



Response to the Standing Committee on Law and Justice

Inquiry into Crime Prevention through Social Support

November 1998

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UnitingCare Burnside (Burnside) is pleased to make this submission to the Standing Committee on Social Issues on Crime Prevention through Social Support.

Burnside's mission is to participate in the caring ministry of the Uniting Church by making a positive difference in the lives of socially disadvantaged children, young people and families in NSW through the provision of a range of services. Burnside has, in response to current research and findings in Australia and overseas, committed its resources to providing programs which will strengthen families in order to prevent the occurrence of child abuse and neglect and its subsequent social problems.

Burnside has been an agency for child and family welfare in NSW since 1911, and has over this time developed a commitment to social advocacy for the most vulnerable in our society.

Burnside's goals are:

- to protect and nurture children and young people who are unable to live with their families by providing quality care;
- to develop preventative services aimed at children and young people at risk of abuse and/or admission to care;
- to strengthen the capacity of vulnerable young people and families within the community;
- to assist in the development of networks and self-help initiatives which support families and strengthen communities; and
- to promote just and equitable social structures aimed at reducing the causes of social disadvantage.

This submission has been developed in consultation with management and staff of Burnside.

In this submission, the second point will be focused on, as it is within this point that Burnside can speak with most experience. ie *(b) support programs that can assist in protecting people from developing delinquent or criminal behaviours.*

Burnside is highly supportive of the Committee bringing this current and important approach to the issue of crime prevention to the attention of Government.

Yours sincerely

Rhonda Stien
CEO
Burnside

Executive Summary

Burnside, the family and children's welfare agency for the Uniting Church Synod, seeks to respond to the Standing Committee on Law and Justice Inquiry into Crime Prevention through Social Support, primarily addressing Part B of the terms of reference.

Burnside accepts the indicators as to what are successful programs in this area from the research of Professor Sherman from the University of Maryland. Building on this, Burnside seeks to further justify the three choices of:

- Early Intervention / Home Visiting as a crime prevention strategy
- Community Family Support as a crime prevention strategy, and
- Working with Young People at risk as a crime prevention strategy

Early Intervention / Home Visiting is an approach that has a number of well documented research projects to support its claims to long-term crime prevention. There is a strong argument for Government resources to be allocated to these programs as a long-term strategy to create a society envisioned for the future. Burnside urges the Government to plan this approach in partnership with the communities most vulnerable to a further loss of social capital through crime, and with the agencies already involved in these communities.

Community Family Support is an approach that naturally flows from the early intervention approach. The State Government has already committed itself to supporting this approach through its funding of the *Families First* project. Burnside urges that this first step be followed through by the Government with adequate funding to the current family support programs working with vulnerable communities throughout the state.

In the area of crime prevention with young people, Burnside urges that Professor Sherman's list for what doesn't work in crime prevention is carefully considered. Research in NSW supports findings from elsewhere that the current punitive approach currently adopted by the State Government does not work. Burnside urges the committee to view young people as human beings with the right to be treated with respect. Measures that limit the liberty or compromise the dignity of others are not fair measures. Burnside urges that consideration be given to strategies that support the young people to develop resilience when faced criminal behaviours. Family, peer and community support is one positive factor. Success in education is another. Burnside urges the Government to commit funding to community programs that work with young people, and to the Department of Education and Training to develop strategies and resources to ensure the educational success of young people at risk of dropping out or school failure.

Above all, Burnside urged the State Government to develop, in consultation, a vision for the future of NSW's children and young people that sees a reduction in crime in communities across the state. Burnside calls on the State Government to:

- Develop, in consultation with all stakeholders, a vision for a future NSW society in relation to crime prevention, so that policy initiatives can be tested against that vision. This is recommended as a responsibility of the proposed Commissioner for Children and Young People.
- Commit to a strategy that is balanced between social control and prevention for the longer-term improvement of our society. Burnside supports the amount of \$20M for home visiting and respite care programs nominated by the Coalition for the Support of Vulnerable Families.
- Commit specific funds to targeted prevention strategies based on what is known to work

rather than what will placate voters. Adequate funding for NSW family support programs would be an excellent first step.

- Plan and develop programs in partnership with local communities, non-Government agencies, all relevant Government agencies, and local government. The development of a whole of Government' partnership is currently being explored in Claymore, and is outlined in point 4 of this submission.
- Commit to a campaign of public education in regard to their vision and strategies
- Incorporate a program of coordinated evaluations of prevention programs with the end view of establishing benchmarks as to what is most effective in the NSW social climate. Burnside is committed to sharing program information with the aim of developing benchmarks, and information on a sample of our existing programs is included in this submission as a demonstration of this commitment. Burnside urges the Committee and the Government to use the existing programs around the state to evaluate what works best within NSW conditions.

Burnside supports the initiative of the Standing Committee in bringing the important and topical approach to the attention of the Government.

Support Programs that assist in protecting people from developing delinquent or criminal behaviours

Introduction

Prevention Programs that Work

The message from the conference organised in October 1998 by the Standing Committee was clear: to a certain extent, we do not yet know what definitely works or what does not in crime prevention. However, we do know what is politically popular, and these programs tend to reflect society's need to control and punish those who step outside accepted behaviours.

Burnside seeks to lend its voice to the growing swell of opinion that short-term punitive programs do not have long-term value, are costly, and have negative implications for Australia's social capital. Burnside supports the development of a longer-term view that resources would be best placed where they can create strong families and strong communities. Through this strategy, we will create a society that can support young people to reach their individual potentials without reacting against the communities around them. This approach requires that the NSW Government have a vision of the society they would like to contribute to developing, and to pledge resources to this vision.

In the paper spoken to at the conference *Preventing Crime - What Works, What Doesn't, What's Promising*, A Report to the United States Congress (1997), Professor L.W. Sherman reiterates the point that societies need to invest more resources in scientific evaluations to hold all crime prevention programs accountable for their results.

Through careful study of the evaluations available, Professor Sherman was able to give some indications as to what may provide the best results in this area.

In this submission, Burnside will outline a sample of the prevention programs currently offered that we feel contribute positively to crime prevention. As a Family and Child welfare agency, Burnside will focus on examples of programs offered for infants, preschoolers, and for delinquent and at-risk preadolescents and early adolescents. The samples will be of the types of programs outlined by Professor Sherman as programs that work. Burnside has a commitment to thorough evaluation of each program to ensure that each will contribute positively to the growing body of knowledge of what works best in Australia.

Reference

Sherman, L.W., Gottredson, D.L., MacKenzie, J.E., Reuter, P., and Bushway, S.B. (1997) *Prevention Crime: What works, what doesn't, what's promising*. A report to the US Congress from University Maryland Criminology Dept.

1. Early Intervention / Home Visiting as a Crime Prevention Strategy

Home visiting is a strategy commonly associated with preventing child abuse and neglect and enhancing positive family functioning. Although there is growing consensus of the importance of early intervention to combat a variety of social problems, the promotion of home visiting as a crime prevention strategy is rare as, Leech (1998) and Homel (1998) note.

What evidence is there for the viability of this approach? On what grounds can home visiting be posited as a crime prevention strategy? The evidence can be summarised under three headings: the impact of early experience - the fact that social problems, including juvenile delinquency are linked to identifiable early risk factors; evidence for the role of child abuse and neglect as the most significant risk factor (cause) of juvenile crime, and; the crime prevention outcomes of home visiting programs.

A) The importance of early experience and the impact of risk and protective factors on positive outcomes

As Leech (1998) notes there is a striking consensus from researchers such as Farrington (1986), Loeber et al (1993), and Guerra (1997) that early experience impacts on the occurrence of juvenile crime. Early interventionists are convinced that factors leading to juvenile crime are both complex and cumulative. Longitudinal and intervention studies have identified a range of factors operating in the early childhood period that impact on disadvantage and development of social problems. These studies have been the major sources for the identification of both risk and protective factors for delinquent and criminal behaviour. Risk and protective factors operate in a number of domains. They include individual (genetic and biological) characteristics of the child, family characteristics, school factors and aspects of the community and cultural context.

Risk factors are statements of probability. The more risk factors the greater the chance that they will exceed the child's capacity to cope, and undesired outcomes will occur (Garbarino, 1995). The total number of risk factors is more important than the particular risk factors present. However, the impact of risk factors towards negative social outcomes is ameliorated by the presence of protective factors. The presence of sufficient protective factors may inhibit the development of anti-social behaviour and enhance the prospects of more healthy child development.

It is important to note that many of risk factors and protective factors for juvenile offending are also significant for the incidence of child abuse and neglect and its associated negative outcomes. Homel states that many of the social and familial factors linked with child abuse and neglect have also been identified as contributing factors to juvenile offending. Farrington (1994) identifies three risk factors for chronic criminal behaviour as also being risk factors for child abuse and neglect. What are the implications of this? Homel states it succinctly; *This means that preventing child abuse is likely to have direct benefits in preventing juvenile crime and probably youth suicide and other societal disorders* (Homel, 1998, p. 18)

One reason for the potential effectiveness of home visiting programs is that they target multiple risk and protective factors within the same service. Home visiting programs typically offer practical support and enhancement of parent's coping skills; development of positive parenting skills and; help in establishing and maintaining links with the wider community, including use of appropriate community services. By their nature then, home visiting programs address multiple risk factors in a range of domains. In an audit of home visiting programs the Commonwealth Department of Health and Family Services affirmed the role of home visiting and identified characteristics of effective programs. These included flexibility of intensity and duration of the program and having multiple program goals. Having multiple goals or targeting a range of risk factors was also identified as an essential characteristic of programs in an audit of early intervention services for the report of the National Campaign Against Violence and Crime. The approach of targeting multiple risk factors is supported by Sherman:

Family risk factors have a major effect on crime. Family based prevention can directly affect those risk factors, with substantial success. The more risk factors they address, perhaps, the better. The earlier they start in life, it seems, the better. (Sherman, 1997, p.1)

B) The role of child abuse and neglect in juvenile offending

Although there are multiple paths to juvenile offending research evidence suggests one factor in particular has more significance than the other factors. Leech (1998) states that child abuse should be seen as having twice the weight of other factors. Homel (1998) cites a range of cross sectional and ecologic studies that provide evidence for the relationship between abuse and juvenile offending. In a cross sectional study Widom (1989), and Maxfield and Widom (1996), found that children with confirmed histories of abuse and neglect were more likely to have been arrested for non-traffic offences than children in a matched control group. Support for the relationship between abuse and juvenile offending has also been obtained from Smith and Thornbury's (1995) study of adolescents' self reports of offending in the years following their abuse or neglect. Homel concludes that... *lower levels of parental support, poor parental supervision, and harsh physical punishment and verbal aggression are related to higher levels of official and self reported delinquency*. (Homel, 1998, p. 14)

Further compelling evidence for the relationship between child abuse and neglect and juvenile offending has come from recent Australian research by Weatherburn and Lind (1997). The authors note in the report of their research that evidence for the causal link between child abuse and neglect and crime is derived mainly from individual level studies. These studies demonstrate that children who are abused or neglected are more likely to get involved in crime than non-abused children.

The authors found in their research that post code areas with higher rates of abuse and neglect also had higher rates of juvenile crime. Child neglect on its own, was found to explain 57% of the variation in juvenile participation in crime across postcode areas. Similar patterns were found for abuse. The pattern was also similar in rural areas but slightly weaker.

The authors analysis showed clearly that... *poverty, single parent families and crowded dwellings affect the level of juvenile participation in crime mainly by increasing the rate of child neglect.*' (Weatherburn and Lind, 1997, p. vii). A path analysis showed that neglect was the most important causal influence on juvenile crime. Extrapolating from their research Weatherburn and Lind calculated that an additional 1000 neglected children would result in 256 juveniles involved in crime and an additional 466 court appearances. The authors concluded that ... *early intervention programs designed to reduce child neglect, have an important role to play in crime prevention.*' Home visiting services are a prime example of this type of program.

C) Crime prevention outcomes of home visiting and other early intervention programs

We have seen that home visiting programs can operate as strategic crime prevention initiatives. They do this by addressing many of the risk factors, particularly child abuse and neglect, that are associated with juvenile offending. Further evidence for the viability of early intervention as crime prevention comes from examining crime related outcomes of early intervention services.

The High/Scope Perry Preschool Project combined intensive quality preschooling with weekly home visits over a two year period. The study examined the short and longer term benefits for participants, African-American children living in poverty and at risk of school failure. Each of the 123 participants were assigned to either a program or control group. The groups were followed up periodically until age 27. Among many other positive outcomes, the program group had significantly fewer arrests by age 27 than the control group (7% vs. 35% with five or more arrests) and significantly fewer arrests for drug dealing (7% vs. 25%). Significantly fewer program males had five or more lifetime arrests than non-program males (12% vs. 49%).

The Elmira Home Visitation program was conducted in the late 1970's and early 1980's in Elmira, New York. The study examined the impact of nurse home visitation on health and other social outcomes of 400 unmarried, teenage or low socio- economic status women who were pregnant for the first time. Initial benefits of the trial included reduced rates of subsequent pregnancy, increased labour force participation and decrease in smoking. A fifteen year follow up study was conducted to examine the programs longer term effects. Again, among many positive outcomes the program group reported fewer arrests and convictions and fewer days in jail than the comparison group. These self reports were supported by New York State arrest and conviction records. In addition preliminary follow up data indicates decreased overall arrest rates for the children of program participants (Olds, et al, 1997).

Conclusion

It is rare for child and family early intervention programs to include crime prevention in their stated purposes (Leech 1998). Consequently crime reduction outcomes may not be looked for and the benefits of early intervention as crime prevention underestimated. Despite this situation Leech concludes that;

.... it is clear from the scientific literature that many programs may in fact be having a profound impact on the incidence of social problems such as juvenile crime and substance abuse, even though that is not their stated intention.

(Leech, 1998)

One implication of this, noted by Weatherburn and Lind (1997) is that it is agencies responsible for health, welfare and education who may be best placed to implement programs to prevent juvenile crime.

The grounds for implementing home visiting programs as a viable crime prevention strategy are substantial. Home visiting programs address many of the risk factors associated with juvenile offending. Home visiting programs explicitly address factors associated with child abuse and neglect such as inadequate supervision, poor attachment and harsh and erratic discipline. This is significant because neglect has been identified as the most important causal factor for juvenile offending. Finally, early intervention programs such as home visiting have demonstrated crime reduction benefits, even when this outcome was not an intended goal of the program. There is clearly considerable potential benefit to be gained in implementing early intervention programs as an explicit crime prevention strategy.

Burnside has run a successful early intervention home-visiting program on the Central Coast of NSW. An article by the manager of the program is included as Attachment A for your information.

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2. Community Family Support as a Crime Prevention Strategy

In order for children to develop optimally, they need things from their families and their communities. They need food, shelter and protection from the elements. They need positive interactions with the adults, and opportunities to learn safely about the world around. In society today there are communities that James Garbarino, the keynote speaker at the 1998 Child Protection Council Conference in NSW, called 'toxic'. By this he meant that the communities were primarily made up of dysfunctional families and individuals; that poverty, chronic unemployment, and lack of resources had decreased the social capital available to growing children, and increased their chances of turning to crime as they develop. 'Toxic' communities need intensive interventions to turn them around into communities where members support each other and care for the development of their children.

Family support programs have for many years worked in such communities in NSW, struggling on minimal funding to make a difference in the lives of children in vulnerable families.

In his paper *The Development of Young Children: Why We Should Invest and Some Suggestions about What Can Be Done* (1991), R.G. Meyers gives eight reasons for investing in family support programs that enhance the development of children. Among these reasons he highlights the point that *longitudinal studies demonstrate long-term effects associated with a variety of intervention programs. These effects go beyond the learning of basic abilities to include: improved school attendance and performance, increased employment, reduced delinquency during the teenage years and reduced teenage pregnancy.* The High/ Scope Perry Preschool study is a well known study, previously referred to, that bears out this statement through its combined approach of preschool attendance plus increased home-based support to the family in developing positive parenting skills.

Burnside is committed to the provision of family support programs aimed at breaking the cyclical effect of destructive and negative family behaviours, and at encouraging self-help and lasting change. To this end we are developing a range of family support programs which are being thoroughly evaluated to assess their effectiveness. The Newpin program, currently being established in Bidwill in Sydney's North-West suburbs, is one example of these programs, and further information on the program is included in

Appendix B.

Burnside would like to strongly make the point that the current popularity of the concept of 'volunteerism' in family support programs must be approached with caution. Volunteers can be valuable components to any program, but they are not a cost-cutting strategy. Volunteers need training, supervision, travel costs, and staff to be available to discuss situations with. Volunteers need to be people with minimal social baggage' rather than dysfunctional people themselves. You are most likely to find volunteers in middle class suburbs, where people have the resources to consider sharing their time with unknown people dealing with difficult problems. Volunteers are less likely to be accessed in communities where poverty and unemployment are high.

While volunteers may be a component to a family support program, they cannot maintain their own energy and commitment where the program depends primarily on them.

Refer to Appendix B for further information on the NEWPIN program being piloted in Bidwill by Burnside.

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3. Working with Young People at risk as a Crime Prevention Strategy

In this area, according to Sherman, there is even less evaluation of programs than with those aimed at younger groups. However, there is some evidence that training in social competency skills focussing on stress management, problems solving skills, and developing self-control can reduce delinquency and substance abuse.

Burnside focuses much of its work in the youth area, seeing this as a group in need of effective advocacy and support. As an example of Burnside's work in this area, **Appendix C** will overview a program run at Burnside, Cabramatta, which focuses on young people at risk of dropping out from school who are also from non-English speaking backgrounds.

Crime prevention in the area of youth is an area where Burnside seeks to advocate for fair and just treatment of adolescents by the state, in line with the rights granted under the Declaration of the Rights of the Child, notably principle 2:

The child will enjoy special protection and will have at its disposal opportunities and services, dispensed under law and through other means, allowing physical, mental, moral, spiritual and social development in a healthy and normal way, with liberty and dignity (underline added).

Punitive and restrictive legislation does not demonstrate respect for adolescents as fellow human beings, and does not allow them to be treated with liberty and dignity during their development.

Current provisions in NSW such as the *Street Safety Bill* (1998) supports the common misconception that most groups of youth are lawless, uncaring, unpredictable and violent. In reality there has been no major upsurge in violent gang behaviour, and the majority of groups of youths at the most, dabble in occasional petty crime.

The *Children (Parental Responsibility) Act* 1994, seeks to punish parents if their children commit offences or breach court orders. It scapegoat parents and young people who may be experiencing difficulty in their relationships. It assumes that the parents, and only the parents, are responsible for any problems they face. The operation of such laws can only further demoralise families under pressure. They focus on the responsibility of parents for their own children but largely ignore the whole community's responsibility to create conditions that encourage effective parenting. In other words, parents are set up to fail and then punished when they do so. Burnside steadfastly opposes any move to further shift the balance of responsibility within the legal process onto parents, and the increased use of legal measures to harass youth.

Police harassment of young people is a strategy that does not work. In *Nobody Listens*, a report on the findings of interviews with one hundred and forty young people aged 12-18 from across NSW, it was indicated that police contact with many young people is vigorous to the point of harassment. Significantly police effort was far more likely to be targeted at young people from Asian, Aboriginal and Pacific Islander backgrounds.

The research by Cunneen and Luke (1995) found that Aborigines have an eight times greater chance of being apprehended and an eighteen times greater chance of eventually being given a detention order. Burnside supports the creation of specialised Youth Officers within the Police Department, and the inclusion of training on youth and race issues, and in communicating with young people.

For young people, Burnside is currently running a *Kids Say No Way* program addressing early intervention in domestic violence patterns and reducing community tolerance for violent and criminal behaviours. This program is outlined in Part 4 of this submission.

The work of Weatherburn and Lind (1997) within the NSW context highlights the need for educational success for young people seeking to avoid the consequences of poverty, unemployment and community and family dysfunction. It is necessary for the Department of Education and Training to be adequately resourced (through training and funding) to deal with ensuring educational success for *all* young people in NSW.

Burnside currently operates Study Centres targeted at improving educational opportunities for young people at risk of dropping out of education, and would advocate this as an appropriate approach to be adopted and run by the Department of Education and Training as part of a package to address these issues.

The current debates about school exclusion need to consider that this strategy can contribute to involvement in crime by young people, and schools need to be resourced to provide alternatives to this potentially damaging approach.

Burnside supports the voice of young people being heard in the debate about crime prevention. Young people need access to policy makers to make known their views, needs and opinions on current issues such as crime prevention. It is only through feeling involved in the shaping of their future, though having some control in this area, that young people will develop the confidence to develop into the resilient citizens of the future.

It would be appropriate for this facilitation of the voice of young people be a function of the proposed Commission for Children and Young People. There are civil liberty concerns in current government measures to deal with youth issues, and these demand that youth themselves have a strong advocate at government level.

Burnside refers the Committee to programs such as the Burnside, Cabramatta, U-Turn project (Appendix C) as an example of a program that can deliver results with adolescents at risk.

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4. Other Programs Provided

Burnside provides a range of programs aimed at the prevention of child abuse and neglect, and its subsequent social problem of involvement in crime. Some relevant programs are outlined below, and further information can be provided on any program on request.

i) 'Friends'

Friends is a pilot program, funded through the Uniting Church, designed to utilise volunteers in the community, who have been screened and assessed, who can give some of their time to a young person who is in care or at serious risk of coming into care.

The program employs one caseworker who talks to the young person, finds out their interests and then links them with a volunteer aged over 18 years with similar interests, who can spend two to six hours a week with this young person for a twelve month period.

Since it began this year the program has successfully linked 6 young people with friends. The follow up and support of the volunteers, young people and their families means that the links may go on to last a lifetime, and make a difference in the lives of all concerned. Anecdotally, the program has had a successful impact on the young people and has reduced significantly their risk of entering the care system.

This pilot program is currently seeking further funding.

ii) Family Decision Making

The Family Decision Making Project has been developed through a partnership of the NSW Department of Community Services and Burnside. The partnership has resulted in a model of family involvement in decision-making, through structured round-table discussions, giving them a chance to draw together the resources in the wider family which usually remain untapped. This can result in more acceptable and creative solutions being crafted to solve problems.

Family Decision Making can be a process used early in a case history of a young person at risk, to prevent further problems arising. It enables families and young people to access information about services and to make useful plans to avoid problems and concerns which might result in the splitting of families, reduces the possibility of abuse and neglect from happening, as the necessary supports are made before the family are too far down the dysfunctional spiral.

Because more family members know the needs of the children by attending a Family Decision Making Conference, they are able to be responsive and to understand how to keep their children safe. This prevents the likelihood that adults are going to be able to abuse or neglect their children without anyone knowing about the problems. It is more likely that family will take action to protect the child or young person when something goes wrong. This prevents the inappropriate behaviour from continuing unchecked and result in individuals having to be more accountable for their actions.

The Family Decision Making Pilot is being evaluated by Dr Judy Cashmore and Marina Paxman, and their report should be available shortly.

iii) Claymore Integrated Services Project

The Claymore Integrated Social Action Project arose from the need, highlighted through the Green Paper on Housing Policy (1995), for a more integrated approach by government to the needs of neighbourhoods with large concentrations of public housing. Invariably, these neighbourhoods have been historically isolated from mainstream social infrastructure, good transport links, and ready access to employment and education opportunities (Report of the Campbelltown Search Conference, 1996, p3.) From the resident's survey, fear of crime and fears for their children's quality of life predominate as areas of concern.

Following on from the Green Paper, the *Campbelltown Search Conference* was organised to explore ways of achieving improved client focus and integration of services through government and community partnerships. From this conference a committee was formed, comprising representatives from government and non-government agencies and the community. The aim of the committee is to implement an Integrated Social Services Action Plan to improve ways in which government and community based services can work in an intersectional or collaborative way in Claymore to achieve better outcomes for its residents.

Burnside has been committed to the Claymore Project since its inception, and encouraged one of its workers to be seconded as committee facilitator. Through building social capital in consultation with people in dysfunctional and damaged communities, it is hoped that the population will achieve the basic goal of feeling safe in their own communities, and will build from there.

A report on the progress of this program will be available in 1999.

iv) Kids Say No Way Project

The Kids Say - No Way Domestic Violence Prevention Workshops project was developed in 1997 by Burnside and funded by the Department of Education, Employment and Training Youth Allowance. The project is based in Dubbo and will cover the Orana Far West area.

The project is an educational program of domestic violence prevention workshops for secondary students and other young people, with an aim of decreasing community tolerance of domestic violence by educating children and young people about domestic violence and the impact that it has on people's lives. This will be achieved through focussed workshops, primarily in High Schools.

The program is to be evaluated by an external consultancy in 1999.

Conclusion

The Way Forward

The majority of the programs outlined in this submission have been wholly or partially funded by Burnside's own funds. Long-term prevention strategies have not been a popular approach for Governments, as they do not provide the quick results that can be utilised in elections. Nor do they meet public demands for retribution and punishment. They are, in short, hard to sell.

Piloting a successful program does not guarantee that further funding will eventuate. Well-constructed and thoroughly evaluated pilots such as the U-Turn Project have ceased to exist due to lack of access to longer-term funding. Pilots should only be developed when there is a pathway to future funding assured if the project is successful. Government funding policy needs to address this issue before the knowledge from more successful programs is lost.

Government needs to develop and share its vision for Australian society over the longer term. It needs to look beyond the next election to the long-term well-being of our communities. It is only through a commitment to the future that embraces more than the rhetoric of '*our children are our future*' that progress will be made. Governments need to commit practical resources to the realisation of a clear vision of a society where crime does not thrive.

Burnside therefore calls on the State government to:

- Develop, in consultation with all stakeholders, a vision for a future NSW society in relation to crime prevention, so that policy initiatives can be tested against that vision. This is recommended as a responsibility of the proposed Commissioner for Children and Young People.
- Commit to a strategy that is balanced between social control and prevention for the longer-term improvement of our society. Burnside supports the amount of \$20M for home visiting and respite care programs nominated by the Coalition for the Support of Vulnerable Families.
- Commit specific funds to targeted prevention strategies based on what is known to work rather than what will placate voters. Adequate funding for NSW family support programs would be an excellent first step.
- Plan and develop programs in partnership with local communities, non-Government agencies and local government. The development of a partnership is currently being explored in Claymore, and is outlined in point 4 of this submission.
- Commit to a campaign of public education in regard to their vision and strategies.

- Incorporate a program of coordinated evaluations of prevention programs with the end view of establishing benchmarks as to what is most effective in the NSW social climate. Burnside is committed to sharing program information with the aim of developing benchmarks, and information on a sample of our existing programs is included in this submission as a demonstration of this commitment. Burnside urges the Committee and the Government to use the existing programs around the state to evaluate what works best within NSW conditions.

Appendix A:

EARLY INTERVENTION HOME VISITING

a preventative model to strengthen isolated families

Paul Drielsma is the Manager for Burnside, a non-government child and family welfare agency, in the rapid growth area of the Central Coast - one and a half hours north of Sydney, NSW.

Abstract

Burnside is an agency of the Uniting Church and has a role to facilitate the development of children and families most in need through quality services, research and advocacy. This article describes a home visiting model which was developed and approved for implementation as a three year pilot by Burnside on the Central Coast in NSW, beginning in 1997. The model is described and presented as a format that may be useful to stimulate similar program proposals elsewhere. The model uses paid professionals within the context of a Family Centre with a volunteer network to offer ongoing home visiting support to first-time parents facing social and geographical isolation and who have few supports and resources to meet their needs. Importantly, the model relies on close collaboration with Child Health services and a partnership with other community agencies and the local community itself. The model accommodates current debate about the need to break cycles of abuse through positive preventative family support to strengthen families and communities.

Introduction

In Australia as elsewhere, the past decade has seen alarming increases in notification rates of abuse and neglect of children (Angus et.al,1994). NSW alone has seen an increase of 38% in notifications between 1991/92 and 1994/95 (DCS, 1996). In response, there has been intense devotion of resources to a system that focuses on forensic approaches to child protection. These approaches have resulted in seemingly poor outcomes, with a consequent renewal of interest in models aimed at early preventative intervention.

Abuse of children is a major welfare and public health issue, contributing to significant social disadvantage related to physical injury, developmental disability and psychiatric disturbance plus increased morbidity rates in children. Research has shown that the greatest proportion of known perpetrators of all neglect, physical and emotional abuse are parents or those people that have a parental role.

In NSW, the Department of Community Services (DCS, 1995) has identified the need for more emphasis on prevention initiatives and services as a response to the overwhelming demand placed on child protection resources. Such a view is based on findings that

(t)hose who receive support in the role of caregiver have been shown to be better able to respond to children's needs and at the same time to meet their own needs.

When parenting is a positive experience, the likelihood of abuse decreases. The availability of flexible local services and access to early intervention are .. important factors in preventing abuse. (DCS,1995, p. 26).

Internationally, there has been a search for genuinely preventative programs for child abuse. There has consequently been great interest shown in the development and trial of home visitation models - early identification and family support programs which are designed to assist at-risk families to strengthen parent-child interactions and improve family functioning skills with the goal of promoting healthy family development. These programs seek to positively influence the development of the parent-child interaction before dysfunctional or abusive behaviours begin. While the literature shows various outcomes for different models of home visiting schemes in varied contexts, current evidence suggests that programs which link families with existing community services (such as early childhood and family support services) and have a component of regular support and education delivered through home visitation are more successful than more narrowly focused programs (Olds et al,1994; Siegal et al,1980).

Geographical context for the establishment of a Home Visiting Program

This paper describes a model for the provision of a home visiting program to first time parents in specific localities that are characterised by social and emotional isolation, particularly high growth areas in satellite communities which face geographical and social disadvantage. Problems of access to community services exacerbated by geographical isolation, lack of public transport and lower socio-economic levels lead to social isolation - particularly for young families.

The model was developed with the Northern Wyong Shire of the Central Coast in NSW in mind - a high growth, under-serviced area characterised by social and geographical isolation. Wyong Shire is one of the two Local Government Areas (together with Gosford) that comprise the Central Coast in NSW.

The population of Wyong Shire, presently estimated to be over 120,000 is projected to grow to near 200,000 by the year 2011. The area has a high proportion of young families and children; higher than state average single parent families; significant numbers of individuals and families on very low incomes; and most significantly ***serious incidence of families in crisis: high domestic violence, and child abuse*** (Sheeley, 1995). The latter is within the context of an overall Central Coast increase in substantiated reports of child abuse and neglect of 17% (as against a state increase of 12%) between 1991/92 and 1994/95 (DCS, 1996). These indicators are as relevant for the northern end of the Shire as they are for the more service-rich southern area. The north is also poised for the most rapid growth with many new housing block releases now occurring or planned. Clearly, the next few years will reflect a steady increase in the number of young parents, children and adolescents living in the area (Smyth, 1995).

The links between income, occupation and education in producing regional inequalities within the Central Coast, and where the northern region of Wyong Shire is shown to be an area of reduced social and economic opportunities, is graphically illustrated in a recent Australian Centre for Equity through Education report (ACEE, 1996).

The estimated population for this northern area in 1996 was approximately 60,000. This is expected to reach 75,000 by the year 2001. The proportion of the population between 0-4 years of age is expected to remain in the range of 7-8% for the whole Shire over the next fifteen years, with the actual ABS proportion for the northern shire in 1991 being 8.3% for this age range (Strat. Plann'g Dep, 1994; ABS Census, 1991).

In terms of income, 36.5% of the population in the northern shire earn less than \$8,000. The average yearly income for males is \$18,600 and for females is \$10,600. The average household income is \$26,600, 27% below the national average of \$36,400 per year. 62.4% of the population have no qualifications, compared with 56.8% in Sydney, with 2.9% compared to 9.6% for Sydney having university degrees (Smyth, 1995).

Specific parameters of the proposed model

The mission of the Home Visiting Program is to make a positive difference in the lives of children and their families by providing a home visiting service driven by client needs. The service will offer direct support to first-time parents as well as brokering effective and integrated access to a wide range of other early childhood and family and parenting support services.

The goals of the service are:

1. To access families who are isolated by distance and lack of transport in new growth and remote communities.
2. To maximise the opportunity that the birth of a new child presents in accessing families and offering them ongoing support appropriate to their needs and requests.
3. To assess, using qualified paid professionals, in non-threatening and non-invasive ways the developmental and social needs of young children in families.
4. To offer needs driven assessment in consultation with all new parent families, with voluntary uptake of ongoing home visiting support where a high degree of need is assessed.
5. To offer intensive services where appropriate - at least once a week for the first six months of the newborn's life, with a capacity for an extended home visiting service beyond that time.
6. To foster competence and independence in parents that is based on trust and social support.
7. To utilise non-paternalistic approaches that ultimately empowers parents in the provision of adequate care to their children, and which facilitates parent-infant attachment.
8. To specifically address issues relating to transition to the parenting role.
9. To maintain close collaborative links with the Early Childhood health care system in terms of program development and review, and to encourage families to also maintain health care monitoring of their babies.
10. To enhance the development of supportive community networks for new parents through linkage to local services and the promotion of a volunteer network that offers practical supports such as transport and respite care of children in the home.

11. To provide, either directly or through close integration with other Burnside and community outreach services, a range of appropriate parent craft education to families.
12. To ensure that home visitors receive adequate training, supervision and support and are given manageable and realistic caseloads which maintain an early secondary prevention focus for their work.

Principles of the model

The following principles are fundamental to the model:

1. *The program will utilise a non-punitive, self-help approach to reach out to families and encourage them to determine their own needs* (Thyen et.al,1995). The use of screening tools to identify 'at risk' families is viewed as suspect in its efficacy (English & Pecora, 1994). Such tools have been less successful than the research community had hoped, and are often resisted by targeted families. The low incidence of realised risk, plus the screening tools' high sensitivity but low specificity make for a high false positive rate that can stigmatise parents (FSSA, 1994) and be potentially harmful. Further, the literature does not identify any sufficiently sensitive and specific indicator of child abuse to serve as a reliable risk factor (Thyen et.al, 1995; Leventhal, 1982; Starr, 1992; Starr, 1982; Wald & Woolverton, 1990). There is no standardised measure of child abuse and neglect (Olds & Harriet,1993). Services which are offered universally to families with newborn children are deemed to have a higher likelihood, through uptake, acceptance, and self-selection for other supports, to actually target potential child abuse and neglect. Attempts to target 'at risk' children have been shown to often miss children with developmental delays or families with serious relationship problems who are supposedly in the 'non-risk' population (FSSA, 1994). The proposed model would utilise a negotiated service offer through an initial informal home visit to assess needs and existing support and resources of each first-time parent(s) in the designated area.
2. *The use of volunteers is limited in this program to 'add-on' practical support within a service that utilises paid professional workers.* Volunteers and professionals are seen as capable of working together in creative combinations whereby the former offer practical support to families under the direction of the professional worker who is working with the family, and where the task performed by the volunteer is a clear part of the total support plan (FSSA of NSW,1995). In general, the literature supports the view that programs staffed by well-trained professionals are more likely to demonstrate success in terms of health and welfare outcomes of children (Olds & Kitzman,1993).
3. *Families and children are best served at the preventative end of the child protection spectrum whereby parents are empowered and supported to achieve 'good enough' parenting outcomes.* Approaches which focus on forensic intervention tend to, by themselves, promote suspicion and alienation of parents who often feel disempowered and labelled as failures - the most dire outcome of which is the removal of children from families with mostly poor long-term outcomes and high risk of systems abuse.

4. *Fathers are integral to the ecology of a child and wherever possible need to be involved in interactions between home visiting workers and families.* While mothers are most often the primary carer for children, to alienate fathers from the process of empowerment in terms of parenting and infant attachment is to jeopardise the long-term outcomes of parenting support - each family member has a significant contribution in enabling and assisting change in a family system (FSSA,1991). To this end, it is paramount that the service is able to access fathers by embracing flexible hours (including evening work).

5. *Services are best delivered within a multi-disciplinary and multi-faceted milieu.* Home visiting services should be integrated with early childhood nursing, and be a part of other outreach and centre-based opportunities for families to ask for and receive support from.

6. *To promote the service up front as a child abuse/neglect preventative service would foster fear of stigmatisation for those families who would otherwise seek support at a stage of stress where they would never identify themselves as potentially abusive parents.* There must always be an emphasis on positive outcomes in the support of the parent-infant relationship, plus a holistic approach to the needs of families and individuals in those families. This point is closely related to the principle about not attempting to identify 'at risk' parents through a screening tool. Further, even where a program is evaluated for its outcomes in reducing child abuse and neglect, care needs to be taken in allowing for detection bias which has been common in studies, as the incidence of reported abuse is often increased as a direct result of increased surveillance from home visiting when compared to control groups (Olds & Harriet,1993).

7. *An important qualitative issue in how a home visiting service is offered is that there needs to be an 'up front' offer of long term involvement of the service with the family (up to 4 years if necessary and accepted).* At the same time, the family must be clearly aware that it remains in control in terms of if, how long and how often any home visiting is to occur.

8. *It is recognised that by partnering the program with the Child Health Nursing system, the likelihood of acceptance by parents and therefore uptake of the service and long-term outcomes is significantly increased.* Parents especially value nurses as home visitors because of nurses' abilities to address their concerns about health (Olds & Harriet,1993, p 87).

9. In line with Burnside's Access and Equity policy, *there is a clear intention to provide the service to families with children with disabilities and NESB families and to ensure that there are no barriers to access for those families.* Also, the involvement of such groups as Yarran and Coastlink (both Central Coast specialist services for families with children with developmental delays and disabilities), especially in the development of outreach opportunities with the establishment of a Family Centre in the Northern Wyong Shire, will be strongly encouraged as the service attempts to integrate with other specialist support services.

10. *The service will strive to be family-focused:* (i) By providing a consistent key worker for each family who gets to know the family well, facilitate identification of family needs, and promote relevant supports. This role is dependent on a climate of interagency planning and co-operation; (ii) Families will often themselves be an important information source for the ongoing professional development of the home visitors; (iii) Informal supports such as extended family and neighbours will be recognised and encouraged wherever possible (Fyffe et al,1995).

Targeting families in most need

Principle 1 above discussed the problems with targeting by way of screening tools. In striving to target the most socially disadvantaged in the community, it is often a concern of agencies to ensure that its programs do service the greatest need. The present proposal is that all first-time parents be accessed through the Health system and assessed with a view to offering some level of support. How does this target families most at risk?

There are a number of points to make:

- We know that first time parents by definition do experience a certain amount of stress in adapting to parenthood and its related life-style changes - hence the model is not universally targeted in the true sense of the term as already we are talking about a targeted sub-set of the population.
- A designated 'high needs' community (as is the case for Northern Wyong Shire) in terms of its socio-economic indicators and its social/ geographical isolation represents a targeted *area*.
- The proposed home visitors will initially assess in consultation with the parent(s) their perceived needs and the supports that they have available already to meet those needs. The home visitor will then, rather than automatically offer an ongoing home visiting service, assess with the parent(s) whether or not such a service best meets those identified needs, to what extent/ intensity such a service should occur, OR whether there are other more appropriate services available to meet those needs. Thus, for example, if a particular parent has the means to attend centre-based services and requires a play-group based on expressed needs to 'get out of the house' and 'make contact with other parents', such a service may be suggested (perhaps at the planned Family Centre in this case) which as a weekly event might fully meet the expressed needs of that parent(s). The home visitor (in consultation with the service co-ordinator and the Child Health Nurse) may feel very comfortable that this would be adequate for that family and would simply offer the home visiting service as a contact should any other needs/ problems arise. This may then be followed up by one or two phone calls over the subsequent weeks as a matter of service protocol to ensure that the parent(s) has successfully 'plugged into' the desired centre-based service. This then is essentially a client-needs driven model. (See appendix for possible scenarios of families assessed).

How successful are 'risk assessment' tools at effectively resulting in highly targeted service delivery?

The experience of 'The Cottage Community Care Project' (Kelleher, 1996), a home visitation pilot project in Campbelltown that targets 'at risk' first-time parent families, is instructive here. The project used a hospital questionnaire to identify 'at risk' first-time mothers. Between March 1994 and December 1995, 388 first time mothers completed the questionnaire (from an expected 700 first time mothers per annum for the area), ie a 'hit' rate of 32%. 246 (63% of the 388) were deemed to be eligible to participate in the pilot and were offered the service. Only 93 families (or 38% of the 246) took up the offer. This questions somewhat the capacity of a screening tool methodology to effectively achieve the desired service delivery outcome, albeit there are obviously many other factors to consider in assessing why a service is accepted or not. In view of other efficacy issues previously discussed, there does seem to be room to seriously question the use of such a tool to achieve targeted service uptake. A 'low-key' client-needs driven approach may be at least as successful in accessing families in need, whilst also maintaining a truly preventative approach that meets needs through an integrated array of services.

Program Budget

Implementation of this model relies on the employment of paid professionals as home visitors. The actual budget approved to service the Northern Wyong Shire area for the Home Visiting Program alone is \$185,000 recurrent - and this is for a service that will primarily target a more remote sub-area of that greater northern shire. Adaptation for use elsewhere would need to consider population (and expected birth rates), other available infrastructure and existing services. It is hoped to accommodate the workers at a proposed Family Centre in the area. This is a somewhat separate project in itself, with the Home Visiting Program costing including setting up an office within that centre (one room).

Operational Plan

The co-ordinator and two other home visitors will work closely with the existing Child Health Nursing network servicing the northern Wyong Shire area. Within this area, Child Health services are offered under two distinct service delivery models in two geographical sectors. In the far northern Shire, where geographical isolation is more pronounced, there are no Area Health baby health clinics. A Child Health Nurse provides limited home visiting (one-off plus an extra visit where deemed necessary) and mobile outreach clinics beyond that. In the southern sector of northern Wyong Shire, where the local Area Health Services does operate centres, baby health clinics are the primary mode of service (with very occasional home visits in special cases).

It is proposed that home visiting would be open to all first time parents in the greater northern Wyong Shire. However, in the more remote far northern Shire, there would be greater energy devoted to proactively engaging these families. This would occur through hospital midwives and other health professionals (during the 36 week of pregnancy 'booking in' session or soon after birth while at hospital or at home) promoting the home visiting service to prospective parents to gain consent for initial

ante-natal contact by the home visitor. At the initial visit, the provision of follow-up with further visits will be negotiated as part of a joint assessment of supports available and current needs. An opportunity may arise for joint home visits with the Child Health Nurse where the nurse has deemed a second visit necessary, or where there are specific health issues that warrant collaborative intervention. Otherwise, once consent has occurred, the home visitor may visit alone following the initial nurse visit.

In the southern sector of the northern Wyong Shire, Child Health Nurses would simply promote the home visiting service through clinic contact with first time parents, and would act as triage agents for families they consider may be facing particular adjustment difficulties and who would particularly benefit from home visiting support. General Practitioners would also be an important source of information to first time parents about the service, as well as being referral agents.

Initial home visits to families, in the context of access through the health system, would provide a non-threatening approach to these families whereby their needs and current support systems can be identified, and they can be offered options to meet those needs, including the *possibility* of ongoing visits by the home visitor where both the parent(s) and worker deem that to be appropriate (*see appendix for scenarios*).

The quality of this first meeting will be crucial in terms of attracting the family's uptake of the service and ensuring voluntary acceptance free of any perceived pressure. Protocols will be carefully developed by a Reference Group set up for the service that includes child health, other community service and local resident representation. To increase the access to first time parents from the target area, a degree of promotion of the service may also be undertaken through maternity units, ante-natal classes and local GP practices. The Child Health Nurse would also promote the service directly to prospective and new parents.

The home visitors will clearly not be providing health checks that are the domain of Child Health Nurses. However, it will be important that either through existing knowledge or through inservice training, the workers develop skills in assessing when referral back to the Child Health Nurse (either to clinics or if deemed necessary through nurse home visits) is indicated.

The Home Visiting Program is not set up to be interventionist for families in terms of targeting pre-existent pathologies - rather it is an early secondary prevention program aiming to support families in order to avert the development of crises in facing the stresses of adjusting to the addition of a new baby. A comprehensive approach to families that addresses a multitude of family needs simultaneously, following families from birth (and even pregnancy) through to at least the child's first birthday and ideally to school age where needed, is most likely to provide tangible outcomes (Olds & Harriet, 1993).

The model accepts findings in the literature which suggest that maximum uptake and impact for families who may otherwise proceed to have major problems leading to child abuse and neglect is to be found in offering a home visiting service to first-time parents (see Vimpani et al, 1996). There are obvious tensions here in terms of families with high needs who have two or more children including the new-born that may exceed those of first-time parents - and the service will need to remain focused on its early preventative mission and adhere to the criteria of first time parents if it is to avoid becoming a tertiary prevention service.

The Family Centre Context

The Home Visiting Program will be based at a proposed 'Family Centre' in the area. This base will also be where a proposed Family Centre Co-ordinator will work from, and one role of this person will be to explore and establish volunteer networks that may be utilised for practical home-based support for families utilising the Home Visiting Program. The overall concept of a Family Centre is proposed along the lines of a Family Resource Project - which provides universal access for services at the primary level of prevention of child abuse and neglect (FSSA, 1994). The elements of such a centre (which would need to evolve over time) would include:

- social support
- universal access
- a focus not on problems but on strengths of families
- emphasis on prevention rather than treatment or remediation
- involvement of local community members in design and provision of services
- staff working non-hierarchically and in partnership with parents.

The volunteer network will be intrinsic to the development of a partnership model with the community - volunteers may include those who have previously been receivers of direct services, or who in needs assessment have felt that they are in a good position to give as well as receive services.

In integrating existing parenting groups (currently offered by Burnside on the Central Coast) and the proposed Home Visiting Program plus a range of existing services on an 'outreach' and 'as needed' basis into such a centre, the aim is to develop family supports on a continuum from prevention through early intervention to crisis management and long-term supportive measures (FSSA, 1994 p.3) The centre will also serve as a base for outreach clinical services such as Child Health Clinics, and other community support groups to access the area and link in with the Home Visiting Program.

Staffing - Home Visiting Program

1. Co-ordinator/Home Visitor

A co-ordinator of the program will be responsible for the supervision and support of home-visitors, and the development and implementation of specific protocols for the day to day operation of the program. The co-ordinator will be an experienced university qualified social welfare professional with advanced communication and organisational skills, plus preferably a background in early childhood services. The co-ordinator will also work actively and collaboratively to develop a practical support volunteer system to compliment the professionally-based home-visitors. The position will also involve direct home visitation work as well.

2. Home Visitors

Once protocols have been developed, two home visitors will be employed. Home visitors will be experienced welfare practitioners with at least diploma/ certificate qualifications. These workers will be selected from a range of possible professional backgrounds including nursing, social work, psychology and family support. The workers will need an in-depth knowledge of babycraft, early childhood development and the range of resources available for the local community that may be called upon (both locally or called in from the wider region). Ideally, the workers will have a demonstrated commitment to the local community.

3. Client and community participation

The service will strive to involve clients in a partnering relationship and to create links within communities. To this end, it is envisaged that clients of the program are given every opportunity to participate in voluntary peer support networks with other parents.

Caseloads

A caseload of 10 families for the co-ordinator and 20 each for the home visitors should not be exceeded in terms of feasible workload at any one time. Like other services, there will possibly be frustrations of waiting lists arising if the service is well utilised and this will be a management and strategic issue for the service in future resource planning and efforts to fund the program externally.

The development of a volunteer program should always be maintained at the level of practical support only and not change to more than that for economic or logistic reasons. However, well run volunteer practical home help support can offer much to families short of more intensive intervention and support.

Referral Protocols

The service will attempt to maintain an early intervention preventative/ support focus and not duplicate existing tertiary prevention services. This will mean that families will normally self-refer through consent given to hospital midwives ante-natally or after the service is offered at or soon after the point of contact with post-natal Child Health Nurse home visits and/or post-natal attendance at Early Childhood Centres.

A parameter will need to be set for the upper age limit of the new baby for intake to the service - again, the maximum preventative impact is predicated on 'as near to birth as possible' engagement. A six month parameter may be appropriate - however, flexibility is required for individual cases of high need.

Clients of the Department of Community Services (DCS) would also be eligible for referral into the program for supportive home visiting provided that those families are first time parents. Obviously, protocols will need to be developed to ensure that where such DCS clients are involved in child protection intervention, there is a clear distinction between the preventative support offered by the home visitors and the ongoing intervention of *other* agencies. A family being offered home visiting and which has current child protection issues would be referred to the DCS for further support options and possible intervention. Therefore it is important that the home visiting service is not seen by the DCS as an agency where such families are referred to other than for preventative support or support beyond the resolution of acute child protection needs. It is also paramount to the home visiting service that participation of families remain voluntary and not mandated by the DCS.

Evaluation

As previously stated, child abuse figures for the Wyong Shire are alarmingly high when compared to NSW as a whole. While it would be hoped that such statistics could be shown to decline as a result of home visiting, it is unrealistic to show this outcome through evaluation (a full discussion of this point occurs in Vimpani et al, 1996). Among other points, it has been noted that home visiting can actually show increased notification outcomes due to a reporting bias flowing from the increased surveillance that home visiting presents.

Importantly, the program will strive to collate narrative qualitative outcomes for families who use the service, plus register measurable positive outcomes for children. While not lending itself to traditionally 'hard' outcome data, the collection of this material reflects the program's focus on positive outcomes for families. There will not be an over reliance on quantifiable measures that require huge investments of resources in order to come close to clinical research standards of validity unless specific external funding is secured for this purpose. There may also be possible University of Newcastle involvement in a unique research opportunity for a longitudinal outcome study that could be explored. An action research model would be best suited to assessing outcomes, with reference to the kinds of tools highlighted in the recent audit of Home Visitor Programs conducted under the auspice of the National Child Protection Council (Vimpani et al, 1996).

The Case for Action

As with many programs that are clearly aiming at prevention, there is immense difficulty in building a case for their implementation based on proven 'beyond doubt' outcomes. Much has been done in attempts to evaluate Home Visiting Programs, and it would be irresponsible to say the verdict is definitely in. Having said this, there are strong intuitive indicators that home visiting works and can be an effective circuit breaker for the cycle of child abuse (Leventhal, 1996). While home visiting can not be regarded as a panacea for all the problems that confront families in the nurturing of children, it can be claimed to be at least a necessary if not sufficient ingredient from a services point of view (Weiss, 1993). Quoting the words of Professor Graham Vimpani (speaking at a National Forum on Home Visiting Programs in Canberra, April - 1996) home visiting is an idea whose time has come which connects the axle of family to the wheel of services. The failure of investigative approaches in the area of child protection and the continued isolation and breakdown of the family model to cope alone, together with the opportunity that home visiting provides in accessing families who don't themselves access centre-based services, provides a common sense rationale for well managed Home Visiting Programs. Home Visiting Programs need to be viewed as an investment in the building of 'social capital' (see Onyx & Watkins) rather than a bandaid approach to family support - whereby the capacity of parents to provide a physical presence and nurturing attention for their children is enhanced and increased.

The problems faced by vulnerable families in our society are so immense and the costs of failing to address these problems so great that we cannot wait for a definitive body of research before we begin to take action. We must set such programs in motion, however, with full awareness that the way is not well marked and that we must continue to invest in research to improve these types of preventive interventions. (Olds & Harriet, 1993, p 89).

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Appendix:

FAMILY CAREER SCENARIOS

The following are example scenarios to illustrate the possible pathways of family assessments that would occur in consultation with first time parents. The scenarios particularly attempt to also illustrate the integration of the proposed service with the planned Family Centre.

Scenario 1

Parents agree to see home visitor to discuss service, although the Child Health Nurse had to arrange as a co-visit to follow-up on her usual one-off home visit following return home. Living in far northern Shire Father is long-term unemployed. No immediate extended family reside on the Central Coast, with mother's parents estranged and interstate. The family moved into a housing department house 2 months prior to the birth. There is no family car. The parents exhibit signs of stress and relationship disharmony. With some gentle encouragement, it is agreed that the home visitor will visit twice weekly (at the Child Health Nurse's suggestion) for the first 2 months (and then to review frequency). After 2 weeks, mother exhibits severe depression and is referred to G.P. and Family Care Cottage for more thorough assessment and intervention with continued contact by home visitor as well. Father is offered voluntary involvement at Family Centre 2 days a week to assist with centre maintenance, with explorations made re: job training opportunities. Mother has 'time out' arranged with the provision of voluntary respite child care in the home. Possibility of Home Care and Family Support Services are explored. Probable notification is averted through ongoing supports.

Scenario 2

Parents agree to see home visitor to discuss service. Living in southern sector of northern Wyong Shire. Father commutes with only car and is away from 6.00am to 5.30pm Monday to Friday; mother and new-born isolated by very poor public transport (3 buses per day - taking up to 3 hours to travel to Wyong, the closest major centre), and is new to the area (parents live in Sydney). First visit by home visitor involves joint assessment of needs where mother expresses her fears of isolation both in terms of baby's developmental needs and her own lack of mothering confidence. She also talks about the shock of being alone with a baby after previously being in the work force. Home visitor and mother propose plan to maintain a weekly visit plus explore playgroups in the area and networks that could assist with transport to them (eg a new playgroup at the Family Centre). Possibility of involvement of a local volunteer to assist mother with shopping and other tasks are discussed with home visitor to explore options.

Scenario 3

Parents agree to see home visitor to discuss service. Family lives in far northern Shire. Father works in Wyong and gets a lift with a friend, leaving a family car at home. Mother does express some desire to have further assistance - but is most interested in health checks and is able and willing to arrange attendance at an Early Childhood Centre (in southern sector of the northern Wyong Shire) for checks and advice from the Child & Family Health Team (Area Health). The home visitor invites further contact if required and rings during the next fortnight to see how things are going.

Scenario 4

Parent agrees to see home visitor to discuss service. Single mother lives far northern Shire and receives supporting parent benefit. Her parents live in Wyong and are regular visitors. Mother expresses some interest in support, but feels that own parents provide adequate support in terms of visiting. Mother does talk about a need to socialise and is very interested in a women’s survival course being run by Burnside at local Family Centre (as part of Parenting Groups Program) as a way to both connect with other women and gain skills for own preservation. Parents of mother agree to assist with transport to group and mind baby during this time. Group develops some strong linkages and participants agree, at suggestion of Family Centre co-ordinator to continue meeting as a support/ social group at the centre.

SCENARIOS REPRESENTED BY TABLE

Timeline ----- -----
 Initial Assessment Phase Service Delivery Referral/ Negotiated Service

Scenario 1

CHN	<input type="checkbox"/>	HV	Home Visiting	Twice weekly - ongoing & reviewed
			<input type="checkbox"/>	Further possible involvement of CHN
			<input type="checkbox"/>	Family Care Cottage
			<input type="checkbox"/>	Family Centre (Father)
			<input type="checkbox"/>	In-house respite (volunteer)

Scenario 2

GP	<input type="checkbox"/>	HV	Home Visiting	Once weekly - ongoing & reviewed
			<input type="checkbox"/>	Family Centre (Playgroup)
			<input type="checkbox"/>	Transport/shopping assistance (volunteer)
			<input type="checkbox"/>	Further possible involvement of CHN

Scenario 3

Hosp'l Midwife <input type="checkbox"/> HV	No home vis'g	(<input type="checkbox"/> phone checks)
	<input type="checkbox"/>	Early Childhood Centre
	<input type="checkbox"/>	Family Centre Activities

Scenario 4

CHN <input type="checkbox"/> HV	No home vis'g	Family Centre (Parenting group)
	<input type="checkbox"/>	Child care by grandparents
	<input type="checkbox"/>	Ongoing Family

CHN Child Health Nurse
GP General Practitioner
HV Home Visitor

Paul Drielsma
Manager
Burnside Central Coast

Appendix B:

The NEWPIN model

In the international search for effective, best practice prevention and intervention programs in the child protection and mental health area, the NEWPIN model demonstrates unique characteristics that set it apart from other interventions. The most outstanding characteristic is that users of the service can progress through a well researched, self paced program and become, in some cases, a paid NEWPIN co-ordinator (as is the case with 70% of NEWPIN co-ordinators) .

In 1996/7, Burnside was shaping its services from being professionally led, to client focused, to client needs driven. The NEWPIN model was of interest as it appeared to move easily in this direction.

In order to learn more about NEWPIN, Linda Mondy successfully applied for a Winston Churchill Fellowship to enable her to study the model in depth. Churchill Fellowships are granted to people from all walks of life to study a subject that will enrich Australian knowledge. At the time, child abuse prevention was an important issue as a recent child abuse fatality had led to a call for new answers in the field of child protection. In addition, Australia was troubled by the fact that despite the Neighbours image of sun, sea and a carefree life-style, Australia has the fourth highest youth suicide rate in the world. Research indicates that childhood adversity is a significant risk factor in youth suicide. The case was made to the Fellowship Committee that the NEWPIN's approach, which claimed to break the cycle of destructive parental relationships, held promise in the quest for new directions in the child protection, crime prevention, and mental health fields.

In June/July 1997 Linda Mondy spent seven weeks gaining a comprehensive overview of the practice and organisational aspects of the program. She spent quality time with NEWPIN user members and their children in a variety of the centres, both informally and conducting semi structured interviews with 43 members. In addition three consumer focus groups were arranged to enable me to gain group feedback on the various aspects of the program. She spoke with external stake-holders and visited the Dartington Social Research Unit in Devon to gain a context of where NEWPIN fitted in the continuum of service delivery. She also visited two non-NEWPIN family centres, one government run and the other, a partnership between government and non-government, to gain a comparison.

The key findings were as follows:

- NEWPIN user members value, and feel a strong sense of ownership, of their Centre.
- NEWPIN user members reported that the Centre had assisted them to make positive changes in their life.

- User members report that they feel cared for, valued and supported by staff and other user members.
- Children enjoy their time at the Centre, are highly valued by staff, and are encouraged to develop to their fullest potential under the guidance of skilled play facilitators.
- User members without exception said that the therapeutic support group was one of the best things about NEWPIN. The other was that parents reported that their children loved coming to NEWPIN.
- User members reported that they found the Family Play Program (Parents and Children learning to play together to build up bonding and attachment), one of the most challenging aspects of the program. However, they reported that the insight and knowledge gained during the program had helped them to understand their child's needs more readily.
- NEWPIN is well respected by external professionals.
- That fathers and partners could also benefit from the NEWPIN approach.
- That the culture of each Centre, in day to day operations, remained true to the core values of NEWPIN - (Support, Equality, Empathy and Respect) indicating that quality control was rigorous and effective.
- Staff at the Centres were able to share personal experiences and join with user members without overstepping boundaries which fostered a level of mutual trust and attachment.
- That very disadvantaged and troubled families, once attached to NEWPIN, make significant gains.

Conclusion

From direct observations of the NEWPIN process and wider research in the area of new directions for child protection, NEWPIN has the capacity to deliver a high quality service that meets the needs of vulnerable families and children and assists them to make positive life changes.

The NEWPIN model offers a unique blend of practical and emotional support to vulnerable parents and children. The model is drawn from a well tested theoretical base which places children's attachment and bonding needs at the heart of the work.

The welcoming and friendly Centres are staffed by gifted and committed people who passionately believe in the worth of each user member and their capacity to change. It is these qualities above all else that forms the secret of NEWPIN's success. The valuing of children, and the quality and background of the staff makes NEWPIN stand out from other more professionally dominated family centres.

Burnside is running a NEWPIN program at Bidwill in Western Sydney. It will be exciting to see how NEWPIN will translate onto our southern shores, and what we learn in the attempt.

Evaluating Newpin

Brief Summary of Research Findings, prepared by Robert Urquhart, Burnside

Newpin (the New Parents Infant Network) has been the subject of considerable formal scrutiny across the nearly two decades of its operation, with three formal external evaluations having been conducted to date. In 1983-84, a research group based at the Institute of Psychiatry and under the direction of Tony Cox (now Professor of Child and Adolescent Psychiatry at Guy's Hospital), were asked to conduct a small pilot evaluation (Pound & Mills, 1984). In the **pilot study**, a small sample of 12 volunteers and 11 matched referrals (i.e. women whom they had befriended) were interviewed blind six to twelve months after they became involved in the program, and the responses compared to initial interview data obtained on admission to Newpin. A constraint of the study was the lack of an untreated control group. The pilot results were impressive, in that almost all the mothers, whether volunteers or referrals, reported improvements in themselves across most items, particularly in the areas of self-esteem and perception of others.

The pilot results raised the question of whether schemes such as Newpin can impact on the quality of parent-child relationships as well as improving the mother's sense of wellbeing, and during 1986-89, a much more substantive study headed by Cox and colleagues from Guy's Hospital's Bloomfield Clinic was undertaken to evaluate Newpin with particular reference to the effect on the parent-child relationship (reported in Cox. *et al.*, 1991). The **Cox evaluation** in essence involved assessing mothers and children at two points in time six months apart. A comparison was made between 40 families recruited to Newpin, and 24 families from an out-of-area control group who might have been recruited to Newpin had it existed in their area. The research assessments included maternal interviews in the home, blind scored videotaping of mother and child interactions at home, and standardised developmental assessment of the index child. An important limitation of the study was the timing of the follow-up, which in hindsight the authors felt was much too short.

In 1993-94, another major study was conducted, headed by Dr Ann Oakley and a team from the University of London's Social Science Research Unit (SSRU) (reported in Oakley, *et al.*, 1995). The **SSRU study** relied on three methods of data collection. Data was abstracted from referral and assessment forms completed by the Newpin co-ordinators.

A mail survey was conducted of all referrals made during 1992, restricted to the four longest running centres out of the seventeen operational centres. 93 questionnaires were returned completed (a response rate of 63%). The reliance on postal questionnaires as the major instrument meant that the survey respondents were less socially disadvantaged than the women who did not respond. A limited number of in-depth interviews were also conducted with a sub-sample of 11 referrals and 10 Newpin staff.

The Key Research Findings: Areas of Agreement

Overall, the pilot study found, firstly, that the mothers recruited to Newpin were an exceedingly disadvantaged and vulnerable group even compared to the deprived circumstances of the locality and even compared to a group of depressed mothers previously sampled in an adjoining neighbourhood. Secondly, almost all volunteers and referrals were enthusiastic about the program and reported substantial improvements in many areas of their lives. Thirdly, benign effects were particularly marked in the volunteers.

In broad agreement with the findings of the pilot study, the Cox evaluation found that Newpin was **very effective** in improving the **self-esteem**, **depression** and **social isolation** of highly disadvantaged women with young families, but that the parent-child relationship changed somewhat less than hoped. Cox's most important findings were:

- Mothers recruited to Newpin had considerable adversity in their background and current experiences. Cox suggested the recruits had levels of difficulty comparable with that found amongst patients attending psychiatric facilities.
- A high proportion of recruits had very troubled childhoods. In terms of key background variables, a third had been in care, fostered or at boarding school and just over a third reported physical or sexual abuse.
- The recruits had continued to experience adversity in adult life. At initial evaluation two-thirds were currently clinically depressed; nearly half (48%) had experienced more than two years duration of a psychiatric disorder and over half (57%) had a discordant relationship with their partner. A third had a child showing significant emotional or behavioural problems.
- Despite experiencing serious current adversities, the mothers were able to engage in training in personal development and in helping others.
- Engagement was **not** precluded by a long history of mental ill health. Interestingly, those who had experienced the **most** adversity or mental ill health problems were the most likely to sustain involvement. For example, subjects who had experienced at least 2 years of mental ill health in their lives were over-represented in sustained involvement (79% versus 29%, $P < 0.02$); and amongst those who had completed at least twenty weeks of the volunteer group training (68% versus 19%: $P < 0.02$).
- Significant improvements in the **mother's psychiatric state** occurred when there had been between 7 to 12 months sustained uninterrupted involvement. Those with shorter involvement changed less, it therefore seemed that more than six months involvement was necessary to effect improvements in maternal mental state.

- Striking effects were reported by mothers who were well-involved compared to mothers who were less-involved or who were in the contrast sample. Notable was the improvements in **self-esteem** and **sense of control** over their own lives, which were reported almost without exception. These changes were associated with improvements in maternal psychiatric state.
- Overall, there were significant improvements in the **mother's ability to anticipate their children's needs**. Changes in other areas of maternal-child interactions were not statistically significant. This perhaps reflects the short time-scale of the study. However, these broad findings concealed some mother/child pairs who changed quite dramatically, as well as a few who had experienced no improvement in the follow-up assessment. The research illustrated that changing parent-child relationships is difficult. This may suggest that concurrent intervention in parenting is required to be effective.
- There was little change in child behaviour in either group, but again well-involved mothers experienced the most improvement. This may also be related to the quite short interval between the two assessments.
- Nearly a third of the Newpin sample were fleeting or non-users (a historical high largely reflecting major organisational changes under way at the time of the study). This group tended to be composed of women with less severe mental health problems.

The SSRU study took a different methodological approach to the two previous studies (i.e. use of mail survey versus face-to-face interviewing and structured observation) mainly due to expense and achieved divergent results. The differences with the earlier evaluations were arguably most marked in the discussion and interpretation of the findings rather than the actual findings themselves. Compared to the earlier evaluations the SSRU study findings were:

- In broad agreement on the characteristics of the mothers, finding that the largest group of clients referred were socially isolated, depressed, poor, young single women with one or two children.
- There was also agreement on the benefits to well-involved mothers. Nearly half of all respondents found the Newpin experience very or quite helpful. Only 12% reported it was not very helpful or very unhelpful.

Areas of Disagreement

Where the SSRU findings diverged from earlier research was in its criticisms of Newpin's high non take-up rate, the precision of the program's targeting and the quality of its relationships with referring bodies. In particular:

- It criticised Newpin in relation to the proportion of mothers referred to Newpin but never using it (e.g. over half of referrals never used Newpin)
- Highlighted the lack of clarity about the target population (i.e. was it primarily women with emotional difficulties they would be prepared to confront via therapy or socially isolated women whose problems may stem mainly from material deprivation?)
- It found poor communication between Newpin and its referring bodies (e.g. Newpin procedures specify a 'finishing letter' for non-users but in practice this was often overlooked.)
- It concluded that voluntary sector initiatives should be subjected to the same rigorous scrutiny for cost effectiveness as the statutory sector. In terms of future research this meant a randomised control trial, despite the obvious ethical problems this entailed.

Newpin's Response

A number of responses have been published to the SSRU report. The main points raised in reply were:

- While Newpin has not been subject to experimental investigation, neither have most health care interventions currently employed by the statutory sector. Unusually, Newpin has been open to external evaluation from the very beginning.
- Non-use and early drop-out should be attributed to the very low capacity to trust one would expect amongst a group subject to considerable life adversity.
- The method was inappropriate and potentially misleading, as a mail questionnaire cannot capture a multi-faceted response such as the women's perception of the Newpin centre and other members.
- The SSRU research in fact shows that Newpin is meeting its brief of reaching depressed mothers, irrespective of their material circumstances.
- Newpin was already in the process of tightening up its contact procedures with other agencies.

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Appendix C:

U-TURN

Juvenile Crime Prevention Project

A Partnership between NSW Attorney General's Crime Prevention Division and Burnside Cabramatta

A Summary of Issues, Processes, Findings and Recommendations

Preface

A great deal of interest in the U-Turn Project was generated over its twelve-month funded period as people in departments and agencies came to hear of its work or became involved in the project itself. Even more interest has been shown since the project terminated in May 1997 (at the end of the funded period).

This summary report has been prepared in response to many requests for an explanation of the project, a documentation of its findings and recommendations, or guidelines to establish similar programs for other groups. Those demands indicate to the project workers the depth of interest in, and need for, such work, the current lack of information and working models (particularly in an Australian setting), and a growing acceptance that the nothing works philosophy is not applicable to prevention of juvenile crime. Indeed, the U-Turn Project showed that, even with high-risk youth, crime prevention is both possible and cost-effective.

Background

The U-Turn Project occurred after almost two decades of prevailing philosophy in both literature and administrations, internationally, that nothing works in reducing juvenile crime. In the 1980's, a few studies and writers proposed the contrary argument, but the bulk of research and experience seemed to be against them. Evidence was at best ambiguous and in the main apparently supportive of the nothing works philosophy.

From the early 1990's a fresh look at research cast serious doubts on the validity of the nothing works interpretation; too many individual projects were producing positive outcomes for the prevailing notion to remain, and a what works? philosophy emerged.

In 1995, the NSW Attorney General's Crime Prevention Division funded a number of pilot projects to investigate aspects of juvenile crime, with a focus on reducing and preventing the incidence of crime committed by juveniles.

Burnside Cabramatta (Family Welfare Centre) was funded to explore issues and strategies for crime prevention with Indo-Chinese minority youth in south-west Sydney. The U-Turn Project, as it was called, was funded with a grant of \$48 000 for a one-year study; three-quarters of the grant paid a part-time project worker who co-ordinated the project, the remainder funded equipment and recreation (hall hire, camping, etc) and external evaluation (by Dr Rogelia Pe-Pua, University of NSW).

Target Group

The project concentrated on Khmer (Cambodian), Lao and ethnic Chinese adolescents in the Cabramatta and Bonnyrigg areas of south-west Sydney; both are located in the Fairfield LGA. Cabramatta had received intensive and sustained negative media publicity for drug-dealing and Asian criminal activity. Bonnyrigg had a high crime rate, a large youth population, and was considered seriously under-resourced in terms of facilities, programs and workers.

More than one hundred young people from the target group participated in the activities of the project, providing a pool from which data could be gathered. A total of twenty-three were identified as most-at-risk, forming the core group for more individualised attention (interviews and mentoring casework).

Research

The U-Turn Project had three research tasks:

- **a literature search** to identify the documented needs of the target group, the variables that might be good indicators of an individual being at risk of offending, and the most promising intervention procedures and programs to prevent or reduce offences
- **the collection of qualitative data** on the perceptions, attitudes and behaviours of the target group (and, if possible, their families and communities) in the broad area of crime
- **a pilot program of intervention procedures**, including case studies of about twenty young people considered seriously at-risk of offending

Range and Limitations

- The project was too small to constitute a comprehensive study of the literature, Indo-Chinese youth or juvenile crime.
- It was confined to Indo-Chinese minorities (ie it did not include Vietnamese) because of the lack of information (literature and government data) on Cambodian, Lao and ethnic Chinese, ie to make a contribution to knowledge of those groups.
- As a primary intervention study, it was confined to youth who had not been charged by police, or if charged had not received a custodial sentence.
- It concentrated on the Bonnyrigg area due to limited human resources (mostly volunteer workers) and for ease of operation.
- The findings and conclusions are limited to the group studied and may not be indicative of the communities (ethnic and geographic) or age group from which they are drawn.

- It limits its strategies and recommendations to those that are practicable and relevant to a program of limited duration and funding, and to the defined target group.
- It hopes to address some underlying issues that have not been the subject of deep investigation or documenting, and therefore make a useful contribution to the literature.
- It hopes to inspire further studies and innovative projects in juvenile crime prevention.

LITERATURE SEARCH

Broad Findings

- No single variable consistently identified a person as at-risk of offending, but certain clusters of variables provided promising indicators.
- Apparently contradictory research findings (across several hundred studies) were less ambiguous when meta-analysis was applied to the field of studies, producing clusters of variables with much greater consistency than individual studies.
- The most useful single piece of literature for the purposes of reviewing research was the 1995 work of James McGuire (ed), *What Works*.
- A 1995 report (John Treseliotis et al.) on a three-year adolescent intervention project in the UK provided the best comprehensive look at practical interventive strategies.
- It was not possible from the literature to determine a priority order or intensity of association of any variable (or cluster) for at-risk indicators. However, the following broad descriptors have been found to be significant in numerous studies, especially when clustered with each other, and as such provided a useful set of identifiers, any group of which might indicate a person as being at risk of offending.

At-Risk Indicators: Broad Descriptors

- anti-social, pro-criminal attitudes /values and emotional states (ie, personal cognitive support for crime or criminal acts)
- pro-criminal associates (peers, family) (ie, personal social supports for crime)
- temperamental personality factors (eg, impulsivity, poor social skills, poor verbal functioning, poor self-discipline, weak problem-solving skills, restless energy, risk-taking)

- low levels of family care and cohesion, poor parental supervision, uneven /inconsistent discipline, overt neglect or abuse
- low educational achievement, truancy, punitive school measures (suspension, expulsion)
- street-frequenting
- negative experiences with authority figures (teachers, police, parents)
- conflict between personal/peer and parent/adult norms, alienation from cultural norms

Promising Intervention Strategies: What Works

The literature search provided a research base for considering the following as potentially useful strategies to incorporate into the project's intervention programs:

- structured, regular activities with known times and location(s), understood parameters and conditions
- behavioural and skills training sessions, hopefully with families as well as individuals
- buddy system of peer coupling and peer administration
- counselling and crisis intervention
- behavioural role-playing and crime inoculation (choices, consequences, attitudinal shifts, point-of-view)
- opportunities for personal achievement and recognition, decision-making
- systematic matching of worker and client styles (mentoring)
- community-based
- regular monitoring
- training in moral reasoning, anger replacement, legitimate risk-taking
- promotion of cocooning (protective) factors, including positive role modelling
- rehearsed, self-administered resistance plan to counter impulsivity
- goal-oriented purposeful direction in life areas (especially short- and medium-term)
- co-ordination of interaction with and among key stakeholders

- co-ordination of intervention strategies /programs

Indo-Chinese Community Studies - Youth Needs

Community studies existed for the three target communities (Cambodian, Lao and ethnic Chinese), but afforded very little attention to youth needs. Since a number of broader studies had been done on Indo-Chinese youth in general (including Vietnamese), and workers felt that minority youth needs were similar (but not identical) to Vietnamese youth needs, this literature was included in the review of ethnic community studies.

From those studies, the following needs and issues of concern were identified for the project:

- relatively poor school performance
- relatively poor parental involvement in school /homework
- inadequate IEC /ESL (English language) support
- unrealistic parent expectations and demands
- relatively high school truancy, suspension, drop-out rate
- relatively high unemployment and poor job prospects
- lack of social /recreational opportunities
- lack of crisis support and understanding of complexity of issues
- poor knowledge /understanding of sexual health, alcohol and other drug issues
- criminal activity, theft, drug dealing
- poor relationship with police
- over-representation and longer sentencing in juvenile justice, court system
- cultural/generational conflict, crisis of identity, alienation from family and community
- untreated trauma, severe depression, aimlessness, suicide
- (domestic) physical abuse
- racism (police, school, public places) and negative media stereotyping
- poor accommodation and transport arrangements
- inadequate finances for cost of living

Project Indicators of Risk

For the purposes of the project, the following twelve variables served as selection criteria for identifying a young person as at-risk; those who registered in all three general areas (school, family and community /legal) were considered most at-risk and formed the core group:

- school truancy or unexplained / non-medical absence
- school suspension / exclusion / expulsion
- low academic performance (bottom-third placement in graded Year)
- indications of family abuse (physical, emotional, sexual) or neglect
- indications of family breakdown (separation, domestic violence)
- conflict between parents and those of young person

- disclosures by young person of personal criminal acts (solo or with peer/s)
- disclosures by other persons (eg peers) of a young person's criminal acts
- preference for street-frequenting
- noting by police for any (or no) reason but not resulting in any police charges
- police charge/s but not resulting in a custodial sentence
- indications of pro-criminal attitudes, verbal /moral support of crime
- peers, friends (including relatives, adults) who engage in criminal acts

Project Elements

Ten elements were devised from the literature to guide the operation of the project, both as intervention procedures and data-gathering opportunities:

- Regular social /recreational activity for the target group
 - *(to attract the target group; to provide a base, structure and meeting-place for activities and a diversion from aimless pursuits)*
- Informal individual and group communication between workers and target group
 - *(to make focus group interviews, personal disclosures and personal interventions a natural part of the program)*
- Networks with local schools and agencies dealing with the target group
 - *(to further identify risk variables, maximise referral options and support)*
- Focus groups on relevant topics
 - *(to encourage frank discussion, identify the range of attitudes and experiences, and further identify those most at risk)*
- Personal intervention schedules for those identified as most-at-risk
 - *(to make intervention relevant to the individual and provide regular monitoring of the individual and the strategies)*
- Monitoring of non-participating at-risk referrals
 - *(to provide a crude form of control study on non-intervention)*
- A camp targeting those most-at-risk
 - *(to provide more intensive input with intervention strategies, to develop positive relationships with non-offending peers)*
- A parent activity /meeting
 - *(to develop home support for the program and support for parents, determine parent perceptions)*
- consultation with the young person's relevant stakeholders
 - *(to identify from parents/friends/school any issues of concern not disclosed by the young person which may improve intervention)*

- progressive control of activities by the group
- *(to empower the target group to own their own circumstances and accept greater responsibility for their lives and actions)*

SUMMARY OF PROJECT OPERATION

Preparation

Prior to the appointment of a project worker, halls were booked for six months on Friday (6-8 pm) at Bonnyrigg Youth Centre and Saturday (12-1pm) at Fairfield Leisure Centre. A program of informal recreational activities was devised and a flyer was distributed to local high schools, with the co-operation of school principals. The program became known as Get It Right (GIR), and formed the major component of the U-Turn project.

In the first few weeks, workers assisted attendance by providing transport to and from the venues. A few parents drove their children to the activities, thereby making preliminary contact with the workers and subsequently endorsing the program to other parents within their ethnic group. By the third week, parents were providing all the necessary transport through an informal car pool arrangement.

By its fourth week of operation (and appointment of the project worker), about thirty-five young people were attending. A routine had developed which included informal warmup activity (eg basketball hoop shooting), compiling and marking of the attendance roll, announcements and news-sharing, decision-making (activities, times, rules, group size, etc) and organised sporting activities or focus group discussions.

Enquiries were also made to locate relevant literature on juvenile crime prevention, Indo-Chinese youth and their communities. Local council libraries, the Burnside library (North Parramatta) and individuals provided a large quantity of books and articles for the literature review.

First Quarter

The GIR program attracted over one hundred young people in the target group, with about forty regular (weekly) participants. This provided the main pool for focus groups etc for data gathering as well as the source from which about twenty most-at-risk could be selected for intensive work. Most participants came from school publicity, others by word-of-mouth.

At the beginning, the emphasis was on the social and recreational aspects of the program, but also on accepting responsibility for actions. Rules for the operation of the GIR program were discussed and adopted by the group, and reviewed quarterly. Gradually the wider purposes of the project (data collection and juvenile crime prevention) were made known and increasingly worked into group activities and discussions, and individual work.

Staff and Activities

The project worker, Burnside's multicultural (Indo-Chinese) youth worker and volunteer worker(s) provided the staff support for the GIR program. Most focus groups, discussions, role plays, surveys and group work were done in this context. Physical activities were offered, nominated by the participants, and included pool/snooker, volleyball, basketball, self-defence (kung-fu), indoor soccer, darts and fitness training. The GIR program also allowed workers to observe individual and group dynamics, give input on strategies for staying out of trouble, help with decision-making and prioritising, and promote self-esteem. It allowed participants to choose a mentor from the available workers, develop a process of informal but regular chatting, build up trust and rapport with the worker(s), and disclose confidential matters.

Mentoring

The identification of core group (most-at-risk) young people was complete by the fourth month of the project, although most had been clearly identified from comments and observations, or school referral, in the first month. From weekly interactions, workers could determine what interventions or referrals were needed. All external contacts were with the young person's permission, and included liaison with school principals/ counsellors/ teachers, discussions with parents, contacts with police, referrals to adolescent legal service/ AOD counselling/ refuges/ DOCS. The adopted mentor maintained contact with the young person either through the GIR program, home or school visit, by phone and in places frequented by young people.

Non-participants

A number of young people identified as seriously at-risk and /or referred by schools attended for one or more weeks, and then dropped out (mostly through unwillingness to accept the group rules, or because their peers did not attend). A few others did not attend at all. Workers attempted to monitor their progress informally through networks or feedback from participants, providing an *ad hoc* control group to indicate outcomes from non-intervention.

Other Activities

Halfway through the project (November 1996), a weekend camp was organised at Camp Mackay (Kurrajong) to provide more intensive input and different (more challenging) activities, and to develop closer and new relationships within the group. A parent picnic was also held to allow group sharing of concerns and ideas, and for workers to develop rapport with parents who had previously been seen only on an individual basis.

Evaluation

An external evaluator was appointed to provide a detached assessment of the project. An agreement on the nature and range of evaluation was derived in a preliminary meeting, and the project worker provided copies of the research report (literature review) and quarterly reports. The evaluator provided feedback on the reports, and a field worker who attended the camp and several of the Friday night sessions to make observations and interview participants.

The evolving and client-driven nature of the programs made it essential that project staff keep a weekly record of attendance numbers, activities, participants' comments and reactions, and any observations, ideas or identified problems, including risk variables. Informal discussions among workers each week during the first three months ensured the maintenance of formative evaluation and information-sharing. Participants evaluated the programs through informal comments and a quarterly focus group review.

Parent evaluation was made through their random comments and enquiries as contacts occurred (eg transport, mentoring) and through the parent consultation picnic. Individual parents also made (very positive) comments to schools, and these were relayed to project workers by school staff. Participants also adopted the practice of commenting on what their parents had said about the programs or staff, and this provided useful feedback to workers.

TARGET GROUP PERCEPTIONS

Data was gathered through focus group interviews, informal discussions, role plays and personal disclosures by more than one hundred participants. Topics included crime, youth crime, school, police, gambling, conflict, violence and the future.

Focus Groups - Broad Findings

In general, focus group data confirmed workers' anticipations of responses, including:

- hostility towards, and largely negative experiences with, police
- perceived racial and gender biases in police and teacher treatment of youth
- suspensions and threats of exclusion from school were very common
- inability to cope with schoolwork, even by those in the top third of their Year
- unrealistic parent demands in terms of domestic duties and school achievement
- defensiveness about family issues (especially violence) but evidence of physical and

- emotional abuse and neglect being common
- widespread experimenting with drugs (alcohol, marijuana, rohypnol in particular; growing incidence of smoking heroin)
 - marijuana use often started in primary school (age 10-12), heroin smoking in high school (age 14-15), and occurring at school; drugs obtained (usually free) at parties or school
 - main reasons for trying and using drugs were to see what it does, because it's free, peer pressure, to escape
 - shoplifting, joyriding (often family car) and drug use were the most common crimes
 - under-age driving/joyriding and drug use not perceived as crimes ('victimless'), and shoplifting seen as reprisals against shopkeepers/shopping centres, so not really wrong
 - physical assaults on peers (eg school fights, gang rumbles) not seen as crimes
 - very strong peer pressure to participate in criminal acts
 - ambivalent attitudes to criminal involvement (theoretically/morally wrong but pragmatically justifiable in many instances, especially reprisal/revenge)
 - common belief that everyone breaks the law, but you only get caught if you're stupid or doxed in
 - severe depression and suicidal thoughts /intentions were common
 - street-frequenting often a product of boring or oppressive home environment
 - truancy often a product of perceived unfair school discipline/ teacher victimisation/ lack of assistance with difficult or unexplained schoolwork
 - most had at least two friends /peers who regularly commit criminal acts
 - almost all conflict with their parents and many disown their cultural origin (ie, they define themselves as Australian and dissociate from parents /culture)
 - school and home commonly seen as the cause /impetus to criminal behaviour, but were not blamed for the behaviour (self and peers received most blame)
 - perceived societal and systemic racism created anxiety about their futures, and many expected (as a result) to be long-term unemployed
 - this alienation /marginalisation by society was commonly given as the main reason Asians sell drugs
 - many envied the perceived greater care and affection shown by the parents to their Caucasian peers (skippies)
 - many were preparing to leave home the moment their friends were also leaving home, but had no real plans on where to stay or how to support themselves

CORE GROUP EXPERIENCES

The twenty-three most-at-risk (core group) participants were interviewed individually after three months to quantify their at-risk status; a follow-up was conducted six months later, and the results combined as a survey of at-risk variables. The questions correlated with the variables used as project indicators

S1 - School Truancy

The most common of the 12 at-risk variables, with 22 of the 23 reporting that they truant. The range was 0-52 days, with a mean of 21 days (ie 10% of school time). Most common reasons were: unable to cope with schoolwork, no help from teachers, racist treatment, didn't have assignment /homework done on due day.

S2 - School Suspension

The number (not the length) of suspensions was asked, due to the enormous variation in standards between schools over length of suspensions for particular offences. The range was 0-7 suspensions, 13 of the 23 being suspended (only 4 more than once).

S3 - Academic Performance

Only 5 perceived themselves as poor students or in the bottom third of their graded Year; 2 saw themselves in the top third, 16 as middle. However, 21 of the 23 found schoolwork too hard, all but 1 admitted to not doing /not handing in work or assignments because they couldn't do it and couldn't get help with it.

F1 - Family Abuse or Neglect

This produced a great discrepancy between self-reporting and disclosures by others. Only 5 admitted to physical abuse sufficient to leave injury or marks for several days, and none admitted to being neglected. Yet in private conversations, 9 had indicated severe beatings with objects, and 4 were regularly left alone for weekends (casino) or over several weeks (parents overseas). Participants were generally well known to each other (peers) and disclosed abuse by others' parents on their children; 10 of the 23 were so identified.

F2 - Family Breakdown

Of the 23, 2 were in single-parent families, and 4 expected an imminent family breakup. Almost half (10 of the 21) said their parents fight /argue often, usually about money.

F3 - Values Conflict

Not surprisingly for an adolescent group, 18 of the 23 reported severe or constant conflict with parents standards, values, rights, expectations; 5 reported little or only occasional conflict. Even greater conflict occurred with older brothers or sisters, who in most cases had the immediate responsibility in the family for them.

L1 - Self-disclosed Criminal Acts

Only 5 of the 23 said they had not broken the law at all; 18 admitted to shoplifting, 3 to other theft, 6 to using illegal drugs, 1 to arson, 1 to break-and-enter (3 admitted to getting drunk and assumed this was illegal).

L2 - Acts Disclosed by Others

There were 14 disclosures by others of criminal activity by members of the core group, almost all of it matching with self-disclosures (helping to validate the integrity of data from private self-disclosures). There were also 10 disclosures about others on family abuse, 3 on neglect, 3 on family criminal acts, and 4 on parents fighting.

L3 - Street-frequenting

Of the 23, 12 spend most of their spare time on the street (including shopping malls and other public places); another 3 indicated a 50-50 arrangement (sometimes allowed out, other times had to be home).

L4 - Police Noting (no charges)

Police had taken 12 of the 23 names, with a total of 46 incidents, a range of 0-4, and a mean of 2. In 33 of the 46 cases no reason was given for being noted; stated reasons included shoplifting (3), not wearing helmet (2), accusation of theft (3), trespass (1), truanting (4). There were strong views on the way police had treated them (including accusations of obscene and racist language, theft and assault), but also several who were complimentary about police treatment of them.

L5 - Police Charge

Only 1 had been charged by police, for an offence which was dismissed in court.

L6 - Pro-criminal Attitudes

Most (14 of the 23) believed it was okay to break the law, usually qualified with if it doesn't hurt anyone or if something's been done to you. By this standard, reprisals or revenge which may break the law were approved, as was shoplifting (shops have lots of money, they rip us off, they get security (guards) to make us move), drug-taking (it's my life) and drug-dealing (if they want to buy it, it's okay to sell it). There was also a common notion that activities were only criminal if you were caught and convicted; everybody breaks the law.

L7 - Pro-criminal Associates

All 23 had associates who engaged in criminal activity; the range was 1-20+, with a mean of 6.7 where a number greater than 3 was specified. Only 1 claimed less than 3 such associates (because he didn't see illegal drug use or reprisals as criminal activity). Most reported 3 or more, while 3 specified 10 criminal associates, and another 3 said 15-20. Most indicated that these were peers, although 5 included adult criminals and 4 nominated immediate family (parents and/or siblings) as their criminal associates.

Summary

Risk behaviours appear to be widespread in the core group, and (anecdotally) throughout the wider target group and their (non-Asian) peers. School issues are a great concern, with high incidence of truancy and suspension exposing them to the dangers of street life.

Of no less concern is the apparently high incidence of physical abuse (and lower incidence of neglect) for more than half the group. Family conflicts over money and values were not surprising. Shoplifting was so common as to be almost universal, as was regular association with other offenders.

In fact, given the frequency with which they appear to engage in illegal activities, it seems surprising that only one has reached the courts. When combined with attitudes that justify taking the law into their own hands, and the common sense of being marginalised and excluded by the wider society, they seem as a group very vulnerable to criminal influence both as perpetrators and as victims.

OUTCOMES

The U-Turn Project successfully kept all twenty-three most at-risk out of the courts for the funded period. The project also produced:

- a checklist of likely at-risk indicators from literature on juvenile crime
- a list of promising interventions from research literature
- a summary of Indo-Chinese youth needs and concerns from community studies
- a bibliography of useful current (1990's) literature on juvenile crime
- a guideline sheet for parents on discipline alternatives (see Appendix 1)
- a Partnership model /Protocol for schools and agencies (see Appendix 2)
- a summary sheet/ checklist for at-risk identifiers (see Appendix 3)
- an interview questionnaire for clarifying at-risk variables
- a set of focus group questions on juvenile crime and risk issues
- a set of recommendations for further work in juvenile crime prevention
- a summary document to share information and guide other agencies (this report)
- requests for further help by some parents and young people
- changes in the way some parents punished their children
- reduction in the frequency and range of offences committed by some young people

WORKERS' EVALUATION

What Worked:

- providing a **social-recreational program** that was **regular** (weekly), that had **standards** which were known and consistently applied, gave the project a firm base from which to work and a stability to the group
- getting **participants to own the program** by determining the activities and rules helped to create in them a sense of belonging and responsibility that encouraged regular attendance, an atmosphere of security and trust, and some protection for the program from negative outside influences
- **individual mentoring/casework** on 23 most-at-risk young people in the program helped to keep all 23 out of the courts/ detention centres for the duration of the project
- **peer mentoring** was a major factor in persuading some participants to reduce drug use and to give up some criminal pursuits (especially shoplifting)

- ***working with (co-operative) parents and schools***, and ***using other agencies/services***, greatly assisted in broadening the personal support base for those most-at-risk
- ***regular use of focus groups and talks*** created a climate in which social and personal issues could be discussed comfortably and honestly, and positive values developed
- ***use of incentives*** (prizes, group payment by social researchers) helped to recognise their opinions and participation as valuable, improving quantity, quality and validity of input
- ***regular use of positive reinforcement*** for responsible behaviour and achievement brought about observable changes in co-operation, effort and positive group dynamics
- ***culturally sensitive and bilingual workers*** facilitated parental co-operation, communication and participation
- ***provision of acceptable alternatives and personal support*** enabled some parents to stop physical punishments.

What Didn't Work:

- some parents and schools were unco-operative, despite representations by workers
- an attempt to strengthen networks and provide ongoing interaction and feedback through a representative advisory committee was largely unsuccessful
- some seriously-at-risk referrals could not be persuaded to try (or stay with) the program
- dependency on volunteer workers led to some compromises with paid work time, a serious overload of work for mentors, the loss of some programs and activities and some reduced follow-up work due to staff shortages
- the goal of participants running the program after twelve months wasn't achieved
- the project was too ambitious for one part-time (paid) worker, resulting in an overall reduction in intended activities and some loss of potentially useful documentation

RECOMMENDATIONS

1. That the Department of School Education require schools with a significant NESB enrolment to develop protocols with relevant community agencies and workers, and to include regular liaison between school and agencies.
2. That the Dept of School Education enforce its requirement for the provision of interpreter/translation services, to advise non-English speaking parents of their children's suspension and to allow some response from parents.
3. That government departments recognise the cost-effectiveness of structured preventative programs such as the U-Turn Project, and make significantly more funds available for proven preventative work with at-risk youth.
4. That funding of preventative programs be stable and long-term.
5. That funded programs accommodate the unique needs and situations of the individuals in their target groups.
6. That preventative programs with young people be integrated and comprehensive, involving the key stakeholders in the young person's life.
7. That the three tiers of government undertake a public campaign for communities to accept responsibility for crime prevention, and assist community ownership of the crime problem and its preventative programs.
8. That the three tiers of government take a holistic and co-operative approach to youth needs and juvenile crime prevention.
9. That bilingual workers and culturally sensitive approaches be used when conducting community research within adult Indo-Chinese communities.
10. That the NSW Police Service adopt youth-friendly, pro-active (non-confrontational) community policing practices, including a functional Police Youth Liaison Officer position.
11. That the Attorney General's, Juvenile Justice, School Education and Community Services Departments and the Police collectively support and fund an extension of the work of the U-Turn Project, to refine and develop the project model.
12. That the applicability of the U-Turn model to other communities be examined by funding similar projects for those communities (to adapt to their circumstances).
13. That the large volume of information and perspectives on juvenile crime issues (currently available from workers with Indo-Chinese youth) be collected and recorded before those workers and details are lost.

14. That the cost-effectiveness of culturally relevant client-nominated mentoring as a crime prevention strategy be recognised, and programs funded accordingly.
15. That local councils be required to fund youth facilities and services in proportion to their youth numbers and community need.

Postscript

The U-Turn Project established a very successful working model, at community level, for juvenile crime reduction and prevention. The project ceased at the end of its funded period, in May 1997, along with its associated programs, including the Get It Right program, through lack of continuation funds.

In the four weeks following the closure of the programs, seven participants (including one from the core group) were arrested and charged, three ran away from home, and one was placed into care with DOCS.

The programs could be maintained for less cost, per annum, than institutionalising just one adolescent for the same period.

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