of the report provides an overview of the program at the State level: its aims, structures, and the planning processes that are being used. Most people who have been involved in the consultation processes will already have had access to this information, but it is included for the sake of those who have not.

The second chapter provides some information about crime data and some crime data for the cluster of suburbs in which it is proposed the program be developed. The boundaries of the area under consideration are not clearly defined. It can be described as 'the cluster of suburbs immediately around Noarlunga Centre' or 'the strip down Beach Road'. For planning purposes, data was requested for the postcodes 5163, 5164, 5165, 5166 and 5168 - Hackham, Huntfield Heights, Hackham West, Christie Downs, Christies Beach, O'Sullivan's Beach, Noarlunga Downs and Noarlunga Centre. However, it is possible that parts of these areas may not be included in any program that eventuates. Similarly, it is possible that other areas (for example, parts of Port Noarlunga) may be included. For ease of reference, we refer to this cluster of suburbs as 'Noarlunga' in this report.

The third and most important chapter summarises the outcomes of the consultations in Noarlunga. The consultation has been designed to answer three main questions:

- Should an early intervention program be developed in Noarlunga?
- If so, which risk and protective factors should it seek to target?
- Around which transition point or points should interventions be designed?

As well as summarising consultation outcomes, this chapter also provides a little background information about 'key concepts', a little data about some of the risk factors that were identified in the consultations, and in some cases, a little further research information about the relationships between risk factors and offending.

The fourth chapter is designed to assist discussions about the next stage of planning, the detailed design of strategies for the local level. That design work should, we believe, be based on the maximum possible level of agreement about the framework and principles for the program. Consequently, we have developed two 'discussion starters'. One is a summary of principles on which a program might be based. These principles have been drawn in part from consultation outcomes and in part from research about early intervention in crime prevention. The second is a possible framework for early intervention, that seeks to provide the maximum possible coordination of effort. The 'discussion starters' will be used within the Stakeholder Workshop, and at State Reference Group level, as a starting point for conversations about these issues: they do not reflect 'decisions that have already been made'.

We have attempted to provide a balance, in this report, between providing comprehensive information and being concise and readable. Further detail about many of the issues is available on request.

We would like to thank everyone who contributed to the consultations. We came away with an overwhelming sense of the goodwill, positive purpose and commitment that service providers and community groups in the area bring to their work. Our thanks for your time, and for the welcome and the information you provided.

Gill Westhorp and Judy Underdown  
Crime Prevention Unit

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## *Chapter 1. Program Overview*

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The Early Intervention in Crime Prevention Program is based on the report "*Pathways to Prevention: Early Intervention and Developmental Approaches to Crime in Australia*" (National Crime Prevention, 1999). That report, also known as the Homel Report, identifies key principles for early intervention and developmental approaches in crime prevention:

- developmental crime prevention aims to prevent "*the development of criminal potential in individuals*"<sup>1</sup> (Farrington, 1996, 18).
- it does so by "*aiming to reduce risk factors and increase protective factors*"<sup>2</sup> that research has shown to be related to later offending;
- interventions are most likely to be effective if they target multiple risk factors and/or develop multiple protective factors concurrently;
- interventions are most likely to be effective if they work at multiple levels concurrently: individual, families, and community (which includes organisations and institutions);
- interventions are most effective if targeted '*early in the pathway to offending*', which may or may not mean early in life;
- interventions are most effectively targeted at 'transition points' - points of major change in roles, relationships and responsibilities.

The Homel Report recommended, amongst other things, that a local, community based demonstration project be established in Australia (Recommendation 16).

A forum was convened in South Australia soon after the release of the Report, at which an inter-agency working group was formed to begin planning for early intervention in South Australia. The Working Group recommended that two pilot programs should be established; one in an urban area and one in a rural area. Through its budget processes, the Crime Prevention Unit then sought funding for pilot programs in two localities. Funding was provided for the current triennium.

### *1.1 Aims*

Aims for the program have been developed for the long term, for the current triennium, and for an initial planning and development phase.

In the long term, the Program aims to develop, implement and evaluate the effectiveness of early intervention approaches in a range of contexts, and to integrate effective approaches into mainstream Departments and programs where appropriate.

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<sup>1</sup> Farrington, DP. ***Understanding and preventing youth crime***. York Publishing Services, for the Joseph Rowntree Foundation, York, 1996, p 18; quoted in Homel et al *Pathways to Prevention: Developmental and Early Intervention Approaches to Crime in Australia*, p 8

<sup>2</sup> Tremblay and Craig, 'Developmental crime prevention', in M Tonry and DP Farrington (Eds), ***Strategic approaches to crime prevention: Building a safer society***, University of Chicago Press, 1995, pp 156-157.

In the current triennium (July 2001 - June 2004), the Program seeks to develop, implement and begin the evaluation of partnership-based programs in two localities.

In order to do this, a range of planning and development activities have been required, and these tasks are the work of the initial phase. These have included establishing advisory structures for the program, selecting the two localities, data analysis in relation to risk and protective factors, and consultation with key stakeholders at State level and in the communities.

## *1.2 Program Management*

A State Reference Group comprising key Government and non-Government agencies has been established and terms of reference for that group have been agreed. (See Attachment 1 for membership and Terms of Reference.)

An Expert Advisory Group has been established to keep the program up to date with literature and research, and to assist with the design of interventions and their evaluation. Membership of the group includes a developmental psychologist, a forensic psychologist, a sociologist and a mathematician, all with strong backgrounds in crime prevention and its evaluation.

## *1.3 Selecting the Localities*

State level consultations were conducted with a broad range of Government and non-Government agencies. Participants were asked where they thought the program should be located, on what criteria they thought the decision should be based, and what issues they thought should be taken into account in designing the program.

At the same time, a range of data was reviewed (socio-economic indicators, health indicators, education and training outcomes, child abuse and neglect, and crime data). A report was prepared for the State Reference Group, summarising the data and the consultation outcomes. The State Reference Group selected the regions, on the basis that the data suggested a need for early intervention in both communities and that both communities had good infrastructure to support such a program.

## *1.4 Identifying Risk & Protective Factors, & Transition Points*

The second round of consultation was conducted at the local level. Consultations were undertaken in the Noarlunga area from February to May 2002. The consultations aimed to:

- identify the key risk and protective factors operating in the community;
- gauge the level of support for the program and build relationships with local agencies;
- identify the transition points around which a program should be built;
- identify other key stakeholders to be consulted;
- identify gaps in services and potential barriers to the program.

As well, consultation participants identified principles which they believed should be incorporated within early intervention programs, other issues or concerns they believed should be taken into account, and possible strategies or program ideas.

The principles have been included as a section in this report. Strategies and program ideas have been recorded but are not reported here: the process of selecting strategies belongs in a later part of the planning process.

Overall, 64 consultations were conducted by the program team. Appointments were made and interviews were generally conducted at the workplace of the interviewee. The average length of time for interviews was one and a half hours.

Interviews were taped with consent of participants. The two program team members were the only people to have access to the tapes of the interviews. Notes were also taken during the conversations. The program team agreed to respect the confidentiality of participants' responses and therefore the source of the quotations used in the report have not been identified. It should be noted that the quotations are taken from the transcripts of the notes of interviews and, due to time constraints, have not been checked against the tapes: some are abbreviations of what was said and are not 'word perfect'.

The majority of interviews were conducted one to one, however, where it was appropriate, group consultations were conducted.

Interviewees received in advance:

- a background briefing paper including the risk and protective factors identified in the Homel Report;
- an outline of the consultation process;
- questions to be addressed at the interview.

A workshop attended by key stakeholders in each locality will make recommendations to the State Reference Group about transition points and risk and protective factors. Once those recommendations have been agreed to, design of intervention strategies can commence.

## *1.5 Evaluation*

The Crime Prevention Unit and the State Reference Group are committed to thorough, longitudinal evaluation of the program. Key elements of the evaluation framework are expected to include:

- a 'theory based' approach. Whatever interventions are designed, one or more hypotheses will be developed explaining what the intervention expects to achieve, and how. The hypotheses will then be tested through the evaluation;
- a 'scientific realist' evaluation framework, examining "what works for whom in what contexts";
- periodic review of statistical indicators across range of outcomes. Measures identified from other early intervention programs (which might include, for example, aggressive and bullying behaviours, drug and alcohol use or abuse, mental health, teenage pregnancy, participation in education, training and employment, crime, victimisation, and income) will be incorporated;
- interviews and surveys of key stakeholders and program participants.

Access to data will be critical to the evaluation, and will be negotiated with the range of stakeholders as design of the program is undertaken.

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## *Chapter 2. Crime Data*

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### *2.1 Dilemmas with Crime Data*

There is no accurate way to know exactly how many offences are committed, or by whom, in any jurisdiction. A few of the major difficulties with crime data are described here, before providing a 'snapshot' of some official crime data for the cluster of suburbs suggested for the early intervention program.

#### *Official Crime Data*

Official crime data is data about offending which has come to the attention of the criminal justice system. Some offences are reported to police and some are not. Official crime data only records those offences which are reported or which become known to the police.

There are variations in the ways different types of offences are reported to police. For example, a relatively high proportion of stolen motor vehicles are reported to police because a report is required for insurance purposes. However, relatively small proportions of rape, domestic violence and some minor offences are reported to police, each for different reasons. Consequently, official data will provide a more accurate representation of the true level of offending for some offences than it will for others.

Of those offences which are reported to police, only some are 'cleared'. Offences may be cleared by:

- reporting or arresting the offender;
- investigating and determining that no offence was committed;
- "other", which includes "caution, complainant died, accused died, diplomatic immunity, lapsed, and ... no further action required."<sup>3</sup>

It is only where an offence is cleared that there is any possibility of identifying the offender and thereby obtaining information about patterns in offending behaviours (for example, the proportion of offences committed by young people).

There are also variations in how different groups are likely to be treated within the system, and therefore in what crime statistics will appear to show. For example, it has been suggested that indigenous people are more 'visible' in most parts of Australia because of their minority status, are therefore more likely to be observed if they commit an offence. It has also been suggested that they may be more likely to be arrested for the same offence than a non-indigenous person; more likely to be imprisoned if convicted, and so on. At least part of the over-representation of indigenous people in the criminal justice system may be due to such differences. Similar arguments have also been made in relation to young people, both because of their 'visibility' to adults and because their relative inexperience as offenders may make them easier to detect or convict.

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<sup>3</sup> SAPOL 1998-99 Statistical Review, p 74

Police practices can also affect data. For example, if a police operation focussing on street offences is conducted, the number of street offences recorded is highly likely to increase during the operation.

### *Victim Surveys and Self-Report Crime Data*

There are two other major types of crime data. One is data from victim surveys, which collect information about the proportions of people who have been victims of certain kinds of offences, and the actions that they took in response. These surveys help identify what proportions of offences are reported to police. While victims surveys have significant uses, they also have some shortcomings. For example, they do not usually provide local level data, and they may be affected by shortcomings in research design or methodology.

The second is 'self-report' crime data. In this approach, participants in research projects or programs report offences of various types that they have committed within a particular time frame. This approach is often used within longitudinal surveys to correlate risk factors with the nature of offences committed by people in the research population. Again, this approach has strengths and weaknesses. While it is likely to provide more accurate data about the offences committed by those participants, it relies on the willingness of participants to provide honest information; and it provides no information about offending by anyone outside the research population. It would be necessary to design a special survey for the Noarlunga suburbs to get this kind of information at the local level.

Because victim data and self-report data are not available for the Noarlunga suburbs, the following information is drawn from official crime data. It should be read with an understanding of the limitations of that data in mind.

### *2.2 Offending in the five suburbs: 1997 - 2001*

Five years worth of crime data, from 1997 to 2001, was requested from the Office of Crime Statistics. Data was collated from collector districts to cover, as closely as possible, postcodes 5163, 5164, 5165, 5166 and 5168 in the south, and for the rural postcode areas in which the other pilot program is likely to be conducted.

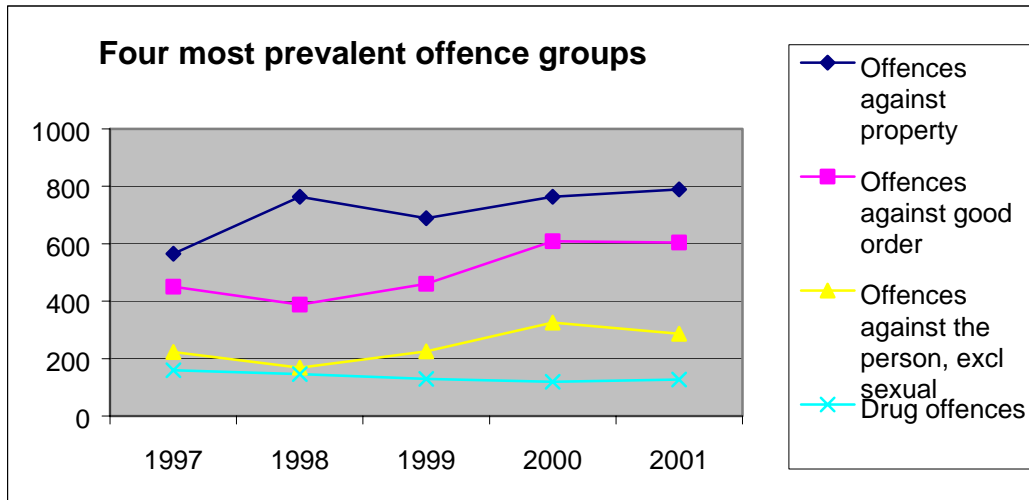
The data requested included offences reported to police, by offence category and by offence; clearance data; and offender data (age, gender, and Aboriginality or non-Aboriginality) in relation to offences. Some 1700 pages of tables were received. Obviously a report of this length cannot hope to do justice to that complexity of information. Consequently, the graphs and table that follow deal only with a few elements of the information.

There is one further item that should be noted in relation to this data. Major centres such as the Noarlunga Centre, with their concentrations of businesses, car parks, transport hubs and entertainment precincts tend to have higher crime rates, for some sorts of offences, than residential areas. It is possible that the Noarlunga Centre 'concentrates' a proportion of offending within the 5168 postcode. (Over the 5 year period, about 35% of offences reported to the police for the 5 postcodes were from the 5168 postcode.) It is not possible to tell, from official crime data, what proportion of these offences are committed by offenders who live or work within the postcode areas: clearance rates for many of the 'high volume' offences are too low to provide reliable estimates.

The table below provides the numbers of offences reported in most major categories (excluding driving offences), over the 5 year period.

Offence Groups	1997	1998	1999	2000	2001
Offences against the person, excl sexual	223	168	225	326	286
Sexual offences	24	28	47	31	16
Robbery and extortion	16	8	21	23	23
Offences against property	565	764	689	764	789
Offences against good order	450	388	460	609	604
Drug offences	159	146	129	119	127
Other offences	8	13	29	13	13
<b>TOTAL</b>	<b>1445</b>	<b>1515</b>	<b>1600</b>	<b>1885</b>	<b>1858</b>

The first graph provides time series data, showing trends in the four most prevalent offence groups, over the five year period.



### 2.3 2001 Data

In the next section of the report we examine some aspects of 2001 data. It should be noted that this is not a recommended practice: offending patterns can change markedly from year to year, with or without interventions by police or crime prevention. However, the intent here is simply to provide a little basic information.

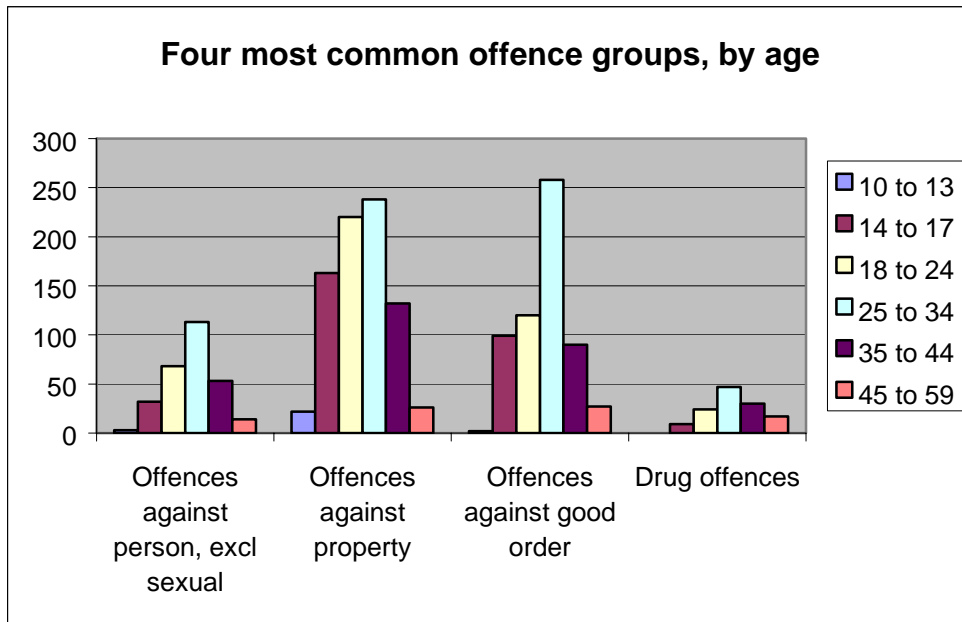
#### *Clearance rates*

Clearance rates are very different for different kinds of offences. For example, in 2001 in postcode 5168 (Noarlunga Centre/Noarlunga Downs) police cleared over 64% of offences against the person (excluding sexual offences). However, only around 26% of offences against property were cleared. These variations reflect both differences in circumstances and differences in policing practices. For example, it is more likely that the identity of a person who commits an assault will be known than the identity of someone stealing from a car, and therefore it is more likely that an apprehension can be made. Quite rightly, greater policing attention is paid to serious offences than to minor offences, so it is not surprising that a higher proportion of more serious offences are cleared. These patterns are not uncommon - they reflect clearance patterns across the State.

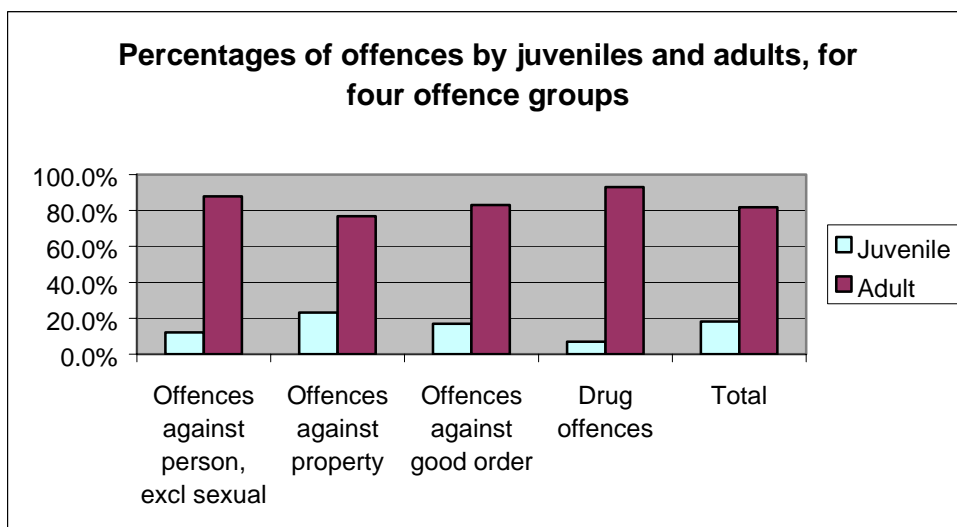
## Age of Offenders

The following information refers only to those offences cleared by way of an apprehension (ie a caution or arrest).

The age patterns of alleged offenders vary by the type of offence. The graph below shows four relatively high volume offence groups, by age of alleged offender. It demonstrates both the relative frequency of apprehensions for those offence groups, and the ages of those apprehended.

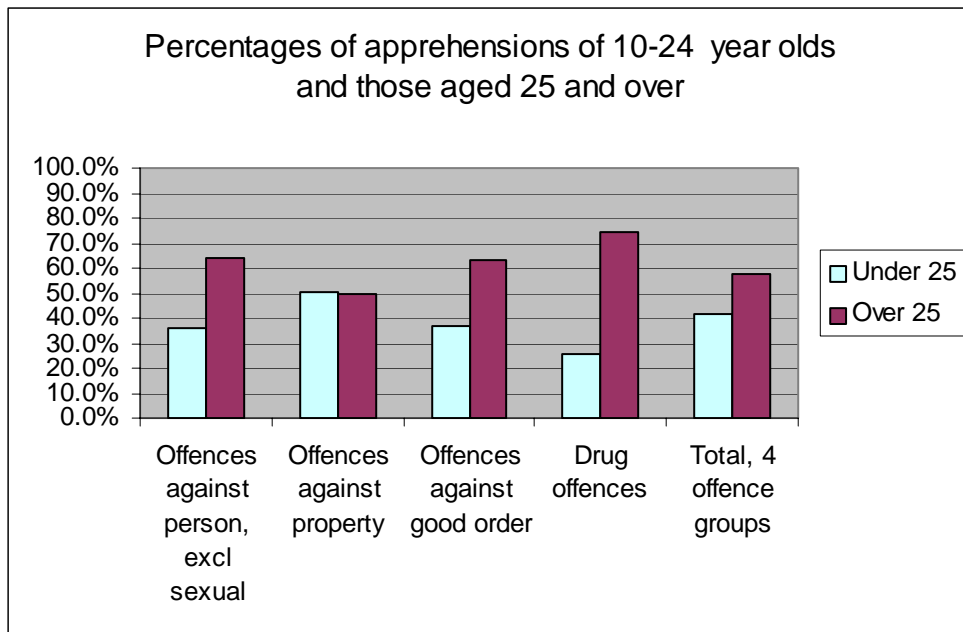


Given the focus on young people as offenders, it is perhaps worthwhile noticing the proportion of offences for which adults are apprehended. The two graphs below do this. The first groups offences according to whether a juvenile (10-17 years) or adult (18 and over) was apprehended for the offence. Note that in this graph the calculations in this graph have changed from numbers to percentages (ie, of 100% of offences against the person, what percentage were committed by juveniles and what percentage by adults?)

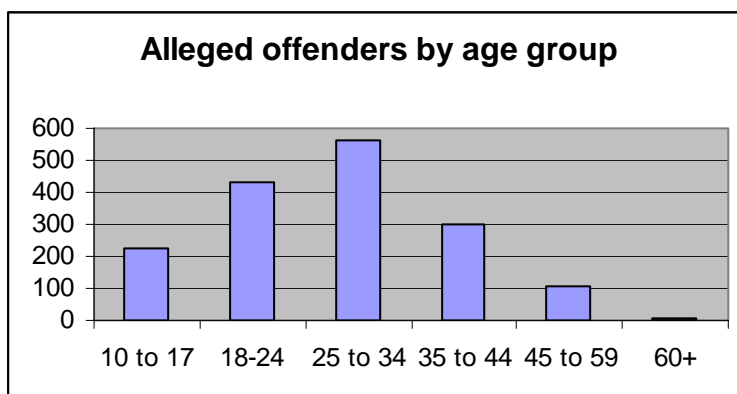


In this graph we see that adults were apprehended for almost 88% of offences against the person (excluding sexual offences); almost 77% of offences against property; about 83% of offences against good order and 93% of drug offences. Overall, in these four categories, adults accounted for around 82% of apprehensions.

The second graph shows the same information for “10- 24 years” and “25 years and over” age groups. It shows that over 25’s accounted for 64% of apprehensions for offences against the person (excluding sexual offences); 63% of offences against good order, and around three quarters (74.2%) of drug offences. The only category in which 10-24 year olds were apprehended for the majority of offences was offences against property - and it was a very bare majority at that (50.5%).



One offender may be apprehended for only one offence, or may be apprehended for multiple offences. The next graph changes from counting offences to counting alleged offenders. It shows the age distribution of alleged offenders, with each individual counted only once, with the age given at the last apprehension for the year, for the cluster of suburbs. It demonstrates that 25 to 34 year olds were the most commonly apprehended age group; followed by 18-24 year olds and then 35-44 year olds. This distribution may be influenced by the inclusion of driving offences, which are concentrated in the 20 - 44 year old age groups. It is also worth noting that only 12 of the 226 alleged offenders in the 10-17 year old group were 10-13 year olds.



### *Race and Gender*

Using apprehensions data, with each offender counted once for the year, indigenous people accounted for 6% of alleged offenders; non-indigenous people for 86.4%, and race was unknown or not recorded for 7.6% of alleged offenders. Again, this data includes driving offences.

Using the same calculation method, males accounted for over three quarters of alleged offenders (76.2%) and females accounted for just under a quarter (23.8%).

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## *Chapter 3. Consultation Outcomes*

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In this next chapter of the report, we move to providing feedback about the consultation outcomes. Each section of the chapter begins with a little background information about the key concepts, then summarises consultation outcomes about the issues identified. Where data or further research information is available about specific topics, that has also been included.

### *3.1 Risk and protective factors*

Risk factors are factors that have been shown, in research, to be related to a higher risk of offending behaviour. Some of them may be 'causative': they may contribute to causing offending. Other factors may only be 'correlated': they may not cause offending behaviour, but they might be seen in the lives of people who offend. Protective factors are factors which tend to 'protect against' developing offending behaviours, or are correlated with non-offending.

The Homel report lists 57 risk and 37 protective factors, which are grouped into individual, family, schooling, community and 'life events' factors (see Attachment 2<sup>4</sup>). We refer to these clusters of issues as the 'domains' of risk and protective factors. In the Homel report, there are five domains. In this report, we have separated some 'community and cultural' factors into a second 'community and cultural - other' domain, because there were items identified in the consultations that were not incorporated within the Homel report. This gives us, in effect, 6 risk factor domains and 5 protective factor domains.

The relationships between risk and protective factors and offending behaviour are complex. No single risk factor has a strong enough impact to 'cause' criminal behaviour. Similarly, no one protective factor can prevent criminal behaviour. Not everyone affected by risk factors will offend; and not everyone who offends is affected by risk factors.

*"Typically, prospective prediction (e.g. the percentage of high-risk children who become persistent offenders) is poor but retrospective prediction (e.g. the percentage of persistent offenders who were high-risk children) is good. The fact that many children at risk have successful lives inspires the search for protective factors and individual resilience features that might inform prevention techniques."<sup>5</sup>*

Rather, risk factors appear to be:

- cumulative and interactive. The more risk factors someone is exposed to, and the less protective factors are at play in their lives, the greater the impact is likely to be. Experiencing one risk factor may increase vulnerability to another later on;
- context-sensitive. Risk factors may have different impacts in different contexts;
- time-sensitive. Risk factors have different impacts at different stages of development; and the frequency with which they impact may make a difference.

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<sup>4</sup> Reproduced from "Pathways to Prevention: Early Intervention and Developmental Approaches to Crime in Australia"; National Crime Prevention, 1997

<sup>5</sup> Farrington, D. *Developmental Criminology and Risk Focussed Prevention*, in M. Maguire, R. Morgan and R. Reiner (Eds.) **The Oxford Handbook of Criminology**, (3rd ed.) Oxford: Clarendon Press, in press.

Hamel et al have also identified particular risk factors for indigenous people in Australia. These factors include forced removals and relocations, resulting in conflict between groups and in broken relationships between children and their families; dependence on the State, resulting in frustration and violence; institutionalised racism, including over-policing and under-policing; the decline (and in some cases prohibition under Western law) of traditional methods of dealing with offending; and alcohol. Personal controls, family controls and cultural resilience are identified as specific protective factors.<sup>6</sup>

### *Debates about risk and protective factors*

While risk and protective factors have been identified in the research literature as being related to offending, there are a number of things that are not yet well understood. These include:

- whether individual factors are causative or simply correlated (for example, does unemployment 'cause' offending or is it simply that both unemployment and offending are higher in some communities than others?);
- where it appears that a risk factor is causative, how the 'causative relationship' actually works. For example, if poor parental supervision does contribute to offending, is that because the child has increased opportunity to offend or because the child is angry because he or she does not feel cared for and protected?
- what the relationships between risk and protective factors are. Perhaps protective factors are simply 'the other end of the scale' of risk factors: parenting styles is a factor, a risk at one end of the spectrum and a protective factor at the other end. However, consider a 'real world' example, of children in a family where the parenting styles constitute a risk factor but the children did not go on to offend. For those children, there must have been protective factor(s) other than parenting styles. So some factors may be 'moderators':

*"If poor parental supervision predicted a high risk of offending only for males from low income families, and not for males from high income families, then high income might be regarded as a protective factor counteracting the effects of the risk factor of poor parental supervision."<sup>7</sup>*

Similarly, good parenting, or good education, or a supportive community may moderate the effect of a range of other risk factors.

Given these complexities, it seems likely that 'single factor', single issue approaches will not be effective. In fact, research into 'what works' suggests that targeting multiple risk and protective factors is most effective.

### *3.2 Risk Factors*

In the sections that follow, the risk factors identified in the consultations are organised into domains, although there are some differences in the ways the factors are grouped here and the ways they are grouped in the Homel report.

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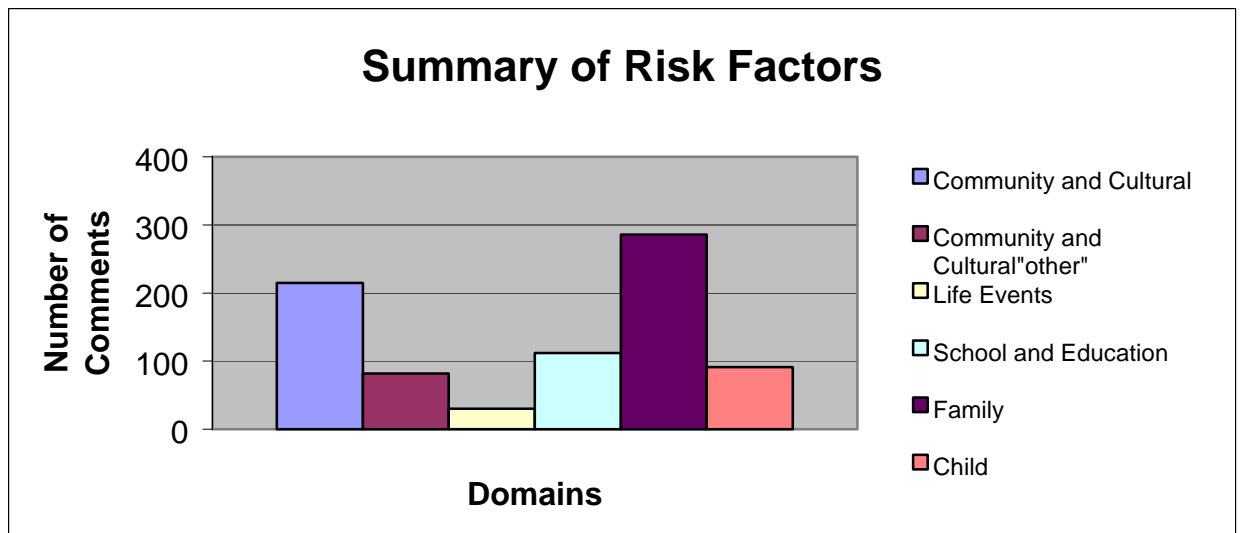
<sup>6</sup> Homel, R, Lincoln, R and Herd, B. *Risk and Resilience: Crime and Violence Prevention in Aboriginal Communities*. **The Australian and New Zealand Journal of Criminology**, Vol 32 No 2, 1999, pp 182-196

<sup>7</sup> Farrington, D. *Developmental Criminology and Risk Focussed Prevention*, in M. Maguire, R. Morgan and R. Reiner (Eds.) **The Oxford Handbook of Criminology**, (3rd ed.) Oxford: Clarendon Press, in press.

Figures in brackets identify the number of times that the factor immediately before the figure was mentioned. For each domain, some additional information is then provided, reflecting some data available about the factors identified in the consultations, and some research outcomes in relation to the impacts of those factors in relation to offending.

The following chart indicates the number of mentions of risk factors in each of the domains. Each risk factor could have been mentioned more than once in an interview, and therefore recorded on a number of occasions per interview. Where a risk factor was identified as having more than one kind of significance, it was counted each time; repetitions of the same issue or concern were not counted.

The participants made 812 mentions of risk factors. 'Family' factors received 286 mentions; 'Community and Cultural' factors 215 mentions; 'School and Education' factors 112 mentions; 'Child' factors 91 mentions; Crime and justice issues and service issues 78 mentions; and Life Events had 30 mentions. (Note that the sections are not reported in this order in the discussion that follows.)



Participants found no difficulty in identifying a range of risk factors operating in Noarlunga, with some people indicating that all the risk factors highlighted in the Homel report were present in the community.

### *3.3 Community and Cultural Domain*

The Homel report identifies socio economic disadvantage, population density and housing, being an urban area, neighbourhood violence and crime, cultural norms concerning violence as an acceptable response to frustration, the media portrayal of violence, lack of support services, and social cultural discrimination as risk factors within this domain.

Significant community and cultural issues were identified during the consultations including poverty, unemployment, discrimination and drug and alcohol misuse.

<b>Socio-Cultural Risk Factors</b>	<b>Total</b>
Drug and alcohol Issues	47
Poverty	31
Unemployment	27
Discrimination / Racism / Cultural Factors	18
Lack of, or cost of, recreation and activity for young people	17
Housing issues	15
Transport	14
Violence (other than domestic violence and child abuse) and neighbourhood conflicts	12
Lack of support	6
Lack of social connectedness	6
Lack of hope, vision, belief in the future	4
Community Values	4
Class issues	3
Media portrayal of violence	3
Isolation	3
Pokies / gambling	2
Breakdown in community	2
Other	1
<b>Total</b>	<b>215</b>

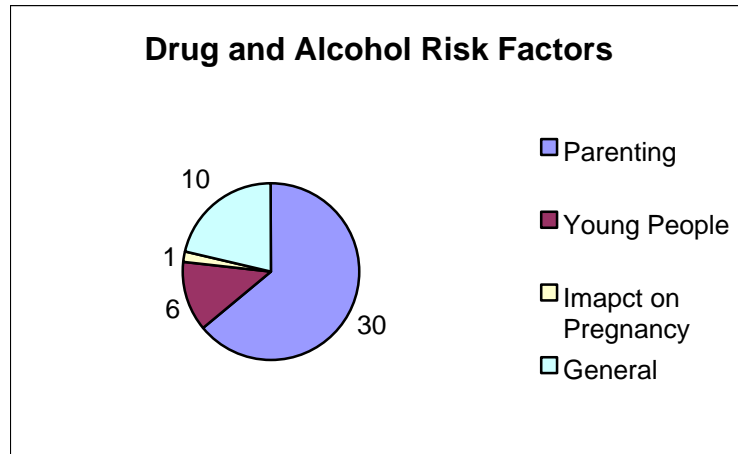
<sup>1</sup>Note that domestic and family violence was also raised as a significant issue, but has been included within the family domain

### *Drug and Alcohol Issues*

Drug and alcohol issues were reported as significant social and cultural issues (47). Drug and alcohol misuse were often associated with other risk factors and were often linked by participants to an increased likelihood of offending. Some participants identified that drug and alcohol issues cross the whole community and were not restricted to low socio economic or cultural groups.

At the community level, the widespread availability and acceptability of drugs and alcohol was identified. At the family level, the impacts on parenting and family relationships were raised and at the individual level, the impact on the health and well being of the individual were mentioned.

The following chart illustrates that, of the 47 comments made in relation drug and alcohol use, 10 were of a general nature, 30 comments were in relation to the impact on parenting and 1 comment related to impact on pregnancy. Participants mentioned young people and drug and alcohol issues 6 times.



It was suggested that drug and alcohol affected parenting by limiting parents' capacity to parent effectively or to provide warm and consistent parenting. Some participants argued that parents under the influence of drugs and alcohol were unable to care for themselves, let alone meet the needs of their children and were not emotionally available to their children (2).

Some participants reported that there was a relationship between drug and alcohol abuse and other risk factors such as child abuse and neglect and family violence. Children growing up in families affected by these issues, it was suggested, often had poor self esteem and lacked social skills.

*Parent with drug (dope may not be seen as a drug anymore) and alcohol and depression result of living in poverty and sense of not going anywhere. and the kids have poor social skills and low self esteem*

*Drug use limits the availability of parenting: parent is 'not there emotionally'. Need to distinguish between responsible users, who (eg) rotate care of children and irresponsible users. Costs impact on poverty / kids getting what they need materially. "Who gives a shit" attitude comes with drugs - leads to decreased respect for others - leads to children's decreased respect and to a sense of invincibility for young people if they are using themselves.*

*Parents are often facing a number of issues such as drug and alcohol problems, mental health, financial problems and family violence.*

*Lots of drug and alcohol issues in the area. Over 20,000-30,000 needles per month are going out in the needle exchange. Injecting all sorts of drugs, not only heroin.*

*Some parents will be significantly impaired in terms of ability to relate to anyone, let alone their children. Some parents will be emotionally or physically unavailable to their children - be the drugs alcohol or narcotics. Parenting can be inconsistent due to the change in mood due to mind-altering drugs.*

Some participants suggested that parents not only used substances with their children present but were responsible for introducing their children to substances, in some cases to "calm them down". It was suggested that some parents were the first dealer for their children. Another participant suggested that children could be affected by drugs because of inhalation of smoke from their parents' smoking.

*Children attend child care under the influence of drugs – from breathing in marihuana.*

Some participants suggested that drug and alcohol issues were significant issues in the Aboriginal community and that there was a relationship between drug and alcohol problems and children stealing food (2).

*Parents have drug and alcohol problems – no food in the house, so the kids go out and steal.*

*Some of the Aboriginal children are smoking dope.*

*Drug and alcohol problems are significant in the Aboriginal population.*

Some participants reported that violence and injury were often associated with alcohol abuse (4).

*Alcohol misuse and drug abuse increases potential for violence and aggression. 20% of all hospital admissions is alcohol related - injury, motor vehicle accidents, drunkenness.*

Substances most commonly mentioned as misused were alcohol, marijuana, and amphetamines and to a lesser extent glue sniffing and propane inhalation. (Tobacco was also frequently mentioned, but was seen as a health issue rather than an offending issue.)

Two participants suggested that some women finance their drug habit through prostitution.

*Women who have addictions often are supplied drugs by their partner, or finance their drug habit through prostitution.*

Participants identified a number of issues in relation young people and drugs. Some participants suggested that there was a relationship between drugs and alcohol and violence and crime.

*Access to alcohol. It probably starts at home, and from about Year 8 up. It leads to a range of problems with the kids, including violence, and the bravado to do damage. We often get the worst damage here on warm nights - I think it's because people have been out drinking. I suspect there's a link to car offences too - certainly road traffic infringements, maybe car accidents, and theft.*

*Drugs are a huge issue amongst young people. You can watch the dealing at Colonades. Mainly speed and dope. Speed is more of an issue: it sends kids off into a different reality, coming down is different, and there's a more overt crime link - stealing to support the costs. Dope is easier to grow, to access. Heroin is also in the area.*

Young people use drugs as a way of coping with their situations according to one participant.

*Drugs might be the only positive in a young person's life, provide something they're not getting anywhere else - a sense of fulfilment, a sense of positive. Not like what they're getting at school. They need viable alternatives, that are healthy - sport, video games. (Although the violence of video games definitely has negative impacts, about the way we process things and the responses we perceive as normal - feeds into road rage, etc)*

## *Drug and Alcohol Issues: Data and Research*

There is no accurate source of data about levels of drug and alcohol use at local community level. Data about the relationship between drug and alcohol use and offending is also limited, but there is some evidence<sup>8</sup> to suggest that:

- for some groups, drug use precedes crime;
- for some groups, crime leads to drug use; and
- for some groups, drugs intensify offending behaviours.

The Drug Use Monitoring in Australia 2001 survey collected information about illicit drug use by those apprehended by police in four sites in 3 States of Australia. That survey found that 60% of adult males arrested for a property offence tested positive to an illicit drug, excluding cannabis, while 45% of those arrested for a violent offence tested positive to an illicit drug, excluding cannabis.

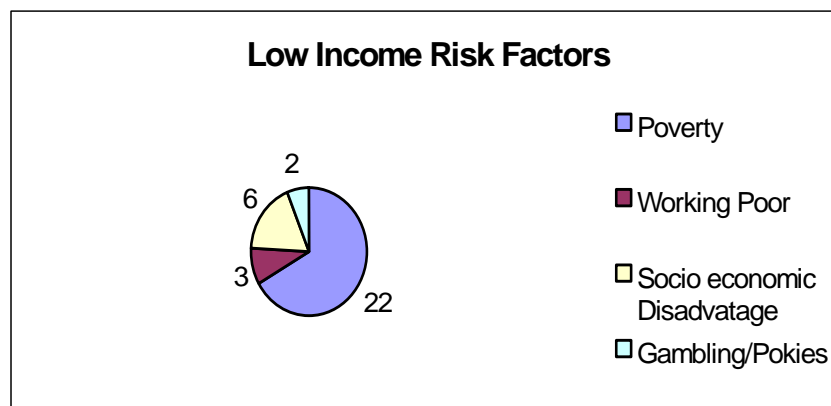
Some Australian research suggests that those who use illicit drugs and offend are likely to have started using drugs earlier than those who use illicit drugs but do not offend. "Amongst sentenced property offenders, the average beginning age for regular use of cannabis was 14.7 years (compared to 18.4 years for use in the community as a whole.)"<sup>9</sup>

## *Low Income*

Participants identified low income as a risk factor 33 times. It was suggested that poverty contributes to crime in a variety of ways: people may steal to meet basic needs such as food; by creating a sense of inequity between the 'haves and the have nots' which may underpin either theft or violence; or by contributing to a range of other risk factors.

Poverty was described as having a significant impact (22). Poverty was often associated with other risk factors and therefore, it was argued, increased the degree of vulnerability experienced by families and the community.

*Structural issues, such as poverty, housing and unemployment impact on people's lives.*



<sup>8</sup> Makkai, T. Drugs and Crime, AIC - Lecture to Australian National University, 9/03/01

<sup>9</sup> Johnson, D. Age of Illicit Drug Initiation. Trends and Issues in Crime and Criminal Justice, No 201. Australian Institute of Criminology, March 2001

The “working poor” were mentioned 3 times. Some participants suggested that children in these families were often left unsupervised for long periods of time and therefore they were at more risk of offending.

*Working poor the - children are left unsupervised as parents are working*

All forms of gambling and gambling on poker machines were identified as factors, particularly affecting women, contributing to poverty and financial and family stress in 2 interviews.

*Gambling: pokies have had huge impact, especially on women. Decreases dollars available for family, increases stress, so the woman goes to GP for medication, don't know impacts on children. Pay day in both Aboriginal and white communities often means gambling and alcohol*

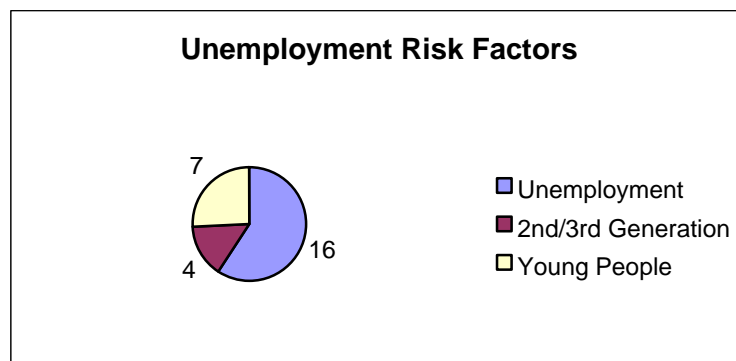
Socio economic disadvantage and the cycle of poverty were mentioned 6 times of all comments. The impact of long term generational disadvantage was highlighted.

*Lots of Aboriginal families are in crisis - low socio economic status and disadvantaged background, impacting on parents and children. And suffering grief and loss - loss of cultural, language and family structure.*

*Socio economically disadvantaged families - means children are living in poverty. Increasing number of families' unemployed and long term unemployed - generational.*

### *Unemployment Issues*

Unemployment and the impact of unemployment were major factors raised in the Noarlunga consultations. Unemployment was mentioned as an issue 27 times.



Participants reported that some families have experienced long-term unemployment (16) and, in some situations, the cycle has continued for second and third generations (4) Long-term unemployment was seen to impact negatively on an individual's sense of themselves, and to interact with a range of other risk factors to contribute to offending.

*Unemployment and intergenerational unemployment is a big issue which leads people to feel a sense of hopelessness and to feel that they are not contributing, as well as leading to financial problems.*

*Unemployment is a big issue - there is a stigma attached to being unemployed.*

Unemployment and the issues for young people were mentioned 7 times. Participants suggested that lack of job opportunities meant young people saw no hope for the future and had no expectations that they would get a job. It was also suggested that young people in families where there have been generations of unemployment have no employment-related role models.

*Job opportunities - huge youth unemployment.*

*Unemployment, 2<sup>nd</sup> and 3<sup>rd</sup> generation unemployment. Children do not see role models in the family of parents working. There's a stigma of being "dole bludgers".*

The impacts of socio-economic factors on lack of hope, vision, and belief in the future were commented on 4 times.

*For the kids, it's disastrous. They think there's no hope. It's really hard to get a sparkle behind the eyes; they've got dead eyes. The parental messages to the young people are "there's no point trying, our kind never get anywhere."*

### *Housing*

Housing issues were mentioned 15 times. Overcrowding in housing (2) was mentioned in relation to a shortage of housing and people living together to share accommodation and expenses. Overcrowding was seen as contributing to conflict and violence.

*Housing an issue. Overcrowding in housing increases violence.*

A shortage of housing options (4), particularly for youth, young families and men, was identified. It was suggested that families living in public housing have complex needs and may have difficulty in managing household bills and rent. Some participants suggested that families in these situations did not have adequate support and therefore were at risk of homelessness and associated social problems. Insecure housing and moving frequently were identified as risk factors, impacting in terms of family stress and disruption to children, especially in relation to education and friendships.

*Housing issues. People don't pay their rent, get kicked out, and end up living in caravan parks.*

*Housing conditions. The way people live in their houses, there's not a lot of pride. The behaviour of the children impacts on that - some are destructive. There's a lack of respect for property.*

### *Socio-economic status: data and research*

The City of Onkaparinga in association with The National Key Centre for Social Applications of Geographical Information Systems has produced A Social Atlas, using statistics from the 1996 Census provided by the Australian Bureau of Statistics. That Atlas sheds some light on socio-economic status and housing. Data from the 2001 Census will be available shortly and will enable the following to be updated.

The following table summarises a little of the information from the Onkaparinga Social Atlas.

Data in the first column represents the whole Adelaide Metropolitan Division (“AMD”); the second column represents the City of Onkaparinga (“CO”); and the next columns represent, in order, Christies Downs (“CD”); Christies Beach (“CB”); Hackham (“H”); Hackham West (“HW”); Noarlunga Downs (“ND”); O’Sullivan Beach (“O’SB”); and Port Noarlunga (“PN”).

Indicator	AMD	CO	CD	CB	H	HW	ND	O’SB	PN
Unemployment Rate	10.5%	10.8%	19.9%	17.4%	12.3%	21.0%	20.1%	18.9%	15.0%
Youth Unemployment	18.6%	19.5%	31.2%	27.6%	19.4%	34.4%	34.8%	33.9%	21.6%
Low income households	22.9%	18.3%	28.2%	29.1%	17.7%	30.4%	33.3%	22.8%	29.4%
One parent families*	10.1	9.9	14.5%	10.5%	14.5%	20.7%	23.6%	10.7%	5.7%
People without qualifications	48.2%	54.2%	67.7%	47.9%	60.5%	63.8%	65.5%	66.2%	44.3%
No motor vehicle <sup>2</sup>	12.5%	7.2%	19.1%	16.6%	7.2%	16.9%	16.7%	9.3%	12.0%

<sup>1</sup>. One parent families with dependent children

<sup>2</sup>. Private dwellings without a motor vehicle.

Some other Australian Bureau of Statistics data is also relevant to housing. For the (then) City of Noarlunga, again using data from the 1996 Census<sup>10</sup>:

- there were 807 households (of a total of 7,443 households) in which 6 or more people usually lived;
- there were 67 households which normally housed 2 or more families.

The research findings into impacts of unemployment and poverty on crime rates are mixed. On the one hand, some research shows relatively clear relationships:

*To take a specific example, unemployment is a risk factor for offending between individuals, since unemployed people are more likely than employed people to be offenders (West and Farrington, 1977). However, unemployment is also a risk factor for offending within individuals, since people are more likely to offend during their periods of unemployment than during their periods of employment (Farrington, et al., 1986).<sup>11</sup>*

Other research, however, has suggested that there is not a strong relationship between unemployment and crime:

*A curious and often-remarked feature of research on unemployment and crime is the apparent lack of a strong relationship between the two. The balance of evidence would seem to suggest that unemployment is more frequently associated with elevated than with lowered crime rates, but by far the most frequent finding among studies examining the issue is one of no relationship at all.<sup>12</sup>*

<sup>10</sup> Local Area Profiles, Australian Bureau of Statistics

<sup>11</sup> Farrington, DF, *Developmental Criminology and Risk Focussed Prevention*, in M. Maguire, R. Morgan and R. Reiner (Eds.), **The Oxford Handbook of Criminology**, (3rd ed.) Oxford: Clarendon Press, in press.

<sup>12</sup> Collins, MF and Weatherburn, D. *Unemployment and the Dynamics of Offender Populations*, in *Journal of Quantitative Criminology*, Vol 11, No 3, 1995, p 231

There are a number of possible explanations for this. One is that it takes some time for unemployment to have an effect on crime rates, and that the 'lag' does not show up well in most research designs (Collins and Weatherburn, 1995). Another is that it is not unemployment (or poverty) per se that is related to offending, it is inequality:

*An earlier meta-analysis of some 34 studies had shown that the relationship between income inequality and both homicide and violent crime is robust.<sup>13</sup>*

This links to a range of other research into social capital, economic inequality, health, and crime, which has found that all four factors are inter-related. Communities with high levels of inequality tend to have lower social capital, poorer health, and higher crime rates.

### *Stigma*

People who were disadvantaged or living in a disadvantaged area were stigmatised, according to 5 participants.

*There is social and cultural discrimination. Stigma attached to people who live in the disadvantaged areas.*

*Unemployment is a big issue - there is a stigma attached to being unemployed.*

*There is a stigmatisation of people who live in these suburbs.*

Having an intellectual disability was also raised as an issue during the consultations. It was reported that people with intellectual disabilities were perceived as "different" and excluded from some social or community groups or were more vulnerable to exploitation by others. Parenting issues associated with parents having an intellectual disability will be discussed in a later section.

*.....there's no acceptance of people with intellectual disabilities, which means they're more vulnerable here. It's a monoculture, and if you don't fit, you get ganged up against. There's a high persecution rate for any of the disadvantaged groups.*

One participant suggested that vulnerable families might face difficulties when interacting with the agencies because they lack negotiation and communications skills or confidence in that situation.

*Stigma attached to being a single parent with a child at school. The school was patronising and made huge judgements. It is hard for disadvantaged parents to negotiate the system. Parents need to develop skills in negotiation and have positive role models such as a worker. School behaves in a different way to the parent if a worker is present. Exclusive language of schools makes it difficult for parents.*

### *Discrimination and Cultural Issues*

Discrimination and cultural issues were identified risk factors in this domain, with 18 comments made. Participants reported that indigenous people experienced racism in a variety of ways including in relation to employment, education and access to services. It was suggested that Aboriginal people experienced institutionalised and personal racism (1).

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<sup>13</sup> Wilkinson, RG, *Income inequality, social cohesion and health: clarifying the theory.* In International Journal of Health Services 1999, 29 (3): 525-43

*Need to recognise dispossession, oppression and injustice. Children live with racism every day. They know dealing with police are negative and dealings with society are not fair - institutionalised racism and personal racism which is blatant*

Racism as a general issue was the most frequently raised factor in this section with 10 mentions. One participant suggested that some Aboriginal people deny their Aboriginality when accessing services until they have developed some trust with the service. On the other hand, 1 participant suggested that racism wasn't an issue in the south.

*I don't see issues of racism in the south.*

One participant suggested that Aboriginal people have poor relationships with police in the area, but that some approaches were being made to improve the situation.

*We're trying to build up relationships with police.*

### *Race, racism and offending: data and research*

Indigenous people form a small, but reputedly growing, proportion of the population in the Southern suburbs. The over-representation of Indigenous people in the Australian criminal justice system is well-known, and a little data about Indigenous representation in the crime data for the local area was presented in Chapter 2. It is perhaps worth considering what research into this issue tells us.

Research into offending by minority population groups throughout the Western world regularly reflects higher rates of offending amongst disadvantaged population groups. There have been comparatively few studies exploring the extent to which socio-economic factors may account for differences in offending rates between races.<sup>14</sup> However, those that have been done suggest that higher offending rates amongst minority races are likely to be an outcome of structural factors, including lower socio-economic status and disrupted families. Writing about findings in America, Loeber and Farrington reported that:

*“Shaw and McKay’s contextual interpretation of the correlation between race and ethnicity and rates of juvenile delinquency was prompted by three important findings: (a) high rates of delinquency persisted in certain urban areas regardless of ethnic population composition; (b) rates of delinquency within race or ethnic groups varied across urban communities; and (c) rates of delinquency did not increase in lower crime areas as ethnic sub-groups migrated to such communities...” (p 41)*

*“Research by Peebles and Loeber (1994) [using] data from a longitudinal study of male juveniles in Pittsburgh, ... found that when the “underclass” status of the juvenile’s residential neighborhood was controlled, race/ethnic differences in delinquency disappeared.” (p42)*

Summarising this and other research in relation to serious and violent juvenile crime in America, Loeber and Farrington conclude:

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<sup>14</sup> Loeber, R and Farrington, DP: Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions. Sage Publications, 1999, p 40

*“In fact, black juvenile violence rates are affected by the same sociostructural factors as white juvenile violence rates. Thus, the causes of violence - whether by juveniles or by adults - appear to be similar across race and rooted in the structural differences across communities and cities.” (p 41).*

Another way to consider this issue is to consider the factors related to offending within the indigenous community in Australia, in an attempt to consider “who offends and who doesn’t”. The 1994 National Aboriginal and Torres Strait Islander Survey (NATSIS) collected data on a range of socio-economic and cultural factors, as well as data about whether or not respondents had been arrested in the last five years. They identified (in common with all populations) that males and young people were more likely to have been arrested. More importantly, however, they identified a range of other risk factors:

- *Having a job (especially not related to the ... CDEP scheme) appears to lower arrest rates;*
- *Alcohol consumption is one of the largest single factors underlying overall Indigenous arrest rates...;*
- *Having been physically attacked or verbally threatened increases arrest by a similar amount to the alcohol consumption...;*
- *With a few notable exceptions, ... the arrest rates [decline] as the level of schooling increases. ...”<sup>15</sup>*

The report also identifies family environment and other social factors as being significant:

*“For example, being taken from one’s natural family significantly increases Indigenous arrest rates.”<sup>16</sup>*

The concentration of factors such as high unemployment, high levels of alcohol consumption, violence and early school leaving, in a social context significantly impacted by ‘Stolen Generation’ issues, is likely to contribute significantly to offending rates amongst the indigenous community.

### *Young people*

Issues around participation in recreation and sport for young people were seen as risk factors (17).

Some of the barriers to participation suggested included:

- lack of money - joining activities or clubs costs money for uniforms, equipment and fees (11);
- boredom (2);
- lack of choice, availability or facilities (4) - different activities appeal to different young people, so a variety of activities are needed.

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<sup>15</sup> Boyd Hamilton Hunter, **Factors Underlying Indigenous Arrest Rates**, Centre for Aboriginal Economic Policy Research, The Australian National University, Canberra, Summary, p 3, at Bureau of Crime Statistics and Research, <http://www.lawlink.nsw.gov.au/boscar>

<sup>16</sup> *ibid*

*There is a lack of facilities for children in ... Onkaparinga. Council has problems about where to put the activities. There need to be free recreational areas and ways to keep kids busy but there's community resistance to have skateboards in their street - but they want them off the street.*

### *Transport*

While the southern area has reasonably good rail and bus services into Noarlunga Town Centre, some participants suggested that difficulties were experienced in using these services, particularly when travelling with several young children. Transport issues were raised 14 times during the consultations.

Difficulties using public transport to access services such as community and neighbourhood centres, which are located away from the town centre, were reported. Travelling across suburbs was a problem for some. Travelling on weekends was said to be particularly difficult for young people trying to access sport and recreation activities, due to reduced services. The cost of transport was reported to be another barrier for some.

Three participants reported that transport difficulties contributed to people being isolated in the community. Others suggested that having to use public transport facilities provokes fear of crime in some people.

*The transport interchange - because of transport issues, people have to go there. Feel unsafe, occasional offending issues there.*

*.... Colonnades is pretty close, and that's a fear factor for parents. We hear about violence and drugs etc around the railway station and the shopping centre.*

### *Media*

The Homel report indicated that media portrayal of violence was a risk factor. The role of the media and issues in relation to media attention were mentioned 3 times. It was suggested that children who were exposed to violence through television became desensitised to violence and were more likely to have a higher tolerance level for violence.

*Media portrayal of violence influences children's play and interactions – negatively.*

*Media and TV are a huge risk factor. Kids watch a lot of tele and there's very little screening of their access - it develops a grossly insensitive attitude to violence and crime.*

### *Violence in the community*

Violence was a recurring theme in the consultations. Domestic and family violence is reported in the "Family" domain: the discussion in this section refers to other issues in relation to violence.

Participants mentioned the level of community violence 10 times. Several participants were concerned about the impacts of modelling violence for children. Some suggested that there was a level of tolerance of violence in the community and that violence was seen as an acceptable way of dealing with frustration and solving problems.

*There's more violence down here than other places I've worked. Domestic violence, violence at school, hostage situations with the SWAT team called in, more violence in general. It must be something that the kids witness and then use.*

*Lots of the young people I see are scared of other young people ... There's plenty of violence, threatening and intimidation. They see violence as the ultimate solution, a legitimate way to deal with things - it's a sub-culture that's been internalised.*

*Children believe that violence is OK to solve problems, and parents sometimes support that. There are peer influences for older children, and sheer frustration for littlies who can't articulate, so they lash out.*

### *Violence: Research Data*

In 1999, the Department of Human Services conducted a major telephone survey of adults in South Australia in relation to their experiences of interpersonal violence (the SERCIS Survey into Interpersonal Violence, September 1999). Interpersonal violence was taken to include domestic violence, child abuse or neglect, physical and sexual assault, violence against women, bullying and sibling abuse, abuse by adolescents, family violence, and elder abuse.<sup>17</sup> Data was analysed for the State as a whole and for the seven health regions within South Australia. Noarlunga falls within the Southern health region.

In the Southern Region, 31% of respondents (38.4% of women and 22.9% of men) reported having experienced any form of interpersonal violence. This compared to overall figures for the State of 28% of respondents (32.8% of women and 22.9% of men).<sup>18</sup> That is, men in the Southern region reported experiences of violence at exactly the State average rate; but women reported higher levels of experiences of violence. This may relate at least in part to experiences of domestic violence, which are reported in the Family domain below.

### *3.4 Service Systems Issues*

According to the Homel report, lack of support services in a community is a risk factor, and gaps in service delivery were identified 10 times (see below).

<b>Service Delivery Risk Factors</b>	<b>Total</b>
Gaps in services Mental health services for children	10
Lack of access to services Indigenous access	7
Agencies over-stretched / waiting lists	6
Coordination issues	3
Lack of specialist services	3
Transport / access difficulties	2
Lack of appropriate services	2
Other	3
<b>Total</b>	<b>36</b>

<sup>17</sup> Department of Human Services, SERCIS Survey into Interpersonal Violence, September 1999, p 8

<sup>18</sup> DHS, op cit, p 62

Where services do exist, barriers to access services were reported to be:

- waiting lists;
- lack of transport - access difficulties for families relying on public transport;
- lack of trust or cultural appropriateness;
- lack of seeing a need to use the services.

For clients in crisis, waiting lists and lack of flexible services can be a barrier to accessing services. Several participants reported that people with complex needs require services at the time the client has identified the need. It was suggested that if they have to wait weeks or months, they lose trust or other crises intervene.

Some participants reported an increasing demand for services in the south, resulting in services being over-stretched and some services having long waiting lists. Drug and alcohol services and specialist services such as psychologists were reported to be stretched (3). Mental health services for children were seen to be particularly under pressure, with waiting lists reported to be 6-12 months. Education and support for parents of children with behaviour problems was also highlighted.

*Mental health problems are significant issues for young people in the juvenile justice system. Access to services is an issue.*

*We're seeing a large increase of kids with mental or emotional health issues, requiring counselling. We can't provide it and can't access it. CAMHS have a waiting list, and in the waiting period, kids have been through all the school processes and have ended up being excluded.*

Provision of culturally appropriate services was highlighted as an issue in 2 comments. Two participants saw employment of Indigenous staff and/or cultural awareness training as important in working with Indigenous people.

Coordination between services was generally seen as a protective factor and is reported below. However, 3 comments related to poor coordination of services.

### *Crime and Justice Issues*

The Homel Report identifies having a parent who is an offender, and levels of neighbourhood crime and violence, as risk factors for the development of offending.

Participants discussed the concept of 'crime as a career path, the impacts of family members participating in offending, and service delivery issues in the criminal justice system. These 'crime and justice' issues were raised 42 times in the consultations. (See table on next page.) Violence issues are discussed elsewhere in the report.

Crime as a career path was mentioned 9 times. It was suggested that for some second and third generation unemployed people, and young people who don't like school, crime as a career could be very attractive. One participant suggested that, for some young people, offending was the new "rite of passage" and that it was acceptable or the "norm" in some social or peer groups.

*Early school leavers a problem, as young as Year 9 and 10 ...they don't like school and see crime as a career choice - it provides money, esteem, hold lots of appeal. They may have an older sibling who shows them the ropes, provides an apprenticeship. It's culturally acceptable to lead a life of crime: they don't fear repercussions and they're not deterred by the system from crime.*

*Drug abuse issues. ... Mainly marijuana. [Growing and selling] marijuana can be a 'career path'.*

<b>Crime and Justice Issues</b>	<b>Total</b>
Crime as a career path	9
Family members as offenders	7
Criminal justice system issues	6
Victimisation issues	5
Level of crime in community	4
Gang activity	2
No fear of justice system	2
Women and crime	2
Changes in patterns of offending	3
Offending by under 10's	1
Offending the "norm"	1
<b>Total</b>	<b>42</b>

One participant suggested that offenders gained a sense of belonging to a group through crime.

*Young offenders often feel a sense of belonging by offending and going to Magill or through committing certain sorts of offences such as car stealing.*

Others suggested that family members could influence young people's entry into crime (7). It was suggested that parents or older siblings who engaged in criminal behaviour taught the younger ones "the ropes", and that some children have parents in jail and may see that as acceptable or the "norm".

*Some parents are in jail and children talk openly about their visits to prison. One father when released from jail took his child to the shops and taught them to steal.*

Victimisation issues were raised 5 times. Participants reported that vulnerable people, such as people with intellectual disability or mental health issues, experienced victimisation from peers, and some were victims of crime.

*Assaults on young women by other young women - pack mentality. The victims might be doing well at school but then the misbehaving starts, and it's safer to stay away.*

*Mental health issues and low self-esteem are issues for children. They often experience bullying and become victims.*

*Vulnerable young people are sometimes victims of crime. They hang out with people who they think will be nice to them, but that leaves them open to victimisation; and can lead to paybacks.... Can be young people with disabilities [who] can be targeted and become victims.*

Women, it was reported, are more likely to offend if they have a partner who offends or if they have a drug habit (2).

Offending by children younger than 10 was discussed in 1 interview. Because children under the age of 10 are not deemed criminally responsible for their actions and cannot be charged, there are no standard, coordinated responses to the issue. Programs and interventions available to young offenders are not available to children under 10 years of age.

Police issues were raised 4 times and included:

- delays in police response to calls from the public (2);
- the negative attitudes of some police towards young people (1). (The negative attitudes of some adults and young people to police were also mentioned in some interviews, but are not counted here as 'police issues');
- a suggestion that police lacked cultural awareness (1).

Two issues in relation to courts were raised: inconsistencies in the ways some young people are treated, and poor representation in court for young people.

*There are inconsistencies in how people are treated in court system. Some matters are finalised quickly without reports from agencies.*

*There is often poor representation in court for the young person.*

It was also suggested that it can be hard to ensure that young people meet their undertakings from the court.

### *3.5 School and Education Domain*

The Homel report identifies school failure, bullying, peer rejection, poor attachment to school, inadequate behaviour management, a deviant peer group and beliefs about aggression as risk factors in the school domain. Participants identified a range of factors including curriculum issues, behaviour management policies, attendance issues and poor learning outcomes. A total of 112 comments were made.

<b>School and Education Risk Factors</b>	<b>Total</b>
<b><i>School systems issues</i></b>	
Behaviour management practices	17
Staffing and resourcing issues	14
Systems not appropriate / Lack of flexibility	10
Curriculum issues	6
<b><i>Student issues</i></b>	
Harassment / bullying Rejection by other students	14
Learning outcomes inadequate, literacy & numeracy issues; Learning problems	8
Attendance / Truancy	7
Early school leaving	6
Peer pressure - negative impacts on education	1
<b><i>Parent issues</i></b>	
Lack of parental support / valuing of education	8
Poor experiences of school by parents	6
Poor literacy / numeracy of parents	5
Lack of parents working with school	1
<b><i>Other</i></b>	
No future prospects. Expectations	4
Costs of education	3
Lack of opportunity for women to return to school	1
Mobility of students	1
<b>Total</b>	<b>112</b>

While recognising the inter-relationships between the issues, we have separated them into three 'clusters' of issues below, for ease of reporting.

## **School Systems Issues**

### *Behaviour Management Issues*

Participants identified behaviour management practices as an issue 17 times. Some participants argued exclusion policies were inappropriate, especially if children came from dysfunctional families or had been abused (7). Some participants saw school exclusion as rewarding the bad behaviour (3). Some participants suggested that schools did not handle bad behaviours appropriately and that students were excluded too easily (2).

*Punitive processes at school are useless if kids are acting out due to emotional distress - it's about trust and support. Some teachers see that we have to implement policies strictly as a matter of consistency. Policies say that after 3 or 4 "rethinks", kids get suspended. It's not a positive way to teach children though, it's using fear, and it reinforces the negative stuff from home.*

### *Staffing and resourcing issues*

Participants identified a number of issues in relation to staffing (14). Some participants noted the increased demands on teachers to play pastoral care and quasi-parenting roles (2) and some identified a need to enhance support and professional development for staff (3).

*One of the biggest risk factors is lack of stable staffing, and policies are not conducive to stability - they use temporary placements, etc. ... We need ongoing professional development for teachers, about how to be more creative and more proactive. And we need to provide support for new teachers about the "hows" - existing formal structures don't work well for that.*

Some participants reported that some teachers lacked skills in teaching cross-culturally and teaching children with special needs and disabilities (3).

*Teachers are taught an out-of-date skill set: stand out the front, talk at the children. They often have pretty average 1:1 skills. They need better interpersonal skills.*

*Teacher attitudes can knock down indigenous children. It leads to truancy and dropping out of school and therefore low education. Some teachers are judgemental and authoritative.*

Lack of specialist staffing such as school counsellors, other support teachers, and lack of other resources were mentioned four times.

### *Flexibility*

Some participants suggested that the education system is not appropriate for all students and that it lacked flexibility (10).

*Lack of flexibility in the learning environment, in the education system. It's very structured and difficult for some children. It is set up for kids who are fresh and ready to learn. Lots of children don't fit the system. Kids go to school hungry and under stress.*

*Some kids have lots have trouble fitting in with the education system... They're then labelled as having problem behaviours. They're unable to be engaged by the education system, which is after all our main tool of socialisation. It's an archaic system: pedagogical, when theories of learning have moved on so far. We need to redesign the system to engage young people - let them get their hands dirty, have fun, do something of value. They need more activity and less time sitting behind a desk, being hassled if they don't get it or don't fit. ... There are moves through the schools to try to address stuff, but there's an overwhelming need for a different approach, early on, for those who are obviously not coping.*

### *Curriculum Issues*

Participants identified issues in relation to curriculum (5). Some participants argued that a higher priority should be placed on students developing life skills and social skills. Some participants proposed that schools should include more physical education and sex and relationship education as part of the curriculum (2). One participant suggested that Indigenous students may need English as Second Language support.

*We could do more in primary schools about social skills: negotiation skills, for when you want to achieve an outcome; ways to discuss, have differences of opinion, modify your own goals. Also how to recognise personal boundaries - your own and others: how to live cooperatively, not in other peoples' pockets, when there's nowhere else to be. ... Also anger management. The young people have no idea, they see anger, intimidation and threat as the way to get what you want, and there's no-one to provide an advocate or a support role for them.*

Other participants identified a range of existing curriculum initiatives, at all levels from entry to school to Year 12, including social skills programs; negotiated curriculum for individuals; a variety of alternative programs; and work experience for secondary students. These are included in the programs reported as 'protective factors' in the next section of this report.

## **Student Issues**

### *Bullying and Harassment*

Bullying and harassment in schools was identified as an issue (14), and a number of participants identified programs which have been implemented to address the problem. Some participants suggested there was a link between bullying and harassment at school and poor attendance and truancy.

*Larger schools have an increased chance of gangs and bullying. There's serious bullying at school.*

*We do have aggression, bullying and harassment at school - there are some racist underpinnings to some of it.*

*There's some bullying, but it's more a matter of harassment here.*

*A lot of name calling and bullying goes on and schools need to put in structures to support children and build self-esteem. We need to teach about humanity and being part of society. That needs resources, and people who are culturally appropriate.*

Peer rejection was identified as a risk factor by 1 participant. The rejection can occur in the early years, even at preschool.

*Children experience peer rejection when they look dirty and have poor personal hygiene. Other children move away from them and isolate them. Some children are threatened by shouting and yelling of the other children, so they won't play, and some bullying behaviours are evident.*

### *Learning Outcomes*

Participants reported that school failure and lack of education were risk factors (8). Some participants reported that some students did not have basic literacy and numeracy skills. It was suggested that there was a link between truancy and lack of school performance: that students who found difficulty with their schoolwork were more likely to be poor school attenders.

Two participants suggested health issues, such as hearing problems due to ear infections, could affect learning outcomes. One participant suggested that peer pressure could impact negatively on school performance. To belong to the group, members must conform to the group's norms, that may include antisocial behaviour at school, truancy and underachieving.

*The south has very large scary high schools and often they are too stressful for young people which leads to school avoidance – so they then hang around all day and then become of aware of talents they didn't think they had. Then there's peer pressure and they link into crime. We need to keep children in education. Some kids are scared to achieve in school because they get harassed.*

### *Attendance and Truancy*

A number of participants raised issues in relation to school attendance and truancy (7).

*Truancy is not policed well.*

*Attendance is a problem especially around Years 6 and 7, and especially boys. They're older now, and bigger (turning 12 and 13). Their home environment leads to limited attendance, and we don't have much power to address it. There's a cycle of staying at home.*

Leaving school early was mentioned 6 times.

*Early school leaving. There's no respect for schooling in some families, and where there's 3rd or 4th generation unemployment, they haven't had it modelled.*

### **Parent Issues**

Family attitudes to school and values in relation to education had an effect on school attendance (8) according to some participants. Some parents may have had negative educational experiences themselves (6) and therefore may not encourage their children to attend school. Other participants suggested that some parents had problems with literacy and numeracy themselves (6), which may negatively impact on their children's achievements at school.

*We want to run literacy programs for parents, so parents can help their kids. Parents get angry or upset because they don't understand, so then the kids get upset, so the homework doesn't get done.*

*...the adults have problems with literacy - they have trouble with taking on roles in committees and we have trouble developing resources such as directories, because of the literacy problems.*

Other participants reported that some parents do not relate well to the school and that there was not enough communication with schools.

### *Other Issues*

The overall outcome of poor educational attachment was identified as contributing to offending, unemployment, and to the generational cycle of disadvantage. Lack of employment opportunities or options after leaving school and lack of hope for the future were identified by participants as risk factors (4).

*There is a sense of resilience here, but there's no sense of optimism about the future. That creates a low sense of each individual's future, low aspirations. The view of success is to leave school early and get a job, regardless of what it is - not to go on to university. There's a cultural expectation that no-one likes to stay at school.*

It was suggested that some families have difficulty in paying "fees" for education (3), which in some cases may be due to poverty or low income or in other cases may be due to poor budgeting. One participant suggested that some young people may miss out on educational opportunities at TAFE because of the upfront costs (1).

*TAFE costs are an issue. It requires cash in hand, it's more expensive than Uni, for which the kids don't have the marks, but they could afford it because of the deferred payment system. It's the disadvantaged kids who miss out.*

Opportunities for young women to return to school after having a baby were mentioned (1).

*There are few opportunities for young women to return to school following the birth of a baby, which effectively denies these women an education.*

This contrasted with information about adult re-entry to high school: There are about 220 full-time equivalent adult re-entry students at Christies Beach High School.<sup>19</sup>

Mobility of students (1) was considered to be a risk factor, as the students have to adjust to new situations, develop new friendships and also deal with the issues that led them to change schools. It was suggested that family violence and family breakdown may be one of the reasons children and young people change schools.

### *3.6 Family Factors Domain*

The Homel report identified parental characteristics, family environments and parenting styles as three subgroups within the Family Risk Factor domain. The factors in this section of the report have been grouped into those same sub-groups, although the wording has been changed in some cases to reflect consultation outcomes.

Of the entire 'Family' domain factors, parenting style and domestic and family violence were the most commonly mentioned factors.

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<sup>19</sup> Christies Beach High School

Consultations highlighted the complexity of family systems. Single parenting or young parenting, blended families, changing relationships and repartnering were identified by participants as risk factors associated with increasing the potential for later offending by children or young people.

<b>Family Risk Factors</b>	<b>Total</b>
<b><i>Parental characteristics</i></b>	
Mental health including depression, low self esteem, personality disorder, PTSD	28
Poor parenting role models	27
Young/teenage parenting	18
Single parenting /father absence	16
Parents with intellectual disability/Issues	12
Lack of personal skills eg social skills, anger management,	5
Lack of parental education (school)	2
<b><i>Family environments</i></b>	
Family violence	33
Family conflict/dysfunction	23
Poor 'homemaker' skills (eg budgeting, nutrition)	21
Extended family issues	12
Large families, children close together, blended families	11
Poor family environment	3
<b><i>Parenting style</i></b>	
Parenting Issues	50
Child abuse and neglect	17
Mobility/Transience	4
Other	4
<b>Total</b>	<b>286</b>

## **Parental characteristics**

### *Mental Health*

Mental health issues for parents were mentioned 28 times, mainly in relation to low self esteem and depression. It was reported that some women experience post traumatic stress as a result of traumatic life experiences, including interpersonal violence and sexual abuse in their childhood.

*Mental health issues of parents.... in 60% of child abuse and neglect notifications, the parents have mental health issues.*

*Mental health issues for women and kids experiencing domestic or family violence includes Post Traumatic Stress, personality disorders, occasionally they're suicidal; and there is poor support from the mental health system.*

Some participants suggested that mental health issues were associated with unemployment, drug and alcohol problems, family violence and other social factors.

*Some parents who have children who are offenders have family violence, mental health problems, financial problems, and lifestyle problems, and some of these parents are very difficult to engage.*

Mental health issues were reported to have negative impacts on parenting.

*Mental health of parents or personality disorders is an issue, particularly if children have to cope with the parent's inconsistent behaviour, or children are witnessing parents been taken away to hospital and so on. It's particularly difficult if they're a sole parent.*

*Mental health issues and depression, personality disorders. Some young women don't want to identify with the baby growing inside of them - it can lead to rejecting the baby, ambivalence.*

Three participants highlighted the fact that some children are caring for their parents with mental health issues.

*Increasing number of children caring for their parents because of mental health issues – leading to a sense of hopelessness.*

### *Role modelling*

Participants identified negative role modelling by parents, or a lack of positive role modelling, as an issue 27 times.

*Parents not providing stable role models, not investing in their kids, being positive to them or about them, or setting boundaries for behaviour.*

*There's lack of role modelling, and class values. Kids come to see these things as normal, they learn the values and the skills at home.*

*Antisocial behaviour and aggression is seen in children and swearing is common. Often children pick it up from their parents, who may not realise they are role modelling the swearing.*

*Poor role models, particularly for male role models and fathering.*

### *Young parents*

Participants reported that young parenting and teenage parenting were risk factors (18). There was a perception by some participants that there were an increasing number of young parents in the area and that for some young women it was a "rite of passage" to adulthood.

*Lots of young, 16 year old parents. It's not an accident, the young people plan to get pregnant. I think there's a strong network of peers who look after each other's kids, it's almost a small community. There's no stigma attached to teenage pregnancy. For some of the girls, it's a way of forming identity and getting support into their lives. I'm convinced it's not isolated or hidden - the babies look good, they're happy, look healthy, and Mum's doting.*

*Have quite a few teenage mothers. Yes we do have young women arriving in the office who are 14<sup>1</sup>/<sub>2</sub> or 15 years old, saying they want to leave home...and request assistance. It comes in cycles.*

*Rates for teenage pregnancy have not reduced over the past 30 years. Australia is second to the US. Sweden and Netherlands have much lower rates of teenage pregnancy where they have compulsory sexuality and relationships education.*

Data from the Pregnancy Outcomes Unit for the postcodes 5163, 5164, 5165, 5166, 5168 demonstrated that both the number of births per year and the percentage of confinements per year to women under the age of 20 years have shown a slight increase per year over the past 3 years. The percentage of confinements to women under 20 years of age was 8.3% in 1998, 9.3% in 1999, and 11.2 % in the 2000.

Of the 1175 births in the years 1998—2002, 112 children were born to women under the age of 20 years. There were no births recorded to indigenous women under the age of 20 years during the years 1998-2000 for the selected postcodes.<sup>20</sup>

Confinements	Age		Year Total
	< 20 years	>20 years	
1998	33	363	396
1999	38	376	414
2000	41	324	365
<b>TOTAL</b>	<b>112</b>	<b>1063</b>	<b>1175</b>

### *Single parents*

Participants identified single parenting as an issue 17 times during the consultations.

Single parents were mainly women, including some grandmothers playing the parenting role; however there were some mentions of single fathers.

*Lots of single parent families, including more single fathers.*

*A lot of grandmothers are taking on the parenting roles. We need to strengthen and support them. Often the mother is in jail. And when she gets out she just takes the children and the children get very confused. Grandmothers don't get any financial help.*

Others suggested that some 'partnered' mothers were, in effect, single parenting as their partners were in jail (4). Some participants saw single parents as more vulnerable when they were young, had little support and were isolated.

### *Other parental characteristics issues*

It was suggested that a number of parents are unable to provide the care their children need because of drug and alcohol issues or mental health issues, so grandmothers have taken on the parenting role. Some participants identified that grandmothers were experiencing "granny burnout" because of the increasing demands on them, physically and emotionally, and lack of support in the community.

Participants commented on issues in relation to intellectual disability (12). They suggested that parents with an intellectual disability experienced difficulties in accessing services and some found managing their children's behaviour difficult with limited support available.

<sup>20</sup> Postcodes 5163, 5164, 5165, 5166, 5168.

*People with intellectual disability do not have many services - IDSC is under resourced and they outsource services to non-government welfare organizations and they're only involved with case management.*

*Where parents have an intellectual disability, psychiatric problems and disabilities, their children don't have the foundations. Some of these parents have trouble managing their finances and also there is a lack of support for them in their parenting. There is a lack of appropriate support services for parents with a disability. Mainstream services are not appropriate.*

*Some parents with intellectual disability are scared to discipline their children because they don't trust services and think that their children will be taken away from them. All children need guidelines and boundaries.*

## **Family Environments**

### *Family Violence*

Domestic and family violence were identified as significant risk factors with 33 mentions. Community and family attitudes and values about violence were considered to influence the level of violence. Violence was often associated with alcohol abuse. Some participants identified that some people had poor social skills and anger management problems (5).

*There is an incredible amount of domestic and family violence, which leads to disrupted households and inconsistent parenting. Need to make a focus on men for their responsibilities, for example in relation to violence and parenting; need to make it a community issue at all levels.*

Participants reported that family violence was prevalent in the south and it was considered the "norm" for some families. It was suggested that family violence impacted on the emotional health, education and safety of children. Children who witnessed family violence had an increased likelihood of other risk factors such as low self-esteem and behaviour problems.

*There's a hell of a lot of family violence - it's considered normal.*

*Domestic violence is a potent risk factor. DV leads to family breakdown, and perpetuates the cycle of violence, lifestyle choices and crime. Prevalence of violence is a cultural thing and there is a belief that violence is a way of solving problems.*

*Family violence impacts on the whole family and can lead to aggressive behaviour in young children.*

It was suggested that families are often facing a number of inter-related issues, such as drug and alcohol problems, mental health issues, financial problems and family violence.

*Issues encountered by families are very complex with changes in family structure, breakdown and repartnering, blended families, violence and drug and alcohol problems, unemployment and mental health problems.*

In addition to mentions of domestic and family violence, family breakdown, relationship breakdown, family conflict and poor family relationships were identified 23 times by participants. Again it was suggested that the level of family conflict can have impacts on children's social and emotional health.

*Serious conflicts between parents or relatives. Impacts for children: they don't sleep well, often have nightmares, have unusual or aggressive behaviours, which then get exhibited at school.*

*Custodial issues after family breakdown - there's ongoing friction between the adults, the kids feel not wanted, so they look elsewhere to meet their basic needs. Have to ask if the best interests of the child are being looked after.*

*There is an increasing number of young people who are unable to continue to live at home because of drug and alcohol problems at home or violence and abuse, leading to family breakdown.*

### *Data and Research: Family Violence*

There is no adequate source of data about the incidence of domestic violence. Research into the proportion of offences which are reported to police suggests that most victims do not report until the 7th or 8th offence; and that while victims are more likely to report to police on subsequent occasions, they still tend not to report all offences. Offences which are reported to police are then recorded in different ways (for example, as any one of a number of different categories of assault) and cannot be accurately identified as domestic violence thereafter.

Victim surveys provide a better indication of domestic violence, but also have disadvantages. Telephone surveys, for example, only collect data from people who have telephones, and surveys of any kind may not be completed accurately if the perpetrator is aware of the topic.

One of the forms of violence considered in the SERCIS Survey into Interpersonal Violence (1999) was domestic violence - that is, violence between current partners, whether married or not, or between the respondent and a previous partner. Domestic violence was defined to include physical violence, emotional violence (including economic, social and spiritual abuse), and sexual violence. That survey found that, across the State as a whole, 17.8% of respondents (22.9% of women and 12.1% of men) had experienced any form of domestic violence. In the Southern Health Region, the figures were slightly higher overall (19.9% of all respondents) and higher for women (27.3%), and slightly lower for men (11.2%).

Research evidence that relates to the impact of family conflict and violence will be discussed in the 'Life Events' domain section, below.

### *Disorganised family environments*

Some participants suggested that some parents lack skills in relation to home management including organization, cooking and budgeting skills (21). It was suggested that sometimes families do not have enough money left over for food after paying bills, which may reflect poverty more than disorganisation. However, others suggested that some parents lack organisational skills to get themselves and their children up and to school on time. Participants mentioned parents' lack of personal skills, including social skills and problem solving skills, 5 times.

*Poor budgeting skills, which can lead to breaking the law, for example to get cigarettes or food. Or they're committed to hire purchase to get the latest DVD or TV.*

*Mum and Dad are in a Housing Trust house and on the dole. They've got no budgeting skills and no food in the house (eat takeaway instead).*

*The hardest work we do is with families without the social skills to negotiate a different outcome for themselves. They don't have good relationships with neighbours - the style is aggression and abuse. It's not a matter of escalation in their communication with workers: the first interaction involves shouting or abuse. That's the behaviour that's modelled for children.*

### *Other family environment factors*

The other family environment factors listed by Homel are large family size, negative interaction or social isolation, father absence, and long term parental unemployment. Father absence was discussed under 'single parenting', above, and unemployment was addressed in the "Community and cultural" domain.

Large family size and having children close together were mentioned 9 times. Some families were large because of "blending of families" when parents repartnered, often creating complex situations.

*Large family size - the children are siblings but they have different fathers and different mothers.*

*Families are very disadvantaged with children close together, they have very few protective factors, have unstable housing, they're isolated and lack social connectedness.*

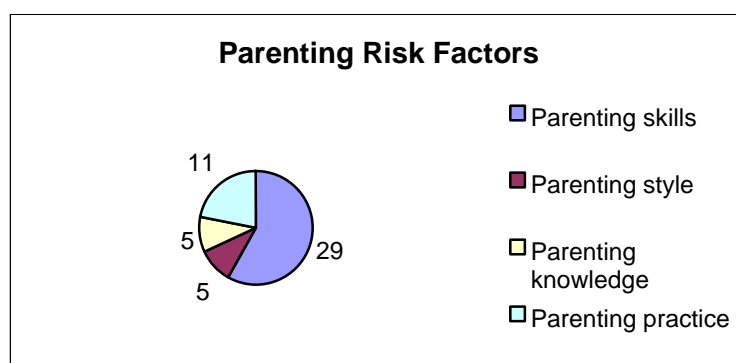
Four participants identified some parents having low involvement in their children's activities, poor relationships with their children and difficulty providing them with emotional support. Lack of support and isolation for parents were discussed under the community and cultural domain.

*Kids are left to their own devices and do become resilient, however they are not getting the nurturing and care. There is lack of involvement in children and lack of bonding and attachment.*

It was reported that some families had no extended family (11) and had not developed networks in Noarlunga, although one participant suggested that some families felt rejected by their parents and were isolated because of the family conflict.

### **Parenting Issues**

Participants mentioned parenting issues 50 times in the consultations. Issues were identified as parenting skills (29), different parenting styles (5), parenting knowledge (5) and parenting practices (11).



Parenting skills, including lack of supervision and monitoring of children, was seen as an issue (29).

*Real problem sometimes is parenting, lack of parenting skills ...and life skills. Lack of appropriate modelling, lack of discipline, aggressive behaviour.*

*There are some large families with 3-9 children, that means children have less supervision and less 1:1 with parents.*

*Poor supervision. The parents are drugged, zonked out, and the child's safety network is other kids. There's safety in numbers, and they're away from the abuse at home - but the risk is what they get into, and vulnerability, especially if they're out at night.*

Parent's inability to manage their children's behaviour and the use of discipline were mentioned 9 times. Some participants stated that parents found difficulty in limit setting and setting guidelines.

*Poor parental supervision and monitoring of children and also harsh and inconsistent discipline are the main factors. Parents end up being harsh because their discipline isn't working and then they use external controls and end up yelling at the children, which can lead to lack of warmth and affection and low involvement with the children's activities. They don't have the basic knowledge and skills in order to bring about a different result.*

*Still a strong belief amongst parents that smacking is an appropriate way of disciplining young children. It might be due to lack of knowledge, personal experience, or lack of support in considering exploring alternative ways of parenting. If parents themselves have not experienced being treated as reasonable human beings, then it's difficult for them to consider other options*

*Some parents don't follow through with consequences they have set for the children and the children learn that mum doesn't mean what she said and that they can get away with it. Some children only get attention from their parents when they do negative behaviour.*

Participants reported that some parents lack knowledge in relation to parenting and child development (5). It was suggested that if parents do not understand the importance of play and communication, children do not get the stimulation they need to develop appropriately and may have speech and language problems. These parents may not have experienced play themselves.

*Some parents do not know how to play with their children, which is because of their own upbringing and experiences.*

Some participants planned parent educational programs to assist parents but the parents who they saw as needing it most did not attend.

*Parents don't access the parenting education programs. Some parents are not coping with their parenting and also do not have money management skills.*

It was also suggested that a number of children go to school (or preschool) hungry, which can impact on their concentration and behaviour: this was sometimes attributed to a lack of knowledge by some parents about the importance of nutritious food choices and the relationship between food and learning at school.

*Nutrition – children come to kindergarten hungry so breakfast and lunch and snacks are provided.*

*Families under financial stress may have no money for food for children, which could lead to nutritional problems, behavioural problems, poor concentration, or stealing food.*

### *Child Abuse and Neglect*

Participants cited child abuse and neglect 17 times during the consultations. All forms of child abuse and neglect were identified. It was suggested that some parents had little understanding of the impact on their children's social and emotional development.

*Abuse and neglect is high on our agenda. It presents in school as behaviour issues.*

*Emotional neglect or DV can impact on child development due to lack of interaction ... and lack of opportunity to learn through play experiences. Lots of children haven't had opportunities to play with parents.*

*Children who have experienced sexual abuse have behavioural problems, lack of connection with feelings and others, lack of empathy, increased risk taking, increased impulsiveness, speech and language problems and poor social skills.*

*Children suffer emotional abuse and are exposed to their parents' violence. Often verbal abuse is directed towards the children.*

*Neglect is a big issue - children going hungry, not getting a stimulating environment, not being dressed appropriately. Lack of parents knowing about child's needs and child development.*

*A lot physical and mental abuse at home.*

Some participants related abuse and neglect of children to other family and social problems, which have been reported elsewhere.

### *Child abuse and neglect: data*

The Department of Human Services provides two sets of data relevant to the impacts on children of their home environments. One is Child Protection data, the other is Youth At Risk data.

Under the Children's Protection Act, a variety of workers (eg those in human services, education and the criminal justice system) are required to notify the Department of Human Services if they have reasonable cause to believe that a child is being abused or neglected. Reports are received by Family and Youth Services, screened, and allocated according to a priority system designed to ensure that priority is afforded to children most at risk. Allegations are investigated and where confirmed, that data is recorded.

This process gives rise to three levels of data: the number of notifications received, the number 'screened in', and the number of confirmed cases. Note that, in this system, the count is for 'events' rather than individual children: ie one child may have been the subject of more than one notification in a given financial year period. The following data is for postcodes 5163, 5164, 5165, 5166 and 5168.

### Child Abuse and Neglect – all children

	1997/98	1998/99	1999/00	2000/01	2001/02*
Notifications	626	758	898	958	779
Screened In	417	539	611	577	463
Confirmed	94	122	118	114	102

- To end of March 2002

This table demonstrates that between 12% and 16% of cases (11.9% in 2000-01, and 16% in 1998-99) are confirmed in any year. Other data demonstrates that the proportion of confirmed reports involving Indigenous children varies widely - from under 2% in 1998-99 to 26% in 2000-01. On year to date figures at the end of March 2002, less than 7% of confirmed reports involved Indigenous children.

Youth At Risk data is designed to collect information primarily about the older end of the under 18 age group. It refers to the number of individual children or young people who presented for assistance, or who were notified to FAYS, for issues such as family conflict or homelessness.

	1997/98		1998/99		1999/00		2000/01		2001/02*	
	M	F	M	F	M	F	M	F	M	F
5 – 9 years	0	1	2	0	1	0	1	0	0	1
10-14 years	15	19	6	17	6	14	8	8	8	7
15-17 years	4	10	17	13	12	10	8	13	9	11
Age unknown	3	7	1	6	7	10	5	5	2	2

- \* Data to end of March 2002

An average of around 55 young people per year were recorded. Just over 40% of the total were male (42.8%) and 57.2% were female. Around 2% of the total were aged 5 - 9 years; about 40% were aged 10-14 and another 40% were aged 15-17; ages were unknown or not recorded for the remaining 17.8%. The proportion of Indigenous young people varied from 1.7% in 1997-98 to 18.3% in 1999-2000. On year to date figures at the end of March 2002, about 7.5% of recorded cases involved indigenous children or young people.

### *3.7 Child Factors Domain*

The Homel report identifies a range of child risk factors relating to pregnancy and birth outcomes, and individual child characteristics including temperament, social skills and development.

55 of the 91 comments in relation to child risk factors related to behaviour problems, mental health problems, hyperactivity or related issues, and learning problems or developmental issues. Eight other issues accounted for the other 36 comments.

<b>Child Risk Factors</b>	<b>Total</b>
Behaviour problems	17
Mental health / low self esteem / separation anxiety	15
Hyperactivity/impulsive/ADHD/risk taking	12
Learning problems/development	11
Poor attachment to parents/other children	8
Drug and alcohol Issues	7
Poor social skills	6
Low birth weight, prematurity, morbidity	5
Difficult temperament	4
Lack of empathy	3
Chronic health problems-ear infections	2
Beliefs about aggression	1
<b>Total</b>	<b>91</b>

### *Behavioural issues*

Behavioural issues with 17 comments were the most reported area. The main concerns in relation to behaviour were problems with children's anger, aggression and impulsivity.

*Difficult temperament and children who are hyperactive and have aggressive behaviour ... Parents feel really inadequate and have trouble coping with the children's behaviour as they're becoming more social, more independent and pushing. Children with attention seeking behaviour are very difficult for parents. They have low self esteem and impulsivity.*

*Behaviour issues in childcare centres are a major concern. There is a lack of support for staff in dealing with the issues and behaviour management techniques need to be adjusted for the individual, especially if they have a disability or reduced cognitive development. "One size fits all" is inappropriate for children who are already disadvantaged.*

### *Mental health issues*

Of the 91 comments made in relation to child factors, 15 comments related to mental health issues. Mental health concerns included children's low self-esteem, depression and lack of confidence. Some participants suggested that children growing up in violent or dysfunctional family situations were at risk of having low self-esteem and other emotional and behavioural issues.

*Some children have low self esteem and are very impulsive.*

*Aggression amongst young people is about self-esteem. "How can I feel big when I feel little?"*

### *Hyperactivity and related issues*

ADHD was mentioned 12 times, and it was noted that a large number of children have been diagnosed with the condition and a lot of children were reported to be on medication for the condition. It was suggested that there needs to be ways of assessing genuine cases of ADHD from behavioural problems associated with lack of parenting skills.

*I think ADHD is an environmental disorder. Kids are developing behaviours in order to get the attention they need. And I'm a believer in the power of labels: kids learn what they mean and then use them to their own advantage. I don't think drugs and labels are helpful: it gives them a license to behave in that way.*

*High percentage of kids with ADHD, or the parent says they're ADHD/ADD and the kid's on medication. Sometimes I think it's the Doctor appeasing the parent - it's a short term answer to a long term problem about parenting.*

*ADHD is seen as an attractive label - no blame is attached and no parental responsibility - it's a narrow solution to a problem which involves complex family issues.*

### *Developmental issues*

Developmental issues were mentioned 11 times. Participants reported that there were a number of children with intellectual disability and children with special needs (7) Drug and alcohol misuse (2) was identified as an issue.

Speech and language problems and learning problems were related to chronic health issues (2) such as ear infections, parenting practises, and family violence.

*Language delay is common, due to hearing problems or sucking on a bottle or talking through a dummy or introduction to solids at late stage and parents not talking to the child or reading stories to them.*

*Children involved in situations of family violence may withdraw into themselves and not talk.*

### *Infant factors*

Some participants mentioned low birth weight and prematurity (5) in relation to problems in pregnancy and morbidity rates particularly in the Indigenous population. A suggestion was that a lack of communication and linkages between agencies and the community was a contributing factor.

*Indigenous communities have high mortality rates and high morbidity. Prematurity and low birth weight is issues for Indigenous families. We need to have better links to the community with government agencies accountable to the community*

*Infant Factors such as low birth weight and temperament, insecure attachment ...[are] issues for families in the south.*

## *3.8 Life Events Domain*

The Homel report includes 3 areas within the Life Events domain: divorce and family break-up, war and natural disasters, and death of a family member.

Participants identified ongoing grief and loss, family breakdown and children going into care as critical life events.

<b>Life Events Risk Factors</b>	<b>Total</b>
Family break-up / separation	21
Separation of children	2
Death in family and community	4
Loss and grief	3
<b>Total</b>	<b>30</b>

Out of a total of 30 comments made in relation to the life events area, 21 comments related to family breakdown and there were 2 comments made in relation to removal of children from the home as a result of child protection issues.

*Statistics show some areas have significantly high levels of family breakdown and dysfunction... due to low levels of parent education, high unemployment... When families breakdown, families may have to move and kids change schools, which could lead to higher rates of truancy.*

*Family breakdown, fighting over the children or walking out puts pressure on families.*

*Yes. Kids are exposed to things here that they aren't elsewhere. The level of family breakdown, custody orders, kids not living at home and nobody wants them. School becomes a bit of a social institution, the only normal place some kids have.*

*Divorce and separation is common.....*

Participants mentioned ongoing grief and loss 3 times. Significant grief issues were associated with family breakdown and death of family members. Two participants identified grief and loss associated with removal of children because of child protection issues. Death of significant members of the community was also identified as having ramifications for others in the community (4).

*Some families have lost children through death - ongoing grief.*

*Family breakdown and death of family members are issues.*

*Children separated from family because of relinquishment - parents not coping due to mental health problems. Children separated from each other. Sometimes the children have to move to new area and therefore start in new kindy.*

### *Life Events: Data and Research*

There is little data that can be collated or analysed for the impact of 'life events' on children in Noarlunga. However, data is available on the numbers of children formally placed in alternative care each year.<sup>21</sup>

Two types of data are available: the number of placements commenced each year (one child may have more than one placement) and the number of children in alternative care at the end of each financial year. The number of individual children placed each year is not available.

<sup>21</sup> Family and Youth Services, 2002: Data for the Attorney-General's Early Intervention Program

## Children and Adolescents in Alternative care (all cultural groups)

	1997/98	1998/99	1999/00	2000/01	2001/02*
Children who started placement	210	310	254	213	224
Children in alternative care at EOFY	37	40	44	50	53

\* Data to end of March 2002

Despite the lack of local data, there are some interesting research findings in relation to family structure, conflict, and offending internationally.

*McCord (1982) in Boston carried out an interesting study of the relationship between homes broken by loss of the biological father and later serious offending by boys. She found that the prevalence of offending was high for boys from broken homes without affectionate mothers (62%) and for those from unbroken homes characterized by parental conflict (52%), irrespective of whether they had affectionate mothers. The prevalence of offending was low for those from unbroken homes without conflict (26%) and – importantly – equally low for boys from broken homes with affectionate mothers (22%). These results suggest that it might not be the broken home which is criminogenic but the parental conflict which often causes it.<sup>22</sup>*

*Trauma theories suggest that the loss of a parent has a damaging effect on a child, most commonly because of the effect on attachment to the parent. Life course theories focus on separation as a sequence of stressful experiences, and on the effects of multiple stressors such as parental conflict, parental loss, reduced economic circumstances, changes in parent figures and poor child-rearing methods. Selection theories argue that disrupted families produce delinquent children because of pre-existing differences from other families in risk factors such as parental conflict, criminal or antisocial parents, low family income or poor child-rearing methods.*

*Hypotheses derived from the three theories were tested in the Cambridge Study (Juby and Farrington, 2001). While boys from broken homes (permanently disrupted families) were more delinquent than boys from intact homes, they were not more delinquent than boys from intact high conflict families<sup>23</sup>.*

That is, it seems likely that whether children live in one or two parent families is not as significant an issue as was first thought by criminologists. Rather, the level of conflict may be more important. If so, this is significant in relation to the issue of domestic and family violence in Noarlunga.

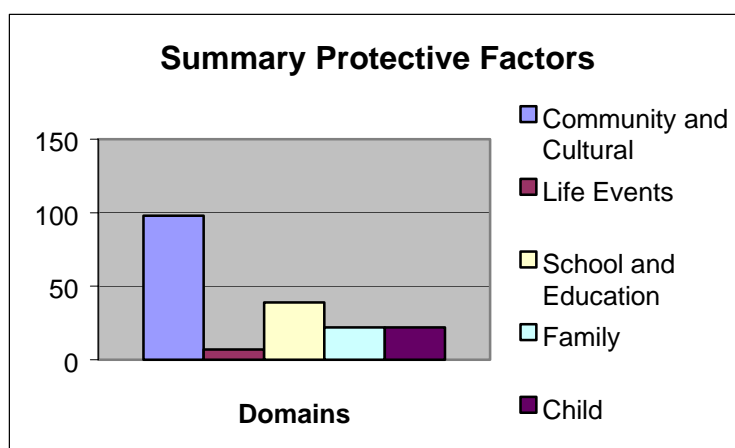
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<sup>22</sup> Farrington op cit

<sup>23</sup> ibid

### 3.9 Protective Factors

Many participants were able to identify risk factors but found difficulty in identifying protective factors. Overall, 188 comments were made identifying protective factors compared to 812 comments about risk factors. There were 98 mentions of protective factors in the Community and Cultural domain and School and Education protective factors were mentioned 39 times. Both Family factors and Child factors were mentioned 22 times. The Life Events domain had 7 protective factors mentioned.



### 3.10 Community and Cultural Domain

Community and cultural protective factors identified in the Homel report were access to support services, community networking, participation in church or community groups, attachment to community, community and cultural norms against violence, and having a strong cultural identity and ethnic pride.

Community and cultural protective factors were mentioned 98 times in the consultations, with 58 comments made in relation to service systems and delivery. (See the table on the next page for a summary.)

Participants commented on services a total of 23 times with accessibility (14) and flexibility of service delivery (2) identified as protective. Educational programs are discussed in the School and Education domain.

*The Noarlunga Health village is wonderful if people know how to access it. Informal networks amongst workers are strong and barriers can be overcome. Able to fast track families because of the relationships built up with workers.*

*Neighbourhood houses provide some connection, but they're only accessed by a certain section of the community at the neighbourhood level*

*Having resources, information and criteria to assist with access to services is important. Vulnerable families take a lot of effort to access*

*A lot of church and community groups in the area.*

*Good quality child care, support and information and access to services are protective factors*

<b>Protective Factors: Community &amp; Cultural</b>	<b>Total</b>
Services	23
Staffing	9
Strong interagency networks/forums	9
Programs /services	6
Access to support	4
Information accessible and appropriate	2
Other services factors	5
Community Support and participation Businesses, churches, sporting & social clubs	10
Sense of Belonging/ Community	7
Sense of cultural identity	5
Physical environment - open space / beaches	5
Vision for the future	1
Sporting activities	1
Strong social networks	5
Wanting to give back to community	2
Community and Neighbourhood houses	2
<b>Total</b>	<b>98</b>

Coordination (7), good service networks and well-established interagency relationships (9) were seen as protective factors.

*We believe in working cooperatively and collaboratively.*

*The relationships between formal organizations and networks.*

*Interagency links - they exist and are positive*

Service providers were seen as skilled and knowledgeable with a real commitment to working together and to the benefit of families (3). Two participants identified that continuity of care was enabled by some staff having worked in the area over a long period of time. Services were described as well managed (1) and it was suggested that staff were able to access training and support (1).

*There are a lot of skilled and knowledgeable workforce (including Indigenous workers) who share a common goal.*

Sport and recreational activities were identified by four participants, with one suggesting that sport gave opportunities for young people to achieve, to be part of a team and to develop pro-social skills. Proximity to the beach, physical environment and open space were also seen as protective (5).

*Space - beaches, open space. Space is protective factor - you can get away from stressors, do activities and sport.*

*The beach. There's a beach culture, and it provides something the kids are good at.*

*Lots of sports clubs and cultural groups here. Sport, when the clubs are healthy places, is protective.*

*Kids who are involved in sport are less likely to be anti-social. It helps develop values, it involves interacting with a variety of people, it develops a sense of entity, and helps start developing own networks of people they respect.*

*Aesthetic physical environment.*

Strong social networks (5) and community support (10) were identified as protective.

*Social networks and support and being able to ask for help are critical.*

*Community support networks are far stronger than I anticipated, for an area regarded as 'tough'. I'm staggered by how strong, well linked and numerous the support groups are in the area.*

Participants identified that working together and joining in activities helped to build a sense of belonging in the community (7) which was a protective factor.

*There's a strong sense of the region, of belonging.*

*Sporting activities and neighbourhood houses - sense of belonging - sense of community.*

*Sport and activities for young people and youth groups build character and self-esteem and give young people a sense of belonging.*

Cultural identity was recognised as a protective factor (5).

*Strong cultural identity in being part of the south.*

*Strong identity and ethnic pride evident.*

*Strong community group and strong identity.*

### *3.11 School and Education Domain*

Factors identified in the Homel report as being protective were a positive school environment including school norms relating to violence, prosocial peer groups and having opportunities for success and recognition at school. Having a sense of belonging and attachment to school were also protective factors.

Overall, 39 comments were made in relation to educational protective factors (see table on next page). There were a number of comments that identified the general protective potential of schools and education (7):

*Parents and schools are both crucial... if one's not working, the other needs to be: school can be a respite. It's hard for kids to juggle between the two, but if school is good it increases the chances that they'll at least have a choice at the crossroads later.*

*Lots of work with the kids about leadership, sports, music, drama. Things that build self esteem. If you feel good about yourself and feel successful, that decreases anger and frustration, and that decreases the likelihood of offending.*

<b>Protective Factors: School and Education</b>	<b>Total</b>
Education/ General	7
Relationships	3
Staffing	4
Curricula	5
Vocational Education and training	3
Programs to improve skills	6
Parents attitude to achievement	3
Parent involvement in Schools/preschool	5
Schools working with health and community	1
School/kindergartens provide care, consistency, connectiveness	1
Attachment to school/kindergarten	1
<b>Total</b>	<b>39</b>

Appropriateness of the curricula and access to alternative programs such as FAME and Pathways were seen as protective (5).

*One of the most powerful protective tools we have is the SA Curriculum Standards and Accountability Framework, which identifies as 'essential learnings' things like 'a sense of identity', 'futures', 'inter-dependence', 'thinking skills', 'communication skills', 'working together'. That forms a basic philosophy about developing adults, rather than content based teaching.*

*Pathways, an alternative education program, through the Mission, is brilliant. It provides education a few days a week, and the kids are allowed to laugh, allowed to talk and interact. It's a more practically focussed curriculum (they do Job Search Certificate 1, plus work experience, plus gym, which provides health and planning skills).*

Some participants' suggested that developing and implementing specific programs to meet the needs of students was a protective factor (6). The programs identified by participants included communication and language programs, social skills programs (Program Achieve was mentioned three times), literacy and numeracy programs, protective behaviours programs, and vocational education and training (3).

*Kindergarten aims at building social skills and behavioural skills as well as helping children to develop positive relationships and relate well to each other.*

*Encourage children to think for themselves, which develops problem-solving skills. Some children are very resilient.*

*For boys in particular, vocational education and training. School based education, sitting at a desk, doesn't work - they need hands on.*

Having committed staff with appropriate attitudes to, and good relationships with, students and parents (4) was seen as protective.

*It all boils down to relationships. Relationships can be built through a range of programs. Provides children with someone to talk to confidentially. School can be a safe haven.*

*For the hardest kids, what works is very special people, with the ability to take a longer term, bigger picture view, and who can find the time and space to talk, work with, and de-escalate. They can bring in strategies at the appropriate times.*

Some participants extended the focus on relationships to providing opportunities for parents to develop relationships with other parents and for children and students to develop relationships with adults and peers (3).

*There is a sense of social connectedness in the community, which is a positive. The kindergarten, childcare centre and school offer various forms of care and connectedness with consistent staff – adults who take notice and make children feel valued. It helps the children to develop trust in adults.*

*Need to build self-esteem and social skills for children and build trust. Activities help children build relationships with other children and staff.*

Some participants reported that having Indigenous workers and resources in schools and preschools had a positive effect (2). Support services available through DETE for managing challenging behaviour were seen as an important resource (2).

### *3.12 Family Factors Domain*

The Homel report identified caring parents, family harmony, supportive relationships with other adults and strong family norms and morality as protective factors.

Participants mentioned family factors 22 times, with positive parenting mentioned the most often with 8 comments

<b>Family Protective Factors</b>	<b>Total</b>
Positive parenting	8
General	4
Family values and morals	5
Secure and stable relationships, parent/child	2
Family experiences	1
Communication	1
Family strengths	1
<b>Total</b>	<b>22</b>

*Good parenting and setting boundaries. Parents having roles and responsibilities and having realistic expectations.*

*Supportive and caring parents. Secure and stable relationships, good values and coping skills*

Two participants identified that good relationships between family members was a protective factor. Another reported that children having strong relationships and attachment to family were protective factors.

*Attachment to the family is protective... Some families require responsibility for chores, and sometimes there's a supportive relationship with another adult - often grandparents.*

*Parents friendly, down to earth and appreciative. Families do social things such as have birthday parties and invite other children. The children seem to mix together and have strong attachment to family*

Having strong values and beliefs were reported 5 times.

*Parent and family values can have a positive impact on children.*

### 3.13 Child Factors

The Homel report identified some individual child attributes and competencies as protective factors. Social skills and social competence, empathy, above average intelligence, problem-solving skills, a good coping style, an internal locus of control, and moral beliefs and values were seen as protective factors. Attachment to family, an easy temperament and optimistic outlook as well as school achievement were also protective.

Of the 22 comments made in relation to child protective factors, children having a positive outlook, including optimism and self esteem, and social and communication skills, was cited 15 times.

Child Protective Factors	Total
Social skills, optimism, success, self esteem	15
Pro-social values / attitudes	2
Anger management / problem solving	2
Helpfulness with younger siblings	1
Internal locus of control	1
Attachment to family	1
<b>Total</b>	<b>22</b>

Some participants reported that having prosocial values and attitudes were important protective factors, with 2 mentions.

*Protective factors that stop adolescents getting into crime: character, family experiences, communication, family values and knowing other people's values*

Some participants reported that appropriate anger management skills and problem solving skills were important for some children (2). Some children have responsibility for caring for siblings (1) and other children demonstrate an internal locus of control (1).

*Building social skills, optimism, and an internal locus of control, and reframing stressful life events to resilient outcomes, are protective.*

### 3.14 Life Events Domain

The Homel report identified 3 life events protective factors: meeting a significant person, moving to a new area and opportunities at critical times or major life transition points.

Protective Factors: Life Events	Total
Significant others	6
Moving to new area	1
<b>Total</b>	<b>7</b>

Only 7 comments were made in relation to life events, with 6 comments made in relation to having significant people or relationships. Participants identified that significant others could be peers, other adults or family members or from social activities etc.

*“Significant others” are protective.*

*Building really good relationships with solid role models. If young people get a chance to develop a healthy relationship with someone older, that can be really powerful.*

Some participants commented on the protective nature of relationships with school staff: these were reported in the ‘Education and Schools’ domain.

One participant commented on moving to a new area as a potential protective factor.

*Moving to a new area can be both a risk and a protective factor.*

### *3.15 Transition Points*

The idea of ‘transition points’ draws from developmental psychology, and has been influential in health and education. This approach sees life as “a series of phases, a series of points of change, a series of transitions”<sup>24</sup> (Homel, 1999). “Life phases” are important because people have different needs and capacities at different stages, because they have different “developmental tasks” to achieve, and because different risk factors have different impacts at different phases.

Transition points are times of change between major life phases. Becoming a parent, starting pre-school or school, the transition from primary to high school, and first contact with the criminal justice system are examples of transition points. At times of transition, people generally have little knowledge of the ‘rules’, requirements or expectations of the role they are entering into; low skills levels for the new role; and limited support networks in the new system. For all these reasons, they are more likely to perform poorly, make mistakes or take ill-calculated risks at these times. These factors can then impact on the likelihood of later offending.

However, times of transition are also times of opportunity: people are more likely to be open to support, and so interventions are more likely to ‘make a difference’.

For these reasons, the Homel report suggests that interventions should be framed ‘before, during and after’ transition points; and should be structured to be appropriate to the developmental phase of the participants.

Consultation participants were asked to identify the transition point or points at which they believed an early intervention program should be structured. Some participants identified a number of different points: each has been recorded separately below. For example, if a participant said ‘start at ante-natal and work with parents during the early years’, that would be recorded as two ideas (ante-natal and parenting in the early years in the table below). Similarly, if a participant suggested that interventions were needed “in the early years and at the transition from primary to high school”, both ideas have been recorded.

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<sup>24</sup> Pathways to Prevention: Early Intervention and Developmental Approaches to Crime in Australia. National Crime Prevention, 1997, p 8

There were areas of overlap in the ways that participants identified transitions, so the groupings in the tables below also overlap to some extent. For example, some participants identified 'early years' and others identified 'pre-school', which may be seen as fitting within an 'early years' framework. Each suggestion is only counted once in the table.

<b>Transition Point</b>	<b>Total</b>
Antenatal	13
Early years - parenting	30
Pre-school	7
Early years - other	8
Starting school	12
Junior primary school (to Grade 3)	6
Middle primary school (Grades 4 and 5)	2
Senior primary school (Grades 6 and 7)	7
Transition to high school	18
High school students, re becoming parents	2
Leaving high school	3
Schools (age / level not specified)	2
First offence / first contact with Criminal Justice System	4
On entry to services	4
Domestic violence / family separation	5
Parenting (age group not specified, not counted elsewhere)	2
Other	4
<b>Total</b>	<b>129</b>

It is possible to tally these groups in various ways to identify common themes. In the tables that follow, the same 'cluster' of votes may appear in several places.

For example:

<b>Support to parents</b>	
Ante-natal	13
Parenting in the early years	30
Parenting - other	2
<b>TOTAL</b>	<b>45</b>

<b>Early Years</b>	
Ante-natal	13
Parenting in the early years	30
Early years - other	8
Pre-school	7
Starting school	12
Junior primary school	6
<b>TOTAL</b>	<b>76</b>

<b>Education</b>	
Pre-school	7
Starting school	12
Junior primary	6
Primary school	9
Transition from primary school to high school; high school	18
Schools (age not specified, and not counted elsewhere)	2
<b>TOTAL</b>	<b>54</b>

<b>Adolescents</b>	
Before pregnancy (eg work with teenagers about becoming the next generation of parents)	2
Primary school to high school; high school	18
<b>TOTAL</b>	<b>20</b>

Even though this way of organising the information would result in “double counting” if the results of all the tables were to be totalled, it highlights key themes of support to parents, support during the early years, and interventions in education.

If the notion of “before, during and after major role transitions” is applied, the tallies may look as follows:

<b>Becoming a Parent</b>	
Before pregnancy (eg work with teenagers about becoming the next generation of parents)	2
Ante-natal	13
Parenting in the early years	30
<b>TOTAL</b>	<b>45</b>

<b>Entry to Education</b>	
Pre-school	7
Starting school	12
Junior primary	6
<b>TOTAL</b>	<b>25</b>

<b>From primary to high school</b>	
Senior primary school	7
Transition to high school	18
<b>TOTAL</b>	<b>25</b>

The workshop will be asked to consider both “ideals” in terms of the transition points that could be considered (for example, some people may consider it ideal to focus on all transition points; others may consider it ideal to focus on one); and “priorities” within transition points, in case it is not possible to achieve the ideal in the short term.

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## *Chapter 4: Towards Strategies*

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This fifth chapter of the report is intended to assist in moving towards the design of interventions (or strategies) for early intervention in crime prevention. It provides an outline of proposed principles on which strategies or interventions should be based; and a framework for an integrated approach to early intervention.

### *4.1 Towards Principles for an Early Intervention Program*

This section of the report outlines a series of draft principles which may underpin the early intervention program in Noarlunga.

The first set of principles are drawn from comments made during the consultations. Some of the principles were identified several times by different people. Where the comments 'agreed' with each other, they have only been recorded once. Where different aspects of a similar issue have been identified, each aspect has been recorded.

The second set of principles are provided by the Crime Prevention Unit. These principles are drawn from research about effective early intervention and on discussions held by the State Reference Group (SRG). If any significant concerns about these principles are identified at the workshop, those concerns will be presented back to the SRG and a process to address them will be developed. The SRG will be required to 'sign off' on final principles to underpin the program.

The 'raw materials' of both sets of principles are presented first. That is followed by a draft set of proposed principles, which attempt to integrate the perspectives and concerns of participants as far as possible. The Stakeholder Workshop will be asked to review, refine or refuse these principles.

For ease of writing, the words "the program" have been used to describe "whatever processes or interventions are developed and introduced through this process". This does not mean that any decisions have been made about what those processes or interventions may be, and it does not mean that only one intervention can be established.

Also for ease of writing, the term 'services' has been used to describe "all the existing agencies, programs, and inter-agency initiatives that are relevant". This includes, for example, schools and police, both of which were specifically mentioned by some participants as essential collaborators in a program.

Some participants in the consultation talked about the principles on which individual interventions or services should be run within the overall program. These principles are described as 'service delivery principles'.

#### *Principles drawn from consultations*

##### **Coordination and collaboration**

The program should work collaboratively with existing services and initiatives.

The program should take a multi-agency approach.

The program should seek to clarify existing agency roles and enhance coordination.

The program should seek to build a coordinated approach to early intervention across agencies.

The program should seek to build professional development and support for workers across a range of existing services.

### **Multiple levels**

The program should address multiple transition points.

The program should seek to build resilience at the individual level: social skills, optimism and an internal locus of control.

The program should seek to strengthen and support families.

The program should seek to build supportive environments at individual, family and community levels.

### **A community development approach**

The program should take a community based, community development approach.

The program should seek to build local leadership and expertise, using a community strengthening and capacity building approach.

The program should seek to build community action and community participation.

The program should seek to build partnerships between families and services.

There should be local ownership of the program.

### **Cultural relevance**

There should be indigenous participation in the planning and development of the program.

The program should be culturally relevant.

### **A service delivery focus**

The program should be integrated into existing services, such that interventions can be maintained in the longer term.

The program should seek to fill gaps in existing services.

The program should work to reduce waiting times in existing services.

### **Funding and resourcing**

The program should be adequately resourced.

The program should be long term and intensive - short term interventions are not necessarily helpful.

### **A holistic, family focus**

The program should be holistic, working with whole families and addressing complex needs.

The program should work with families as well as young people.

### **Targeted or universal approaches**

The program should be targeted to, and engage, those most in need.

The program should not stigmatise participants through targeting or eligibility criteria.

### **Service delivery principles**

The program should take a strengths based approach.

The program should take a non-judgemental approach.

### **Evaluation**

The program should be well evaluated.

## *Principles from the Crime Prevention Unit*

### **Community Need**

The program should respond to risk and protective factors in the community, as identified through consultation and data analysis.

### **Evidence-based**

The program should be based on the best available research and theory, and adapted to the local context.

### **Rigorous evaluation**

Program design should state clearly the theory to be tested through the program, in formats that enable rigorous evaluation.

## *4.2 Proposed Principles*

### **Community Need**

The program should respond to risk and protective factors in the community, as identified through consultation and data analysis.

### **Participation**

Target groups should be consulted in the design of initiatives for them. Indigenous people should be involved in the design, implementation and management of the Program and the initiatives within it.

### **Community Development Approach**

The program should be based on principles of community development, community participation, and accountability to the community.

### **Coordination**

The program should be coordinated with existing initiatives and services and should seek to improve coordination wherever possible.

### **An Integrated Approach**

The program should build an integrated approach to early intervention across age groups and service providers, at local and State levels.

### **Empowerment Focus**

The program should take a strengths based and empowerment based approach.

### **Holistic Approach**

The program should take a holistic approach, working with whole families where possible.

### **Sustainability**

The program should seek to build mechanisms for sustainability wherever possible.

### **Best practice**

Services within the program should be based on best practice and quality enhancement principles.

### **Evidence-based**

The program should be based on the best available research and theory, and adapted to the local context.

### **Rigorous evaluation**

Program design should state clearly the theory to be tested through the program, in formats that enable rigorous evaluation.

### *4.3 Towards An Integrated Strategy for Early Intervention*

One of the principles identified by some consultation participants was that an integrated strategy should be developed. An integrated strategy could be designed to be consistent with recommendations that interventions should fall 'early in the pathway to offending', which may or may not mean early in life. It could also be designed to be consistent with research findings about 'what works': that is, what is most likely to be effective in reducing offending. In the first part of this chapter of the report, we review a little research related to 'pathways to offending' and a little of the research about 'what works' and in the second section, move on to explore what 'an integrated strategy' might involve.

#### *Pathways to Offending*

Intervening "early on the pathway to offending" requires an understanding of what those pathways may be.

A number of researchers have explored this issue. Some see offending as part of a broader pattern of 'antisocial behaviour', which manifests in different ways at different stages of life. Others suggest that there are different patterns of 'onset' (starting to offend) and 'desistance' (stopping offending) for different groups. Most seem to agree onset of antisocial behaviour 'after adolescence' is extremely rare for both males and females.

#### *Early brain development*

Research by Bruce Perry<sup>25</sup> and others in early cognitive development suggests that some factors in early childhood can reduce the overall number and complexity of neural pathways that they develop, and the strength of connections between the rational/reasoning and emotional centres of the brain. Some of the factors that may have these impacts include poor attachment, neglect, inconsistent parenting, harsh and unjust discipline, and trauma.

These factors can also 'set' patterns for the production of 'flight or fight' hormones, so that children are conditioned to respond with withdrawal, or aggressively, to relatively minor stimuli.

These impacts on brain development then impact on the child's ability to learn, to predict consequences of their actions, to develop supportive relationships with others, and in the longer term, on their employability. These factors, in combination, are hypothesised to contribute to the likelihood of offending.

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<sup>25</sup> Bruce Perry's research has included work on the neurophysiology of traumatic life events and basic mechanisms related to the development of neurotransmitter receptors in the brain. His clinical research and practice has focused on high-risk children - examining the long-term cognitive, behavioural, emotional, social, and physiological effects of neglect and trauma in children, adolescents and adults.

## *Early On-Set and Adolescent On-Set Offending*

While there are wide variations in the pathways that individuals follow, Moffit et al<sup>26</sup> have identified two groups of offenders with different pathways into offending. These are termed 'early on-set' or 'life course persistent' offenders, and 'adolescent on-set' or 'adolescent limited' offenders.

A number of longitudinal studies have identified differences between 'early on-set' offending, and 'adolescent on-set offending'.

Early on-set offending is:

- relatively rare in the population – estimates range from 5-10% of males, but only 1% of females;
- much more common amongst males than females (the Dunedin longitudinal study found a ratio of 10 males to 1 female);
- more likely to include violence, both within and outside of relationships;
- life course persistent (relatively stable across childhood and adolescence, and persisting into adulthood);
- associated with a range of other 'negative' outcomes in adulthood, including unemployment, drug and alcohol issues, mental health issues, early parenthood, and unstable housing.

Moffit et al have theorised that:

*"... 'life course persistent' antisocial behaviour begins early in life when the difficult behaviour of a high-risk child is exacerbated by a high-risk social environment. ... The child's risk emerges from inherited or acquired neuro-psychological variation, initially manifested as subtle cognitive deficits, difficult temperament or hyperactivity. The environment's risk comprises factors such as inadequate parenting, disrupted family bonds, and poverty. The environmental risk domain expands beyond the family, as the child ages, to include poor relations with people such as peers and teachers. Over the first two decades of development, negative transactions between the child and his or her environment accumulate and gradually construct a disordered personality, with hallmarks of physical aggression and antisocial behaviour persisting to midlife." (Moffit et al 2001, p 208)*

Early on-set offending is so much more common amongst boys than girls primarily because boys have higher prevalence of "neuro-cognitive deficit, under-controlled temperament, and hyperactivity."

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<sup>26</sup> Moffit, T, Caspi, A, Rutter, M and Silva, A. *Sex Differences in Anti-Social Behaviour: Conduct Disorder, Delinquency and Violence in the Dunedin Longitudinal Study*. Cambridge University Press, 2001. The Dunedin study has followed a birth cohort of about 1000 people since their birth in Dunedin, New Zealand, in 1973, examining a wide range of issues using information from a variety of sources.

Adolescent on-set offending is:

- relatively common in the population (in the Dunedin study, 26% of males and 18% of females self-reported offending in a twelve month period before either the 'age 15' assessment or the 'age 18' assessment, or both. Other studies have found much higher levels of self-reported offending over the whole of adolescence);
- more equally distributed between males and females (again in Dunedin, a ratio of 1.5 males to 1 female);
- less likely to involve violence;
- less persistent: most adolescent-onset offenders gradually desist from offending as they mature into adulthood. (Farrington (in press) questions the extent to which some members of this group do 'grow out of it', suggesting that at least drug and alcohol abuse may continue well into adult life);
- associated with a lower level of negative outcomes in adulthood, although "not benign":

*"We have shown that the anti-social behaviour of adolescence-limited offenders is not inconsequential; in fact, it exposes them to numerous snares during the adolescent years, for example, leaving school without credentials, becoming a teen parent, developing dependency on tobacco, drugs or alcohol, serious injury, sexually transmitted diseases, a criminal record, and incarceration... Such snares can compromise their ability to make a successful transition to adulthood, impair their health, and set in motion a snowball of cumulative disadvantage." (Moffit et al, 2001, p 225).*

Adolescent-onset offending, according to Moffit:

*"emerges alongside puberty, when otherwise healthy youngsters experience dysphoria during the relatively role-less years between their biological maturation and their access to mature privileges and responsibilities, a period we call the maturity gap. While adolescents are in this gap it is virtually normative for them to mimic the life-course-persistent youth's style as a way to demonstrate autonomy from parents, win affiliation with peers, and hasten social maturation."*

*"This book and our previous report (Moffit et al 1996) have shown that young people on the adolescent-limited path do not have a pathological history, problem personalities, low IQ, reading failure, inadequate parents or broken attachment relationships..." (p 226)*

The difference in the risk factors affecting early on-set and adolescent on-set offenders suggest that quite different early intervention strategies may be required for the two groups.

### *What "Works" in Early Intervention?*

Risk and protective factors have been identified through longitudinal research that follows relatively large cohorts of people across long periods of time. The second major type of research that is relevant to early intervention is research into the impacts of interventions: the question of 'what works'? (Or, more precisely, 'what has which impacts for whom in what contexts?')

There have been a number of reviews of research outcomes which have identified some common themes. However, there are some 'words of warning' to give first:

- most of the research has been conducted overseas and the findings may or may not be portable to Australia;
- many of the findings have come from relatively small pilot programs, and there is room for doubt about whether the same outcomes would be found in larger samples;
- some programs have demonstrated decreased offending by those in an 'experimental' group as compared to those in a 'control' group. Others have demonstrated impacts on risk factors (eg child abuse and neglect, or education outcomes) but have not been evaluated long enough to know whether or not that changed offending levels.

For all these reasons, researchers are cautious about the extent to which we can claim that early intervention prevents offending. Nevertheless, a number of strategies have claimed, on the basis of comparison between program participants and control groups who did not participate, to demonstrate positive effects.

Strategies that have been found to be effective at different transition points and in some contexts include:

- Long-term support to the parents of very young children, enabling them to provide appropriate care, stimulation and support to their children. The right kinds of programs can reduce abuse and neglect of children, build the social and cognitive capacities of children, and improve their parents' life chances;
- Early childhood, preschool and early primary school programs that build particular social, emotional and cognitive capacities of children;
- Programs which build supportive school environments and provide positive experiences of schooling;
- Some kinds of programs (usually cognitive-behavioural programs, provided to both children or adolescents and their parents and/or teachers) that deal with aggressive behaviour, oppositional disorder or behaviour disorders at different ages;
- Some kinds of programs for children and young people that build positive relationships between peers and with adults; and
- Constructive responses to early anti-social or criminal behaviours.

In one review, Richard Tremblay and Wendy Craig concluded that

*"positive results are more likely when interventions are aimed at more than one risk factor, last for a relatively long period of time, and are implemented before adolescence."*<sup>27</sup>

There is also good evidence that

- other kinds of programs within these same broad approaches do not reduce offending;

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<sup>27</sup> Tremblay, R & Craig, W. *Developmental Crime Prevention*, in Tonry, M and Farrington, D. **Building A Safer Society - Strategic Approaches to Crime Prevention**, University of Chicago, 1995

- programs have different impacts for different groups. For example, the Elmira Nurse Home Visiting Program significantly reduced child abuse and neglect by poor single mothers, but it did not significantly reduce child abuse in families with high rates of domestic violence;
- some other styles of intervention do not reduce offending, including harsher penalties and 'scared straight' programs<sup>28</sup>.

*"Legal scholars point out that harsh sentencing applied to adolescent-limited delinquents incurs societal costs, including damaged future employment prospects and delayed desistance from crime. These scholars call for juvenile justice policy that gives adolescence-limited offending 'room to reform'." (Moffit et al 2001, p 226)<sup>29</sup>*

*"The [Campbell Collaboration's] first review is a look at seven studies on "scared straight" programs. Used mostly in the United States, the programs enlist convicted criminals to give delinquent teenagers a harsh look at prison life, hoping to deter budding criminals from a life of crime.*

*It doesn't, according to the review by Anthony J. Petrosino, a researcher with the American Academy of Arts and Sciences in Cambridge, Mass. His analysis suggests that scared-straight participants are more likely to rack up a subsequent arrest than non-participants."<sup>30</sup>*

Given the variety of outcomes that have been achieved in different contexts, it seems likely that the best results will be achieved if:

- the evidence from other evaluated programs is taken into account in the design of programs;
- programs are tailored to the local context and the needs of the local community; and
- programs target multiple risk and protective factors.

#### *4.4 An Integrated Strategy for Noarlunga*

Elements of an integrated approach to early intervention in crime prevention in Noarlunga might include:

- an agreed set of principles to underpin early intervention strategies;
- coordination (or integration - see below for a discussion of two possible models) of services or strategies across transition points;
- coordination of services or strategies "up" the transition points;
- an approach supported at both local and State levels;
- professional development for workers across all relevant transition points and in all key services.

The following paragraphs provide examples of these elements.

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<sup>28</sup> For a review of research evidence about 'what works', see Sherman, LW, Gottfredson, D, MacKenzie, D, et al, **Preventing Crime: What Works, What Doesn't, What's Promising, Report to the United States Congress** 1995

<sup>29</sup> Moffit, T, Caspi, A, Rutter, M and Silva, A. op cit.

<sup>30</sup> <http://www.edweek.com/ew/newstory.cfm?slug=29research.h21>

*Coordination “across” a transition point: two possible approaches*

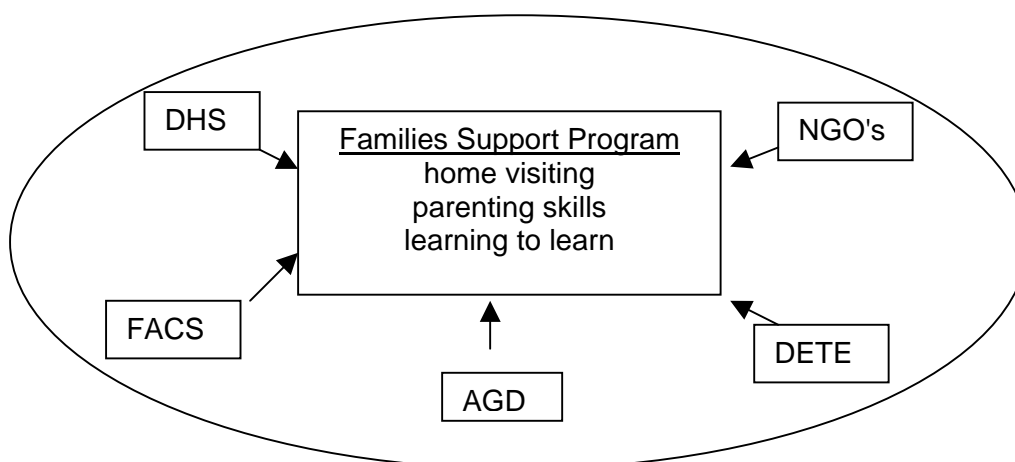
**a) Coordination of responses for an age group or transition point**

Agencies may plan *complementary* programs in relation to an age group or transition point (eg "pregnancy to three", or for "the transition from primary to high school"). Each agency delivers programs in relation to its own core functions. In a coordinated model, those services are jointly planned in order to reduce gaps in services, reduce duplication in services, and ensure efficient and effective referral between services.

Early Years Programs: Pre-Birth - Three Years			
DHS	DETE	Justice	Community
Pregnancy support Parenting programs Infant health services	Early literacy 'Learning to learn' Child care Pre-schools	Responses to justice issues affecting early years (eg child abuse & neglect, DV)	Government funded services Peer support networks

**b) Integrated responses for an age group or transition point**

An alternative is that agencies may contribute to joint programs in which each agency contributes particular components of, or resources to, an agreed program or service that is designed to achieve multiple outcomes. To continue the 'early years' example, a program that enhances parenting skills and 'learning to learn' might be jointly funded and provided by DHS, DETE and a community organisation.



*Integration of responses “up” the age groups or transition points*

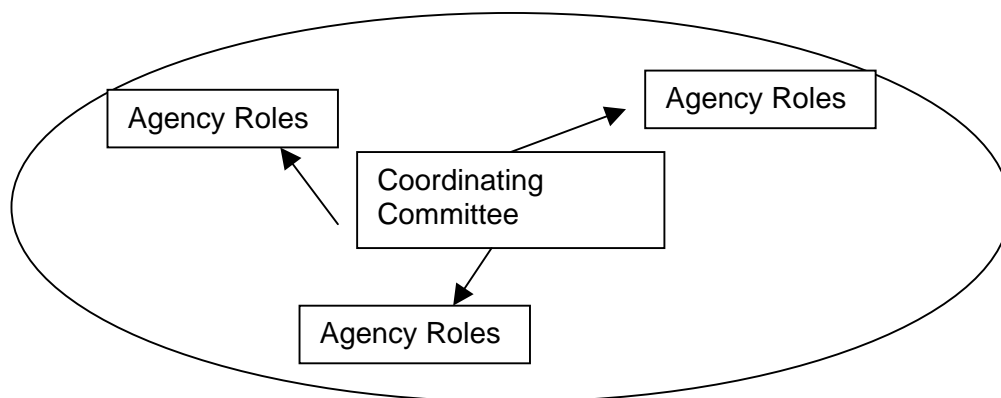
In this approach, a range of initiatives are planned to ensure that there are adequate supports available to reduce risk factors and develop protective factors at a range of transition points. Different Departments may take 'lead' roles in relation to different transitions and involve a variety of different stakeholders.

In this approach, it is important to focus on professional development or 'capacity building' (described by one person as 'empowering all the adults who work with children, including parents and teachers') to assist them to reduce risk factors, build protective factors, and assist children and families to manage transitions constructively.

Transition Point	Key Risk / Protective Factor	Strategies
Leaving school	Un/employment	Traineeships / employment pathways
Compulsory to post-compulsory education	Teenage pregnancy Vocational aspirations	Enhance pregnancy planning & parenting education to reduce teenage pregnancies
Primary to High School	Peer relationships "Adolescent dysphasia"	Middle schooling Opportunities for constructive social engagement
First Offence - under 10 year olds	Acquired responsibility Coordinated responses	Develop system response to ensure supports for child and family
School Entry	School attachment Literacy Development	Enhance school-family relationships
Pre-school	Social skills Learning to learn	Increase attendance & cultural responsiveness
0 - 3 years	Parenting skills Cognitive development	Parenting support programs Learning to learn programs
Pregnancy / birth	Birth weight Healthy pregnancy	Pregnancy support programs

### *Coordination around risk factors*

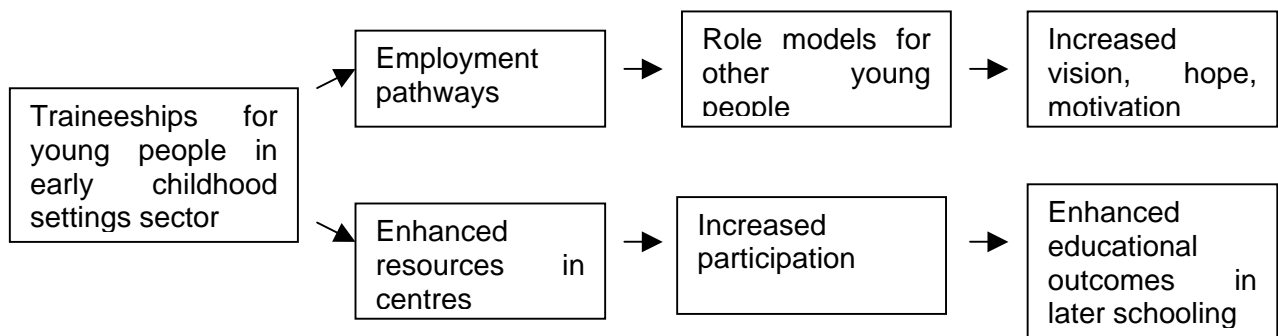
A model that already exists in relation to some risk factors is to build multi-agency partnerships in relation to particular risk factors. Drug Action Teams and Domestic Violence Action Groups are examples. Planning seeks to ensure that each agency plays its role in relation to a specific risk factor, without necessarily focussing on early intervention, transition points or protective factors.



This approach has the advantage of a coordinated response to the issue of concern, but the disadvantage that it does not necessarily focus on early intervention. It also has the disadvantage of requiring multiple groups, for the multiple issues. In a relatively small area like the suburbs in Noarlunga, each group is likely to coordinate similar people and services in relation to the different issues. While the coordinating groups which already exist, such as the Drug Action Team and the Domestic Violence Action Group, are likely to prove useful allies, it does not seem likely that a range of new issue based committees should be established for the Early Intervention program.

### *Integrated strategies addressing multiple risk factors:*

In some cases, it may be possible to design strategies to address multiple risk factors concurrently. For example, a strategy which creates traineeships for young people in early childhood settings (child care and preschool) may concurrently create pathways into employment for young people, increase participation in childcare and preschool, and thereby increase attachment to and achievement in education.



Similar strategies could be developed in relation to youth work (creating ‘early intervention’ services for the adolescent group), or across the justice system (enhancing relationships between the local community and the justice system).

### *4.5 Establishing priorities*

There are two elements that should be taken into account in establishing priorities within an integrated approach. One is the needs and views of the community, as represented through the outcomes of this consultation and the data included here. The second is the ‘logic’ for a particular approach that comes from prior research and theory in early intervention. Both should be taken into account at the workshop. This logic might look something like this:

*If:*

- there are different risk factors and issues for ‘adolescent on-set’ and ‘early on-set/life course persistent’ offenders (Moffit et al 2001);
- each group accounts for about 50% of offending;
- the general level of offending in a community is a risk factor for the development of further offending;

*Then:*

introducing concurrent strategies to work with

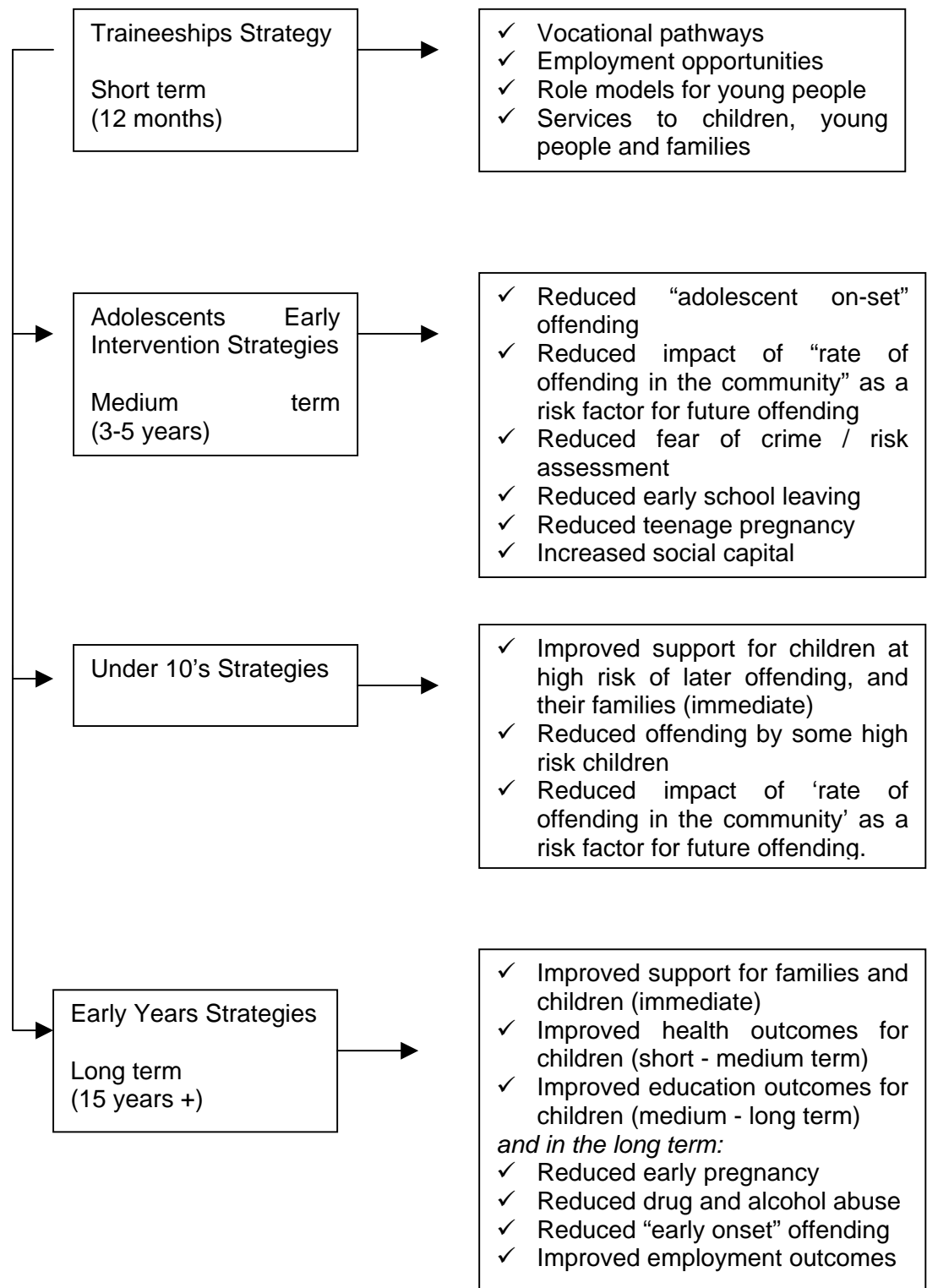
- “the early years” with a view to reducing “early on-set / life course persistent” offending; and
- “puberty / early adolescence / the transition to high school” with a view to reducing adolescent on-set offending

may have greater impact over time than strategies for either group singly.

Focussing on the early years and around puberty may omit one, probably small but potentially significant group, that is “children under the age of 10 who offend”. Early intervention theory suggests that responding appropriately to first offences, or at least to early offences, is more likely to reduce later offending than ‘waiting’ to respond once children have reached the age of criminal responsibility. However, significant care would need to be taken in working through this issue: punitive responses may well make the problem worse, rather than better, and the reasons why the age of criminal responsibility was set at 10 years still bear consideration.

Putting all four elements (an “early years” strategy, an “under 10’s strategy”, an “adolescents” strategy, and the traineeships strategy) into place may achieve outcomes at multiple levels, as demonstrated on the next page.

## *Outcomes of an integrated Early Intervention Strategy*



This framework does not specify *what* interventions should be put in place at each level, although there is research that could be used to inform design of strategies appropriate to Noarlunga, once agreement has been reached about the focus for programs.

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## *Appendices*

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### *Appendix 1. State Reference Group: Terms of Reference*

The Early Intervention Reference Group provides interagency leadership and advice to the Attorney-General on the development and implementation of early intervention approaches to crime prevention in South Australia. The Reference Group seeks to develop collaboration across portfolios, and across the Government and non-Government sectors, in the implementation and evaluation of early intervention strategies. The Reference Group has the capacity to co-opt expertise in relevant areas and to establish specific working groups for identified tasks.

#### **Terms of Reference**

1. To develop strategic directions for early intervention approaches to crime prevention across government and non-government sectors.
2. To advise the Attorney-General on the selection of localities and the allocation of resources for the early Intervention in Crime Prevention.
3. To further develop partnerships and networks at and between State and local levels to facilitate early intervention in crime prevention.
4. To determine pilot programs using early intervention approaches to crime prevention.
5. To provide advice, information and practical support to pilot programs.
6. To monitor the development and implementation of agreed pilot programs and contribute to evaluation processes.
7. To promote and market the concept of early intervention across agencies (local, State and Commonwealth governments, and the non-government sector), contribute to future planning and advocate for sustainable funding and programs.
8. To advise on current research relevant to this area.

#### **Membership**

Ms. Sue Millbank, Crime Prevention Unit, AGD  
Ms. Di Chartres, Justice Strategy Unit, AGD  
Mr. Michael O'Connell, Victims of Crime Co-ordinator, AGD  
Inspector Neil Smith, Crime Reduction Section, SA Police Department  
Ms. Jan Kitcher, Youth Court, Courts Administration Authority  
Ms. Margaret Bonnar, Policy Planning & Corporate Branch, DHS  
Ms. April Lawrie-Smith, Aboriginal Services Division, DHS  
Mr. John Forward, Metropolitan Division, DHS  
Ms. Sue Foster, Country and Disability Services Division, DHS  
Mr. Phillip Robinson, Division of Mental Health, Women's & Children's Hospital  
Ms. Nan Davies, Child and Youth Health  
Ms. Karen Fitzgerald, Child Protection Services, Flinders Medical Centre  
Ms. Annette Shriner, Student & Professional Services, DETE  
Mr. Tom Easling, Office of Employment and Youth  
Mr. Leigh Garrett, Offenders Aid and Rehabilitation Service  
Mr. Mark Johnstone, Aboriginal Prisoners and Offenders Support Services  
Ms. Jan Shaw, Family Capabilities Branch, DFACS

Mr. Paul Hansen, Crime Prevention Branch, Commonwealth AGD  
Ms. Sue bis Winckel, SACOSS  
Mr. Michael Colin, Adelaide Central Mission  
Mr. Mark Hershelman, Mission Australia

## Appendix 2: Risk & Protective factors for antisocial and criminal behaviour

RISK FACTORS				
CHILD FACTORS	FAMILY FACTORS	SCHOOL CONTEXT	LIFE EVENTS	COMMUNITY AND CULTURAL FACTORS
prematurity low birth weight disability prenatal brain damage birth injury low intelligence difficult temperament chronic illness insecure attachment poor problem solving beliefs about aggression attributions poor social skills low self esteem lack of empathy alienation hyperactivity/ disruptive behaviour impulsivity	<i>Parental characteristics:</i> teenage mothers single parents psychiatric disorder, especially depression substance abuse criminality antisocial models <i>Family environment:</i> family violence and disharmony marital discord disorganised negative interaction/ social isolation large family size father absence long term parental unemployment <i>Parenting style:</i> poor supervision and monitoring of child discipline style (harsh or inconsistent) rejection of child abuse lack of warmth and affection low involvement in child's activities neglect	school failure normative beliefs about aggression deviant peer group bullying peer rejection poor attachment to school inadequate behaviour management	divorce and family break up war or natural disasters death of a family member	socio-economic disadvantage population density and housing conditions urban area neighbourhood violence and crime cultural norms concerning violence as acceptable response to frustration media portrayal of violence lack of support services social or cultural discrimination
PROTECTIVE FACTORS				
CHILD FACTORS	FAMILY FACTORS	SCHOOL CONTEXT	LIFE EVENTS	COMMUNITY AND CULTURAL FACTORS
social competence social skills above average intelligence attachment to family empathy problem solving optimism school achievement easy temperament internal locus of control moral beliefs values self related cognitions good coping style	supportive caring parents family harmony more than two years between siblings responsibility for chores or required helpfulness secure and stable family supportive relationship with other adult small family size strong family norms and morality	positive school climate prosocial peer group responsibility and required helpfulness sense of belonging/ bonding opportunities for some success at school and recognition of achievement school norms concerning violence	meeting significant person moving to new area opportunities at critical turning points or major life transitions	access to support services community networking attachment to the community participation in church or other community group community / cultural norms against violence a strong cultural identity and ethnic pride

