

# Pathways to prevention

DEVELOPMENTAL AND EARLY INTERVENTION APPROACHES  
TO CRIME IN AUSTRALIA

FULL REPORT

*National Anti-Crime Strategy*  
An initiative of the Australian States and Territories

 NATIONAL  
**CRIME PREVENTION**  
TOWARDS A SAFER AUSTRALIA



### **National Crime Prevention**

National Crime Prevention is an initiative of the Commonwealth Government. National Crime Prevention finds and promotes ways of preventing violence, crime and fear of crime in Australian communities. This approach involves partnerships with a range of stakeholders whose activities may impact on crime, including, Commonwealth agencies, State and Territory governments, local governments, non-government organisations, academic institutions, community groups and the business sector. The National Crime Prevention Unit is part of the Attorney-General's Department and was formerly known as the National Campaign Against Violence and Crime.

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## P R E F A C E

The research presented in this report is the product of a sixteen weeks consultancy that took place between September and December 1997. The report itself is the product of a slightly more extended period during which time the draft was revised and finalised. A summary version of this report has been prepared.

In the sixteen weeks of the research consultancy the research team, building on the extensive work of its two full time project officers (Linda Gilmore and Marie Leech), was able to make a significant contribution to our understanding of the nature of 'developmental crime prevention', carry out a selected review of the international literature on human development and early intervention, audit several hundred 'early intervention' services and programs in Australia, and formulate a policy framework for planning developmental prevention initiatives.

This is a considerable list of achievements, and was only made possible by the extremely hard work and dedication of the project officers and team members. All made an invaluable contribution, which made my job as team convener and report editor not merely tolerable but enjoyable. Marie and Linda, in particular, as project officers, cheerfully and competently took on a workload far in excess of the minimum required, and produced a wealth of information that formed the essential foundations for the project.

I must also express my special gratitude, and that of the other team members and the project officers, for the unique contribution of Emeritus Professor Jacqueline Goodnow, one of the world's most eminent psychologists. The depth of knowledge and scholarship that Jacqueline brought to the project, and the way she was able to integrate themes from many disparate sources, made possible a genuine advance in our understanding of crime prevention.

No project as complex as this and with such stringent time constraints could proceed without encountering some difficulties. One problem was the sheer number and diversity of services and intervention programs that are operative in Australia, and our need to generate a framework for selecting, classifying and assessing them. Another was the novel methodological challenge posed by the attempt to analyse programs in the light of the scientific literature. Gaining access to highly relevant but unpublished research (such as the just published book on serious and violent juvenile offenders by Loeber and Farrington) was a further problem, compounded by Australia's geographical isolation.

The interdisciplinary nature of the research team was critical in overcoming the difficulties. Human development is a field of psychology that has grown enormously in the past few years, but as far as we are aware developmental psychologists have not thought much about crime prevention in a systematic way. Criminology will be the richer for the way the developmentalists on the team have posed new questions and proposed new ways to think about prevention. New ways of thinking about prevention are however of limited value unless they translate into action, and it is at that point that social structures, social policies, and the nature of the 'social welfare' industry become of critical importance. Putting principles into action is challenging, but a substantial first step has been completed in this report by the social policy experts on the team.



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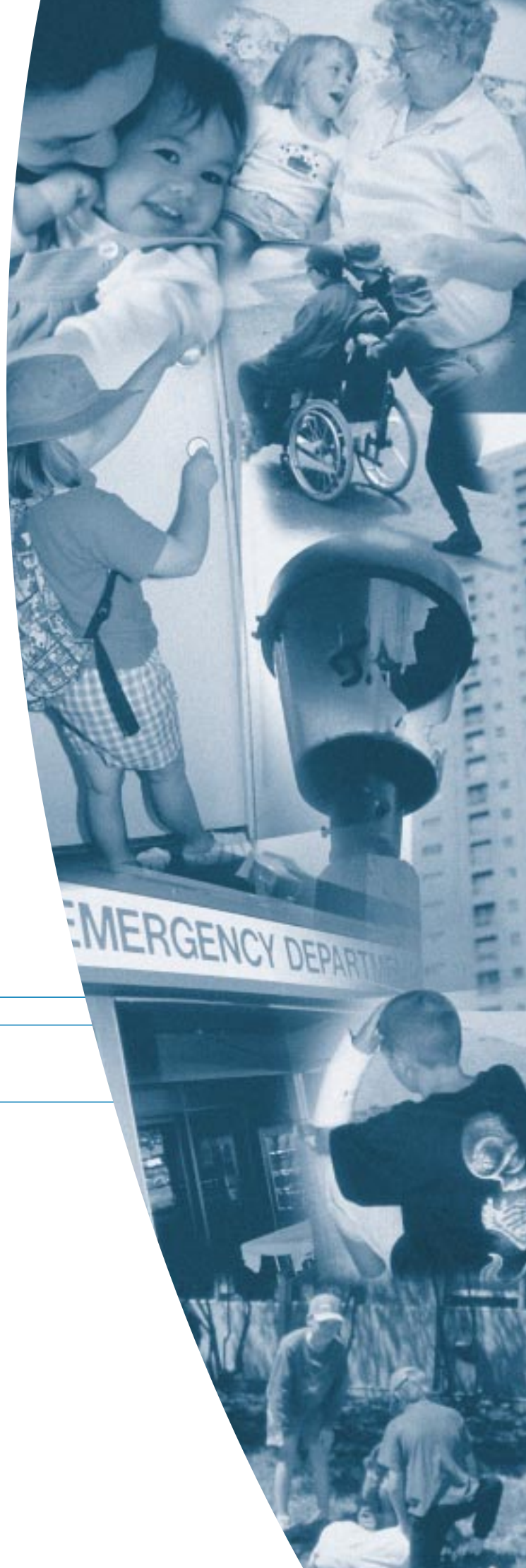
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SECTION 1

## INTRODUCTION

## INTRODUCTION

### THE NEED FOR A DEVELOPMENTAL APPROACH TO CRIME PREVENTION

The media pay a great deal of attention to crime in Australia. For example, *The Courier Mail* regularly reports on Queensland's 'crime wave', with stories often focused on the plight of victims and the inadequacy of laws and penalties. To select one story from hundreds with the 'get tough' theme over the past few years, under the caption 'Weak laws share blame for upsurge' the *Courier Mail* on March 17, 1994 discussed claims that under the Queensland *Penalties and Sentences Act 1992* it was virtually impossible for the courts to imprison young offenders 'no matter how serious the crimes involved are'. An Opposition spokesman claimed that 'if the Government wanted to ensure hard core and repeat offenders were dealt with firmly, it should consider introducing minimum mandatory sentences'.

It is difficult not to have some sympathy for this 'get tough' point of view, especially if one has been a victim of crime oneself. The economic, psychological and physical harm suffered by the victims of both property and personal crimes have, at least until recent years, been given little recognition in the complex, protracted and depersonalised operations of the criminal justice system. At the same time, criminologists often give the impression that they have more sympathy for the offenders, whom they portray as themselves victims of an unjust and oppressive social system, than they do for the actual victims of predatory crime. Yet estimates put the total economic cost of crime in Australia at over four percent of gross domestic product, or around \$1,000 per person per year (Walker, 1997). Moreover, from a personal point of view, experience of psychological and emotional trauma, especially experience of crimes of violence, can be shattering to victims and witnesses alike (Raphael, 1992).

Official statistics reveal two trends in juvenile crime that are relevant to any discussion of societal response to the problem (Mukherjee, 1997). First, there is evidence of an increased involvement by juveniles in offences against the person. Taking serious assault as an indicator, in 1973–74 there were 2.1 male adults arrested for every one juvenile. In 1993–94 this ratio had decreased to 1.2. This trend is even more dramatic for girls. In 1973–74, there 3.4 female adults arrested for every one female juvenile, while in 1993–94 there were 1.9 girls arrested for every female adult.



This increased involvement of young females is the second important change. In 1973–74, 23.5 boys were arrested for assault for every girl arrested. By 1993–94, this ratio had dropped to 4.4. This fall in the ratio of male to female offenders was mirrored in all the selected offense categories.

While some international studies (eg Farrington, 1996) have also found increases in crime involving juveniles, of more concern is their evidence that there is a tendency for the peak age of offending to increase. Farrington, for example, suggests that the usual desistance from offending in the late teenage years may be declining. That is, there are fewer signs of the usual drop off as people approach 20 years of age, with some forms of crime (such as domestic burglary) continuing with adults well into their twenties.

This pattern may be consistent with the decreased labour market participation of adolescents and young adults, given the many prosocial associations of meaningful work (Gregory and Sheehan, 1998). Uncertainty about employment and a generally insecure social environment may mean that there will be a continuing increase in the risk factors for problem behaviours and criminality among adolescents and young adults (Robins and Rutter, 1994; Rutter *et al*, 1996).

What, then, should be the societal response to the serious problem of juvenile crime?

One popular approach that is currently being adopted in all parts of Australia is increased expenditure on the criminal justice system. In Queensland, for example, prisoner numbers have nearly doubled in the last five years (Criminal Justice Commission, 1997), and the Government is conducting an extensive publicity campaign to warn juveniles that the penalties for criminal offending have recently been increased. Billboards with pictures of young men in prison cells have the caption, 'There are new bars for teenagers'. This campaign is designed to publicise recent amendments to the Criminal Code and to the *Penalties and Sentences Act 1992* which create new crimes, increase the maximum penalties for existing crimes, and no longer make imprisonment a 'punishment of last resort' (Qld Department of Justice, 1997).

Yet scientific research conducted over many decades strongly suggests that criminal justice approaches that emphasise increased police numbers and punishment must in most cases fail to effect significant reductions in crime. They will be enormously costly if pursued with the vigour evident in some other countries, and they may even increase crime rates (Homel, 1994).

This is not to say that legal deterrence cannot in certain circumstances 'work' if the threat of legal punishments is communicated effectively, if the emphasis is on the risks of apprehension rather than the severity of penalties, and if the formal, legal sanctions reinforce informal sanctions already operating in the community



(Hemel, 1994). An interesting interpretation of recent research is that deterrence approaches seem to work best when they are 'low key' and respect human rights. The criminal justice system in specific situations can contribute to a reduction in crime, provided that there is a redirection of thinking away from reactive policies based on the detection and punishment of offenders toward preventive policies which involve partnerships with community groups and other agencies.

Another approach to the problem has appeared in Sullivan's (1997) recent analysis of Australian crime rates. Sullivan claims to document increasing community lawlessness, which she attributes to cultural and social change, particularly in the areas of family life and childrearing. She draws a strong connection between rising rates of female employment and divorce rates on the one hand, and the apparently increasing volume of serious crime from the 1950's on the other.

Sullivan (1997) has made a useful contribution to the debate by drawing attention to the crucial role of the family and of parenting. However, any claim that society through parents, childcare and preschool centres is failing to imbue children with the values and obligations fundamental to the culture, needs to be based on very careful analysis. Unfortunately Sullivan's analysis, because it is based mainly on simple correlations, cannot model in an adequate way the complexity of the factors influencing the crime rate. Zero order correlations are over simple because they point toward single causes and rely for their plausibility on cooccurring social trends that may or may not influence each other.

In contrast to this approach, we take the view that the roots of criminal offending are complex and cumulative, and that they are embedded in social as well as personal histories. To uncover significant risk factors that are the facilitating conditions for entry into a criminal career requires a life course perspective that views each potential young offender as someone who is developing over the life course and in specific social settings.

A developmental perspective is not a 'bleeding heart' justification for the abdication of personal responsibility for harmful actions, nor does it in any way divert attention from the central role and responsibility of families and parents, but it does call for a realistic analysis of any individual's life in its place and time. Only within such a perspective can interventions be directed both to the problems in the person and to the features of that person's social circumstances that encourage crime. In one sense, Sullivan (1997) is appropriately directing us to look at potential criminals in the family environment, but her analysis only begins the scientific task of unravelling the effects of individual, family and community risk factors.



We are concerned that both the ‘get tough’ approach so popular in Australia today and the ‘back to the 1950’s’ emphasis discernible in the writings of Sullivan and others are exclusionary, presupposing a core of ‘decent people’ that is distinct from a ‘criminal element’ that must be contained if it cannot be excluded. In contrast, our developmental perspective is inclusive, embedding potential young offenders in their families, and embedding the families in the wider society.

The risk of crime is exacerbated by creating a community that is not inclusive of a diversity of families and youth, and it is exacerbated by not providing meaningful social pathways for its members. In the past 25 years, the percentage of dependent children living below the poverty line has nearly doubled (King, 1998), increasing greatly the number of young people who are denied the opportunity to participate fully in social and economic life. Programs such as quality preschool education, poverty alleviation, and practical provisions (eg adequate housing) are strategies which attempt to compensate for the impact of these trends and promote the attachment of individuals and communities to mainstream social supports and developmental institutions. These social institutions form an essential backdrop to a targeted crime prevention program through the creation of a ‘child friendly’ society, a society which fosters meaningful social pathways and membership for its citizens.

#### THE PROJECT

Farrington (1994) observes that only in very recent years has much of the scientifically persuasive evidence emerged that interventions early in life can have long term impacts on crime and other social problems such as substance abuse. Nearly all of the high quality research has been carried out in North America, but even the best studies tell us mostly about the impact of specific programs directed at children or families, not about approaches that attempt to strengthen families in the context of improving the ‘child friendliness’ of local communities. Certainly in Australia there is no tradition of long term scientific evaluation of any kinds of early interventions designed to prevent crime, although some interventions, such as the Positive Parenting Program (PPP) (Sanders and Markie-Dadds, 1996), have been evaluated for their impact on more immediate problems such as disruptive behaviour disorders in childhood.

This is not to claim, of course, that there are no services in this country that aim to improve the lives of young people and their families and neighbourhoods, nor that ‘early intervention’ to prevent later problems is not a well established objective of many programs. The fact is, however, that few (or none) of these programs have crime prevention as an explicit objective, few are explicitly developmental in the sense that we explain in this report, and few are adequately evaluated in terms of short or long term impacts on young people, their families and their communities.





In broad terms, the aim of this research project was to address this vacuum in the provision of services and in the practice of crime prevention in Australia. At the same time, we wanted to make a contribution at the theoretical level by exploring in depth the concepts of ‘developmental prevention’ and ‘early intervention’, with particular attention to what recent research can tell us about the nature and causes of crime and its prevention.

We felt that once we had a more sophisticated understanding of the nature of the developmental approach to prevention, and a better grasp of the rapidly growing international literature on ‘risk and protective factors’ and ‘early interventions’, we would be in a better position to analyse the programs that are currently offered in this country and to make recommendations about how they could be modified to enhance their preventive potential. Indeed, one of our hopes is that new types of programs based on the concepts of developmental prevention will be constructed and rigorously evaluated, probably utilising existing agencies and perhaps extending or modifying existing programs. (This is the aim of Stage 2 of this project, discussed further below.)

In more specific terms, the research team was engaged, in the words of the Agreement with the Commonwealth, to:

1. Review the literature on early intervention or developmental approaches to crime prevention, with a view to clarifying the nature of this approach and its applicability to Australian society.
2. Carry out an audit of existing social and health services in Australia, and also of innovative interventions that enhance or go beyond existing services, together with an evaluation of these services and interventions in the light of the literature review.
3. Formulate (i) a policy framework for the improvement and evaluation of existing services and interventions, and (ii) a framework for the development, implementation, management and evaluation of a pilot intervention that builds on or enhances existing services.

These tasks were developed from the consultancy objectives set out in the Project Brief 97/9 (developed by the National Campaign Against Violence and Crime and the National Anti-Crime Strategy). These were to:

- articulate the nature of the early intervention and developmental approaches to crime prevention, and its relationship to crime prevention, and the services it embraces
- identify what lessons can be extracted from an analysis of the literature and applied to the contemporary situation in Australia
- explore the potential to improve existing services in Australia





- examine the need for further changes in view of specific communities' access or lack of access to these services (eg non-English speaking born, Indigenous communities)
- highlight evaluation issues relevant to gauging the impact of policy and service modifications
- provide recommendations relevant to the next stage, the piloting phase of the demonstration project

A particular concern of the NCAVAC Unit as the details of the consultancy were being confirmed was that the research team should provide recommendations as to how to implement and manage relevant strategies and practices at the local level. This is obviously important, since local areas are the arena for most service delivery and crime prevention activities. Section 2 was written specifically with this task in mind.

Notwithstanding the clear need to develop policy relevant recommendations, we understood from the prospectus for the project that the research consultancy described in this report constitutes only the first stage of a demonstration project. The second stage will involve piloting or evaluating initiatives in the field. It is not one of the objectives of the first stage to design in any detail the second stage, but rather to provide 'recommendations relevant to the next stage'. Our thoughts with respect to the design of Stage 2 are brought together in the discussion of Recommendation 16 in Section 2 — Move toward designing a local community based demonstration project.

#### THE DEVELOPMENTAL PERSPECTIVE AND EARLY INTERVENTION

Approaches to crime prevention are usefully divided into four groups, following distinctions made by Farrington (eg Farrington, 1996). These have been labelled criminal justice, situational, community (or social), and developmental approaches.

Criminal justice prevention 'refers to traditional deterrence, incapacitation and rehabilitation strategies operated by law enforcement and the criminal justice system' (Farrington, 1996: 18). These steps involve the issuing of cautions or fines, making arrests, sentencing of various kinds, and incarceration. Innovative policing strategies that increase the perceived likelihood of apprehension if one offends, such as random breath testing, are particularly important in creating a general deterrent effect (Homel, 1988). Deterrence strategies can also be mixed with non punitive measures by non police government agencies to create systems of 'responsive regulation' based on both punishment and persuasion (Ayles and Braithwaite, 1992).



Situational prevention 'comprises opportunity reducing measures that (1) are directed at highly specific forms of crime, (2) involve the management, design or manipulation of the immediate environment in as systematic and permanent way as possible, (3) make crime more difficult and risky, or less rewarding and excusable as judged by a wide range of offenders' (Clarke, 1997: 4). Interventions of this kind include, for example, changes in the physical environment, such as lighting or locks, or changes in the 'psychological' environment, such as rule setting or strengthening moral condemnation in order to undercut the 'moral neutralisation' techniques resorted to by offenders (Clarke and Homel, 1997). The emphasis is entirely on the environment, not on modifying the 'dispositions' of offenders.

Community (or social) prevention 'refers to interventions designed to change the social conditions or institutions ...that influence offending' (Farrington, 1996: 18). The key idea is that by changing the community one may change the behaviour of the people who live there. The emphasis is on political action at the local level to empower residents, provide opportunities to young people, strengthen social infrastructure, and promote social justice. In practice community approaches often draw on social control theory (Hirschi, 1969) and focus on programs for 'at risk' or vulnerable youth. Interventions of this kind also include changes in specific organisations or places, such as the way housing estates (eg Hope, 1995) or schools (Gottfredson, 1986) are organised and managed. A good example is school wide programs designed to change teachers' and children's views of what bullying is and what can be done when it occurs (eg Olweus, 1978, 1991, 1994 in Norway; Stephenson and Smith, 1989 in the UK; Rigby, 1994, in Australia).

Developmental prevention, in Farrington's (1996: 18) definition, 'refers to interventions designed to inhibit the development of criminal potential in individuals'. Tremblay and Craig (1995) expand on that definition:

*Developmental prevention refers to interventions aiming to reduce risk factors and increase protective factors that are hypothesised to have a significant effect on an individual's adjustment at later points of ...development (1995: 156–157).*

Both these definitions are starting points for understanding developmental approaches to prevention. One first expansion has to do with ways developmentalists see events as unfolding over the life course.

Developmental approaches do not see life as marked by one steady march toward adulthood that is set early in life, or one steady line of change, either for better or for worse. Instead, what occurs is a series of phases, a series of points of change, a series of transitions. These phases and transition points are where intervention can occur most effectively.



In the course of becoming an adult, for example, we move from home to school, from primary to secondary school, from school to seeking entry into the paid work force, acquiring a driver's license, being legally able to buy alcohol, possibly leaving home... Throughout adulthood, further transitions occur: making commitments to other people, possibly becoming a parent, coping with shifts in employment status, being faced with the evidence that one's child is in various kinds of trouble, to a time of standing back and allowing one's children to bring up the next generation.

At each of these transition points, there is the possibility of more than one outcome. For some children, the transition from home to school is unproblematic, especially if they have had the advantage of a happy preschool experience. Others soon learn that school is a place to stay away from as much as possible, since all you learn is that you are a failure who doesn't belong. Again, some people negotiate the transition from school to the paid workforce with a minimum of effort, while others never make the transition.

Essentially, developmental approaches are characterised by a pervasive emphasis on pathways and on aspects of time and timing. Pathways are understood not just as unique individual biographies, but as roads through life — from conception to death — that fork out in different directions at the kinds of crucial transition points that mark new experiences and relationships. A person may follow an easy path to respectable middle age, or a painful path through teenage substance abuse, homelessness, and early death.

One crucial consequence of a focus on pathways is that 'early intervention' means intervention early in the pathway. This may or may not mean early in life. It is possible, for example, that an adolescent who is otherwise perfectly well socialised and has rarely been in trouble at home or at school falls in with the wrong crowd and gets arrested. A 'restorative justice conference' in which he must face the victim and the victim's supporters might succeed in persuading him that he has really caused harm. He may come to realise that he has deeply embarrassed his family who feel their trust has been betrayed. With such a realisation, it is possible for the conference to succeed in preventing his further offending, especially if it were part of a broader 'community of care' (Braithwaite, 1997). In any case the conference, and any broader supporting program, would count in this framework as an 'early intervention', despite the offender being in his teenage years.

The nature and timing of intervention depends, from the developmental perspective, not just on the individual's age, but on the identified pathways to offending and the critical transition points that characterise those pathways. The first offence — the first contact with the criminal justice system — is one of those critical transition points in a person's life.



What happens at that particular transition point, however, depends not only on current circumstances but also on how earlier transitions have been coped with and on the extent to which they have equipped the people involved with the skills, the energy, and the openness to advice or opportunity that are now called for. Our first time offender, to return to the example just given, needs to be ready to listen, to feel shame, empathy, and embarrassment. His or her family also needs to have developed sufficient will and trust to be able to cope with this particular false step and to move on effectively. Whether it can do so depends on what has happened at earlier points in life. If those earlier situations have led to distrust, alienation, or entrenched and unproductive strategies for dealing with difficulty, then success in working through this new problem will be all the more difficult to achieve. In effect, past transitions may have created a pattern of cumulative risk factors, or in Yoshikawa's (1994) more positive phrase, 'cumulative protection'.

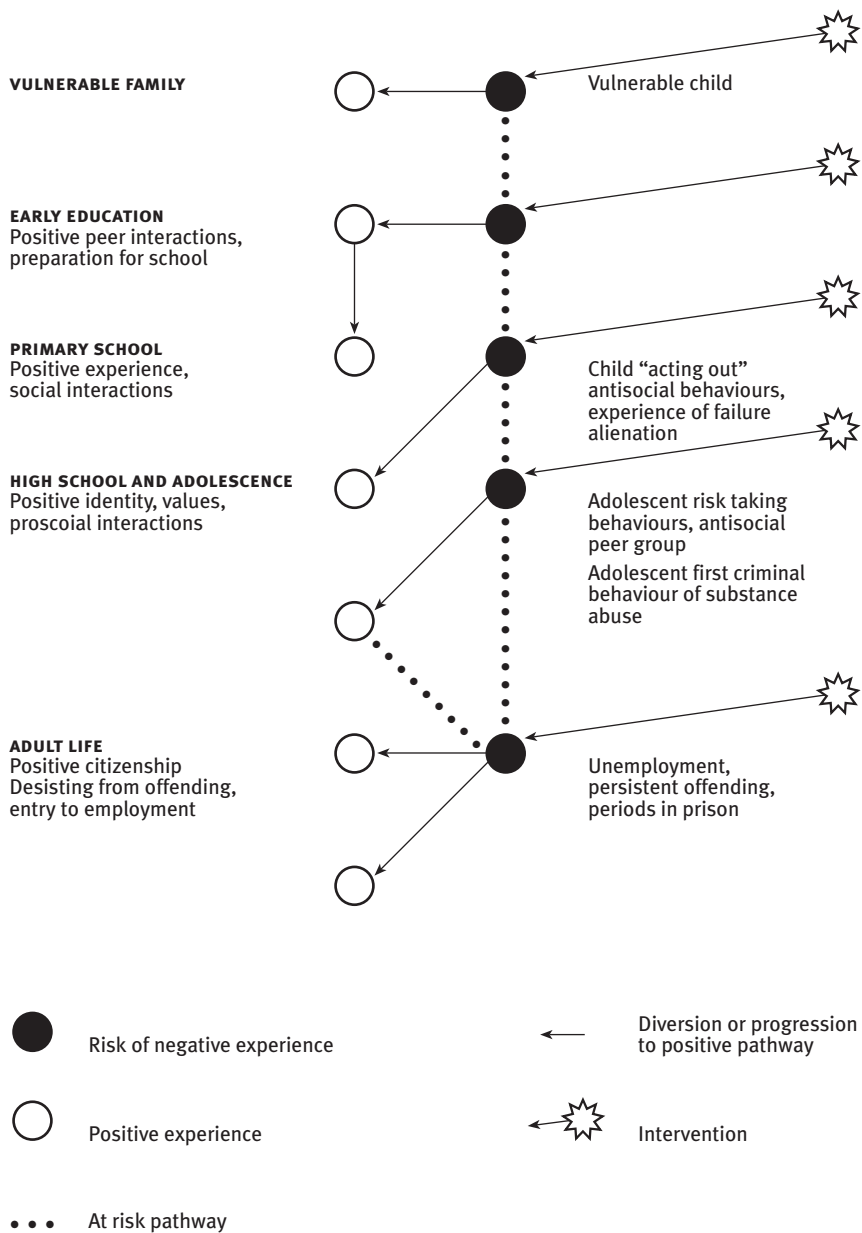
There are then good reasons for intervening early in life. Families with babies and preschoolers that are at risk of poverty, relationship breakdown, and abusive or inept parenting styles are more likely to produce teenagers at risk of criminality and substance abuse. Once it is accepted that some configurations of risk at an early age have multiple consequences later in life, it follows that successful intervention at an early age is a cost effective preventive strategy. This could be seen as a generic form of early intervention.

In addition, it is likely to be strategically effective to attempt to divert people from harmful pathways before maladaptive patterns of behaviour are well entrenched. Protective and anticipatory action is more powerful and less painful than clinical or punitive interventions after a history of offending. Indeed, some sequences of offending are manifest in the preschool years through aggressive and hostile behaviour. In these cases, early interventions have more immediate as well as long term goals. The same could be said for intervening to prevent child abuse and neglect.

Figure 1.1 is an attempt to depict diagrammatically some of the key concepts of developmental prevention. The central vertical dotted line represents an 'vulnerable pathway' from preschool to adulthood, while the solid arrows represent diversions to 'positive pathways' brought about by external interventions (the 'stars' on the right). The examples given are purely for illustrative purposes: there is no suggestion that any child would necessarily experience all the problems or positive qualities depicted.



**FIGURE 1.1**  
**DESCRIPTIONS OF SELECTED EARLY INTERVENTION PROGRAMS IN AUSTRALIA**





The diagram is designed to highlight the fact that interventions can occur at many points in the life course, but most fruitfully at key transition points; that problems can arise at any stage in a developmental pathway and need not be manifest in the preschool years; that experiences or choices at one point can influence what happens at later transition points; that ‘booster shots’ might be needed to reinforce the effects of earlier interventions; and that interventions always take place in a specific social context (such as family, school, peer group) that could support or undermine the change process. It is, essentially, a first attempt to put both risk and protective factors into a ‘phase related path’ (discussed further in Section 3). It is also a model for which we would now need to look for particular kinds of data in order to flesh it out.

#### A PLACE FOR SOCIAL CONTEXT

We have been emphasising the extent to which a developmental approach highlights the need to appreciate the double meaning: early in life or early in the pathway? A second aspect of developmental approaches that is often not well understood has to do with whether these approaches take account of social contexts. Definitions that emphasise for example ‘criminal potential in individuals’ (Farrington, 1996: 18) may seem to leave no room for the social context. In fact, social contexts are always regarded as significant.

It is not only that social contexts make a difference to the skills, strategies, or identities that individuals develop. They also make a difference to the support that is available when transitions are made. For example, transitions are made more easily when there are personal social supports, such as a network of friends. Transitions are also made more easily when social structures provide the information that is needed in order to know what a transition involves or are sufficiently flexible to allow for different points of entry or different understandings of what the transition involves. A school structure, for example, or a court system that has no degree of flexibility, and operates in a ‘lock step’ fashion, makes it all the more difficult for individuals to cope successfully with transitions. In an ideal world, the support available from ‘developmentally friendly’ services and structures would be able to compensate for what may be lacking within individual families or their immediate social networks.

In effect, within developmental perspectives, neither the problems nor the solutions are seen as belonging solely to an individual.

A useful way of summarising our developmental approach to the prevention of criminal behaviour is in terms of five central questions that it raises. These are set out in Table 1.1.





TABLE 1.1

**FIVE QUESTIONS RAISED BY THE DEVELOPMENTAL PERSPECTIVE ON PREVENTION**

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**WHAT IS THE TYPICAL COURSE FOR THIS BEHAVIOUR?**

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Where does the route usually begin and end? When confronted with a specific offender, this means, what course did this person's life take that got him or her to this point?

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**WHERE ARE THE POINTS OF CHANGE?**

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It is generally accepted that behaviour can be changed more easily in the young than in the old. Developmental analyses emphasise the significance of early experiences, but also recognise later transition points, times when a path may fork. At these sensitive times, people may experience increased risk of movement into harmful paths, but also may be more open to preventive interventions. At these times, also, what will matter is the degree of social support available in order to make the transition successfully.

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**WHAT CONDITIONS OR EVENTS LEAD TO THIS BEHAVIOUR?**

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What are the associated conditions or the relevant prior events? Specifically, a developmental perspective focuses on the clusters of personal and contextual factors that lead onto or sustain socially acceptable or unacceptable patterns of behaviour. Some of these factors will be found in a person's current environment. Others will be found in the individual's earlier history, in the way, for example, that earlier conditions have generated strategies, dispositions or expertise that influence the way the next event is dealt with either by the potential offender or by the people who are part of his or her context.

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**WHAT COMBINATIONS OF CONDITIONS MAKE A DIFFERENCE?**

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Conditions are likely to be multiple rather than single (that is, we seldom find one cause leading to one effect), and are cumulative rather than 'one off' in their effects. Therefore of particular importance are risk factors that increase a person's vulnerability to antisocial activities, and protective factors that promote a person's resilience to the negative possibilities in difficult situations. The types of risk factors may not be as important as the total number operating in a person's life at a particular time.

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**WHAT ARE THE 'CARRIER MECHANISMS'?**

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Developmentalists are concerned with change and stability over time. It is important to ask what carries the effects of something at Time 1 forward into something at Time 2? What accounts for continuity and change? People carry some 'hurts' with them, but some environments also allow these problems to persist. Other environments facilitate constructive adjustment and recovery.

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**OVERVIEW OF THE REPORT**

The remainder of this report is in three sections and two appendices.

Section 2 contains a policy framework for (i) the improvement and evaluation of existing services and interventions, and (ii) for the development, implementation, management and evaluation of a pilot intervention that builds on or enhances existing services. This has been placed before the review of specific studies (Section 3) and of Australian services (Section 4). We have adopted this structure because we saw the primary goal of this project as one of analysis and integration, rather than a cataloguing of what has been done or is being done (essential as these are).



In Section 2 the policy framework is presented, applying developmental and early intervention perspectives to the series of steps and decisions that arise whenever prevention is the aim of a new or enhanced program. These steps and decisions range from setting goals to aspects of implementation (decisions about what, who, when, and how), aspects of evaluation, and a recommendation about what a ‘demonstration project’ in this field might be like. For each step, we ask what developmental perspectives add to other approaches to prevention. Each step is accompanied by recommendations and an account of the bases for the recommendations made. The section concludes with an extensive table setting out the roles and responsibilities of various agencies and sectors of the community in preventing child abuse and juvenile crime.

Section 3 overviews a range of developmental studies relevant to the goal of crime prevention. This section is a selective review concentrating on programs that take families and young children as their focus and have been evaluated. The review covers:

- longitudinal studies — these track the same individuals over time, without intervention, with the goal of identifying the conditions that predict later behaviours
- intervention studies — these alter some particular risk or protective factors and observe effects
- studies of child abuse and neglect (utilising mainly longitudinal methods), that serve as a focus for considering in some depth the ways in which early events influence later events

The information gathered in the review was of critical importance in the formulation of steps and recommendations in Section 2.

Section 4 provides an account of the diverse Australian programs and services that target children and/or families. The goal of reducing crime is seldom the explicit focus of these programs and services. They are, however, relevant to the risk and protective factors that have been linked to the occurrence of crime. Their description notes several general features and provides a more detailed account of a selected number of specific programs.

Appendix 1 contains a summary of 46 of the most significant programs and services (or groups of programs and services) related to early intervention in Australia.

Appendix 2 contains a bibliography from the review of longitudinal and early, family focused intervention studies, with selected abstracts.



## REFERENCES

- Ayres I and Braithwaite R (1992) *Responsive regulation: Transcending the deregulation debate*. Oxford University Press: New York.
- Braithwaite J (1997) 'Republican theory, the good society and crime control' Paper to *International Institute for the Sociology of Law Onati* 23–24 October 1997.
- Clarke RV (1997) *Situational crime prevention: Successful case studies (2nd Edition)*. Harrow and Heston: Albany, NY.
- Clarke RV and Homel R (1997) 'A revised classification of situational crime prevention techniques' in SP Lab (ed.) *Crime prevention at a crossroads*. Anderson Publishing Co: Cincinnati, Ohio.
- Criminal Justice Commission (1997) *Queensland criminal justice system monitor vol 2*. CJC: Brisbane.
- Farrington DP (1994) 'Early developmental prevention of juvenile delinquency' in *Childhood Behaviour and Mental Health* 4: 209–227.
- Farrington DP (1996) *Understanding and preventing youth crime*. York Publishing Services for the Joseph Rowntree foundation: York.
- Gottfredsen DC (1986) 'An empirical test of school based, environmental and individual interventions to reduce the risk of delinquent behaviour' in *Criminology* 24: 705–731.
- Gregory R and Sheehan P (1998) 'Poverty and the collapse of full employment' in R Fincher and J Nieuwenhuysen (eds) *Australian poverty: Then and now*. Melbourne University Press: Melbourne.
- Hirschi T (1969) *Causes of delinquency*. University of California Press: Berkeley.
- Homel R (1988) *Policing and punishing the drinking driver: A study of general and specific deterrence*. Springer-Verlag: New York.
- Homel R (1994) *Flawed order: The administration of justice in a 'get tough' era*. Inaugural Professional Lecture delivered at Griffith University June 2 1994.
- Hope T (1995) 'Community crime prevention' in M Tonry and DP Farrington (eds) *Strategic approaches to crime prevention: Building a safer society*. The University of Chicago Press: Chicago.
- King A (1998) 'Income poverty since the early 1970s' in R Fincher and J Nieuwenhuysen (eds) *Australian poverty: Then and now*. Melbourne University Press: Melbourne.
- Loeber R and Farrington DP (1998) *Serious and violent juvenile offenders: Risk factors and successful interventions*. Sage Publications: Thousand Oaks CA.



Mukherjee S (1997) 'The dimensions of juvenile crime' in A Borowski and I O'Connor (eds) *Juvenile crime, justice and corrections*. Longmans: Melbourne.

Olweus D (1978) *Aggression in the schools: Bullies and their whipping boys*. Hemisphere: Washington, DC.

Olweus D (1991) 'Bully/victim problems among schoolchildren: Basic facts and effects of a school based intervention program' in DJ Pepler and KH Rubin (eds) *The development and treatment of childhood aggression*. Erlbaum: Hillsdale NJ.

Olweus D (1994) 'Bullying at school: Long term outcomes for the victims and an effective school based intervention program' in LR Huesman (ed.) *Aggressive behaviour: Current perspectives*. Plenum Press: New York, NY.

Queensland Department of Justice (1997) *Our new laws: Getting tough on criminals*. QDJ: Brisbane.

Raphael B (1992) *The victim, the trauma and justice*. The South Australian Justice Administration Foundation: Adelaide.

Rigby K (1994) 'Psychosocial functioning in families of Australian adolescent school children involved in bully/victim problems' in *Journal of Family Therapy* 16: 173–187.

Robins L and Rutter M (eds) (1994) *Straight and devious paths from childhood to adulthood*. Wiley: Chichester, England.

Rutter M, Champion L, Quinton D, Maughan B and Pickles A (1996) 'Understanding individual differences in environmental-risk exposure' in PG Moen, H Elder Jr and K Luescher (eds) *Lives in context*. American Psychological Association: Washington DC.

Sanders M R and Markie-Dadds C (1996) 'Triple P: a multilevel family intervention program for children with disruptive behaviour disorders' in P Cotton and H Jackson (eds) *Early intervention and prevention in mental health*. Australian Psychological Society: Melbourne.

Stephenson P and Smith D (1989) 'Bullying in the junior school' in DP Tattum and DA Lane (eds) *Bullying in schools*. Trentham: Stoke-on-Trent.

Sullivan L (1997) *Rising crime in Australia*. Centre for Independent Studies: Sydney.

Tremblay RE and Craig WM (1995) 'Developmental crime prevention' in M Tonry and DP Farrington (eds) *Strategic approaches to crime prevention: Building a safer society*. The University of Chicago Press: Chicago.

Walker J (1997) 'Estimates of the costs of crime in Australia' in 1996 *Trends and Issues No. 72*. The Australian Institute of Criminology: Canberra.

Yoshikawa H (1994) 'Prevention as cumulative protection: Effects of early family support and education on chronic delinquency and its risks' in *Psychological Bulletin* 115: 1–26.

SECTION 2

**A POLICY FRAMEWORK  
FOR A DEVELOPMENTAL  
APPROACH TO CRIME  
PREVENTION**





## A POLICY FRAMEWORK FOR DEVELOPMENTAL PREVENTION: STEPS AND RECOMMENDATIONS

### THE PURPOSE OF A POLICY FRAMEWORK

The value of adopting an explicitly developmental perspective is that policy makers and practitioners can reap the benefits of access to a rich set of concepts and research studies, and can be encouraged to pose a range of new questions at each stage of the prevention planning process. For example, with reference to the idea of ‘criminal potential’, a basic tenet of developmental theory is that acts of crime stem both from the characteristics of people (perhaps susceptibility to temptation) *and* from the nature of the circumstances (such as the availability of support for taking alternate paths). A developmental approach to prevention should therefore never be focused solely on the potential offender or even on his or her immediate family, but also on critical elements of his or her relationships and social environment that interact with individual qualities in ways that produce negative outcomes. Individuals never exist in isolation.

The purpose of this section is to present, in the form of steps and recommendations, our understanding of how one should think about the effectiveness of existing programs, or how one should think about planning a new prevention initiative, if one incorporated at each step the fruits of contemporary developmental research. The background to our arguments may be found both in this section and in Sections 3 and 4. The product of our thinking that is presented in this section is what we call the *policy framework* for developmental prevention, although because so much background material is adduced in support of the steps and recommendations, it also comprises a substantial part of the literature review that is continued in Section 3.

The policy framework provides a set of guiding principles rather than a detailed plan for the implementation of specific goals. For example, in the discussion of guidelines for implementing prevention programs under Recommendation 13 later in this section, principles such as program accessibility and the need to avoid stigma are highlighted. However, no detailed plan for achieving these goals is proposed, since such a plan could only be formulated in the context of a specific program in a specific community. In other words, a policy framework should sensitise decision makers to key issues, and direct attention to some kinds of programs or interventions rather than to others, without attempting to provide a blueprint for action. It should also provide broad guidance on the form evaluation should take, the subject of Recommendation 15.





A primary goal of the present project was to identify guiding principles both from the huge scientific literature on human development and from the much smaller literature on developmental and early intervention approaches to crime prevention. A second, equally important, goal was to review existing services and programs in Australia with a view to identifying those that, in the light of the scientific literature, may already be preventing crime, or could with some modification achieve crime prevention goals.

The policy framework therefore consists of three components:

1. The identification of the guiding principles that should underpin any developmental prevention programs.
2. Principles for appraising existing services and for enhancing their crime prevention effects.
3. Principles for assisting in the development, implementation, management and evaluation of new kinds of interventions.

These are presented in this section as a series of steps and recommendations.

As we have already emphasised, the policy framework is not the same as a *policy*, which is essentially a detailed plan for action. It does, however, provide the foundation for the development of detailed policy and for the planning of new prevention initiatives. We have avoided in this report recommending specific types of programs in specific communities for Stage 2 of the demonstration project, mostly because such recommendations would be premature. Neither the prevention literature nor the literature on human development permit a hasty decision with respect to an 'optimum intervention' targeting a specific age range or set of risk factors, and in any case such a decision could only be made once the target communities have been identified. Moreover, the evidence available from the audit of 'early intervention' programs in this country does not permit any firm conclusions about which ones are working best to prevent crime.

What we do do in this section is to draw attention to a large number of issues that should be taken into account in planning for prevention, and to summarise a great deal of information that will be essential in developing Stage 2. This is brought together in Recommendation 16, which incorporates a proposal for a demonstration project on developmental crime prevention through a process of strengthening local communities and families.



## OVERVIEW OF STEPS AND RECOMMENDATIONS

Whenever prevention is set as the goal of a policy or a program, several steps and decisions come into play. These range from an analysis of aims to aspects of implementation and evaluation.

These steps and decisions arise with any kind of preventive approach. Developmental approaches are not unique in this respect. Rather than being seen as standing alone, they are best considered as part of a general orientation to prevention, used in combination with other approaches.

For each step, we have accordingly noted first the nature of these several steps and decisions for preventive approaches in general and then asked what developmental perspectives add or involve. Each step is phrased in terms of a recommendation, accompanied by evidence and, where appropriate, by reference to specific programs either overseas or in Australia.

The end result is a set of guidelines and questions that can be brought to the planning and assessment of any proposal for prevention, with particular relevance to those that start from a developmental perspective.

A list of the steps and recommendations is shown in Figure 2.1, grouped into five sets. The first five recommendations have to do with general issues in the development or analysis of preventive action. Recommendation 6 takes up the issue of ‘when’ to intervene: at what point in the life course. Recommendations 7 and 8 have both to do with aspects of target setting. Recommendations 9,10, and 11 have to do with questions about ‘who’: Who shall be the target of any initiative? Who shall be the implementers? Recommendations 12 and 13 pick up several aspects related to decisions about how to proceed with a new program, while Recommendation 14 addresses the issue of how to enhance the preventive effectiveness of existing programs and services.

Recommendation 15 takes as a focus a type of decision that has received mention in several of the preceding steps but warrants a focused analysis of its own: evaluation.

Finally, in Recommendation 16 we argue the case for a local community based demonstration project and outline our thoughts on what such a project could look like.



TABLE 2.1  
OVERVIEW OF STEPS AND RECOMMENDATIONS

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#### GENERAL ISSUES

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1. Consider the reasons for aiming at crime prevention.
2. Ask: What is the general view of crime? How are offences distinguished from one another?
3. Set the overall plan as an area sensitive mix of preventive approaches.
4. Strengthen the support given to developmental approaches, approaches that break the pathways leading to crime, and note the rationale.
5. Prevention aims to alter both risk and protective factors. Ask: How are these and their links to outcomes specified?

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#### WHEN TO INTERVENE

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6. Choosing a point in the pathway: Establish guidelines for when to act, with a preference for early in the pathway.

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#### TARGET SETTING

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7. Setting a target: Aim at changing several forms of crime.
8. Setting a target: Aim at changing several risk and protective factors rather than an isolated few, but with a 'bias toward some'.

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#### WHO SHOULD BE TARGETED? WHO SHOULD IMPLEMENT?

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9. Selecting people: Anticipate variations by gender and ethnicity, and plan for these.
10. Selecting people: Establish guidelines for deciding whom to target.
11. Selecting people: Establish guidelines for choosing who will implement any service or program.

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#### HOW TO PROCEED

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12. Moving toward 'how' to proceed: Anticipate some 'old myths', some barriers to taking effective preventive action.
  13. How: Establish guidelines for implementation: general principles and specific components for any program or service.
  14. How: Make existing programs more effective for prevention.
  15. Evaluation: Set it as a priority and establish guidelines for how and when it should proceed, with attention to changes in behaviours, cost effectiveness, mechanisms, contexts.
  16. Move toward designing a local community based demonstration project.
-



## SUMMARY OF STEPS AND RECOMMENDATIONS

### 1. *Consider the reasons for aiming at crime prevention.*

Any kind of preventive step calls for a rationale. That rationale may be in terms of social, economic or personal costs. Relevant also are data related to the likelihood of any decrease, and to the effectiveness and cost of alternatives. To these considerations, developmental perspectives add a concern with personal costs in the form of a loss of options in later life, and a concern with second generation effects.

### 2. *Ask: What is the general view of crime? How are offences distinguished from one another?*

Any service or program concerned with ‘offences’ or ‘crime’ needs to give thought to the ways in which they are related to or different from one another. The available distinctions are often in terms of seriousness and the likelihood of co-occurrence. To those distinctions, developmental perspectives add distinctions by timelines and ages of onset. They add also proposals about co-occurrence and timecourses that have to do with the changing functions or attractiveness of offences at different ages.

### 3. *Set the overall plan as an area sensitive mix of preventive approaches: justice, situational, community and developmental approaches.*

The need for an area sensitive mix is based on the fact that communities vary, making an essential first step some assessment of a community’s needs and resources, of the risk and protective factors that it presents. The general need for a mix is based on the argument — basic to developmental theory — that acts of crime stem from both the characteristics of people (eg their susceptibility or resistance to the attraction of acting in ways that break the law) and the nature of their circumstances (eg the ease of criminal acts, the availability of support for taking alternate paths). The goal of change is then to alter people, circumstances, or the combinations of both that make crime more or less likely to occur.

Combining approaches does not mean that any one program should contain all components or all approaches. The need for a multimethod approach may be better met by setting up ways to:

- coordinate across departments or agencies
- to anticipate ripple effects from policy changes that are not officially concerned with crime but influence its occurrence, such as changes in policies with regard to schools, day care centres, housing or transport



4. *Strengthen the support given to developmental approaches, approaches that break the pathways leading to crime, and note the rationale.*

This recommendation calls for a rationale. The grounds lie in:

- evidence for the significance of childhood events for adult crime (child abuse and neglect carry particular weight)
- evidence for effectiveness (both in terms of altering behaviours and in terms of cost)
- the presence of a base in empirical studies
- the ways in which developmental perspectives give rise to specific recommendations about the implementation and evaluation of preventive programs

5. *Prevention aims to alter both risk and protective factors. Ask: How are these and their links to outcomes specified?*

Developmental perspectives offer some particular ways of specifying risk factors and protective factors. They offer as well some useful ways of considering how risk and protective factors are related to one another and to outcomes, primarily by way of cumulative effects and diverse pathways.

6. *Choosing a point in the pathway: Establish guidelines for when to act, with a preference for early in the pathway.*

The overall recommendation from developmental research is for deciding on the basis of what is known about:

- points of malleability or openness to change (these tend to be concentrated early in life and at points of transition or uncertainty)
- points of changing attitudes and opportunity (eg early adolescence increases both a child's interest in 'stuff' and the opportunity to steal)
- the recurrence of problems at different points in life (eg issues of independence from parents are worked through more than once, making one time solutions unlikely)
- the extent to which a characteristic or a way of acting has been established and is likely to stay in place once established

For some problems, these general considerations point to taking action early in the course of parenting or early in a child's life. They also allow, however, for action at times of transition (eg in the year or two before a child makes the transition to school), and at times when particular forms of crime (eg illegal substance use, shoplifting, vehicle theft) are likely to begin or to increase, and 'booster' or focused intervention steps may be particularly effective.



7. *Setting a target: Aim at changing several forms of crime.*

Shall we concentrate on some particular forms of crime or on several forms (eg on several forms of delinquency)? In the main, the evidence points to the value of aiming at reducing several forms of deviance, at not narrowing the focus to specific crimes. This is partly because many offenders are ‘versatiles’, involved in more than one form of offence. It is also because some risk and protective factors are likely to influence several kinds of criminal action (eg family attachment and respect for the law are related to lower rates of several forms of juvenile delinquency). Cost effectiveness is a further consideration. Intervention that lowers several forms of crime rather than only one is likely to be cost effective.

Some specific forms of crime, however, may still need to be singled out as particular targets. Acts of violent crime, for example, are of special concern to the community. The evidence also points to acts of persistent or violent physical aggression as predicted by some particular prior conditions and as possibly requiring special forms of intervention. Some particular forms of crime may also need to be singled out when it comes to timing. Targeting substance abuse, vehicle theft, or vandalism, for example, makes little sense in the preschool years, but considerable sense as a later ‘topping up’ of earlier preventive action aimed at changing general susceptibility.

8. *Setting a target: Aim at changing several risk and protective factors rather than an isolated few, but with a ‘bias towards some’.*

The grounds for changing several conditions are:

- people can arrive at the same end by a variety of routes, by multiple pathways. There may be some typical or common routes, but a great deal of variability is also to be expected
- the cumulative number of risk factors, rather than their specific type, is often critical (any one may then be the straw that breaks the camel’s back)
- the combination of some particular factors, rather than any one alone, is often the stronger predictor of later outcomes
- intervention studies aimed at changing only one risk factor, with the expectation of flow on — of a diffusion of benefits — run the risk of yielding specific effects, with no diffusion

The grounds for a ‘bias toward some’ are their consistent emergence as predictors of involvement in crime. Some of these are the dispositions, expectations, strategies or ‘working models’ that come to be established within the individual and are then carried forward from experience at one time to behaviours at a later time, helping to account for how early experience influences later behaviour. Examples are the strategies used for dealing with



conflict or provocation (eg quick aggression rather than attempts at resolution or at cooling down a problem), and ways of thinking about others (eg on the negative side, a lack of concern, the ready anticipation of hostility, opposition, or disinterest). Others are aspects of experience that give rise to an individual's ways of looking at the world or of dealing with events (eg for a parent, the degree of social isolation and the absence of networks; for a child, the quality of parenting, encounters with non-supportive school structures or with the justice system).

9. *Selecting people: Anticipate variations by gender and ethnicity, and plan for these.*

Most of the concern with these variations has been in terms of the extent to which people from various groups commit various kinds of offences. Questions also need to be asked about differences in age of onset, the nature of risk and protective factors, the appropriateness and effectiveness of various prevention programs, and the reasons for variations in delivery and outcomes. As we begin to focus on these questions, in a proactive rather than reactive fashion, prevention can be more clearly planned.

10. *Selecting people: Establish guidelines for deciding who should be the focus of preventive steps.*

Developmental approaches emphasise the need to:

- choose between targeting people or neighbourhoods (the general preference is for the latter)
- consider children as always linked to other people (the preference is for targeting children and their families)
- keep in mind three sets of people: those who commit crime, those who are the victims or potential victims, and those who legitimise acts of prejudice and promote an oppositional culture (anti-bias action then reduces one set of risk factors). Developmental approaches also draw particular attention to some gaps in the usual target populations: eg fathers as parents, children without parents (children in care, children of prisoners), females as offenders

11. *Selecting people: Establish guidelines for choosing who will implement any preventive steps.*

All approaches to prevention point to the need to consider issues of skill, acceptability and accessibility to the people one hopes to reach, and cost (eg the cost of training or supervision). All emphasise also the need to think in terms of partnerships among implementers. Developmental approaches emphasise as well the need to think in terms of the orientations toward authority figures or 'welfare' figures that people of various ages and in various groups hold, and to ask how unproductive orientations might be changed.





*12. Moving toward 'how' to proceed: Anticipate some 'old myths', some barriers to taking effective preventive action.*

Bright (1997) offers a first set of these: nothing works; the police can do it all; the community can do it all; crime has a single cause, allowing a single fix solution. Developmentalists would add several others: everything needs to be done early in life and only early in life; there is one path from early to later events; all critical factors are to be found within the individual (only the person then needs changing); prevention can be thought of as like one time inoculation; what is true for 'the mainstream' is true for all.

*13. How: Establish guidelines for implementation: general principles and specific components for any program or service.*

Steps need to be taken to make a program accessible, to keep people involved, to avoid stigmatising those who participate, and to help people take an active role in working out what they do. Developmental perspectives add the need to think in terms of actions that both divert people from one pathway and to another, that break down lines of division between 'us' and 'them', and that build on the specific interests of various age groups or social groups.

All approaches to intervention underline also the need to decide on the specific components that are included in any program. Past developmental programs underline the need to specify exactly what form these components will take (eg 'Home visiting' could take many forms) and why they will take one shape rather than another. Past developmental programs underline also the need to locate where possible studies that have explicitly compared one form of preventive action with another.

*14. How: Make existing programs more effective for prevention.*

Consideration of the general principles of prevention that should apply to any program must be tempered by a realistic assessment of the Australian context for the delivery of early intervention services. Many of the most innovative programs are funded as 'pilots', and have no guarantee of renewal, and the whole field is characterised by fragmentation and diversity. Analysis of gaps, from a prevention perspective, is also hampered by the poor state of evaluation.

Despite these difficulties, we have found that it is possible to assess programs against a number of criteria, including the numbers and types of risk and protective factors targeted; the number of 'life course transition points' that come within the ambit of the program; the degree of fit with the needs of specific communities or groups; and the capacity to facilitate partnerships with other agencies. At least two gaps emerge from this analysis: perinatal (during birth) risk factors, and factors related to the transition from primary to secondary education.





15. *Evaluation: Set it as a priority and establish guidelines for how and when it should proceed, with attention to changes in behaviours, cost effectiveness, mechanisms, and contexts.*

Evaluation is an often neglected and misunderstood aspect of intervention, but one that is essential for decisions about initial or continued support. Plans for evaluation should be part of proposals for any new program or for extensions of existing programs.

However, fierce controversy in the literature between advocates of traditional *quasi*-experimental approaches and the ‘scientific realist’ school makes the choice of evaluation methods difficult. The debate is not only about the use of quantitative and qualitative methods, it is about whether programs are sets of fixed attributes that can be converted into measurable variables or are fluid and evolving, not predetermined; whether communities are simply the settings for the program or an active and critical part of the change process; and whether program elements are simply targeted at multiple factors on the basis of past research, or there is in addition an explicit theory of community change undergirding the whole program.

Our view is that it is possible and desirable to incorporate key insights from both sides of the debate. Evaluation should in general be informed by the scientific realist school, which emphasises mechanisms and contexts as well as outcomes; by the ‘theory of change’ approach that emphasises adjusting theory, resources and outcomes based on ongoing results; and by classical *quasi*-experimental methods. This requires an extensive set of quantitative and qualitative measures of outcomes, program characteristics, participants and their degree of involvement, and community dynamics and settings. It also means, for example, that the need for ‘control’ or comparison communities must be taken seriously, as must rigorous, quantitative cost effectiveness analysis.

Intensive evaluation is not recommended for all programs. This can be restricted to some core programs. Some forms of more readily available evaluation, however, should be part of all planning.

16. *Move toward designing a local community based demonstration project.*

In brief, our analysis suggests that a useful way forward in Australia would be to explore: a neighbourhood or small area intervention targeting multiple risk and protective factors at multiple life phases and transition points. The focus should not only be on individual children and families but, more generally, on the functioning of local community institutions and aspects of social organisation that affect the development of children. The overall aim should be to create a more supportive, friendly and inclusive environment for children, young people and families that promotes healthy, prosocial development.



Such a project would take at least a year to plan, perhaps three years to implement and carry out an initial evaluation, and at least 10 to 15 years for ‘follow up’ and a long term evaluation. However, there is a great deal of preliminary work that can be done which would ‘stand alone’ and would be valuable even if, for some reason, the later stages of the demonstration project could not be implemented. These steps include further analysis of how existing community interventions are performing ‘on the ground’; the selection of areas for intervention and the development of measures of risk and protective factors; a better understanding of what is involved in ‘community mobilisation’; and the piloting of some simple but important interventions in disadvantaged areas where, traditionally, participation in community organisations and networks is very low.

#### RECOMMENDATION 1: CONSIDER THE REASONS FOR AIMING AT CRIME PREVENTION

In general, the reasons have to do with (i) the social and the economic costs of crime, (ii) doubts about the effectiveness, and (iii) the cost of incarceration as a means of reducing crime. Developmental perspectives add a concern with (iv) the loss of options in later life, and (v) second generation effects.

#### THE COSTS OF CRIME

The issue of cost was raised in Section 1. We raise it again here, briefly as background to what developmental approaches add. Socially, crime damages the fabric of a community. It promotes distrust, a sense of threat, a loss of confidence in the power of the justice system, and the development of a ‘fortress mentality’. Economically, crime is expensive, both for the victim and for the community.

Those costs apply regardless of variations in absolute levels. There, for example, always some degree of debate about whether crime is increasing or decreasing, and whether the appropriate measure of change should be the number of recorded offences (convictions or cautions) or the number of self reports of crime victimisation, obtained by way of interviews or questionnaires outside the justice system.

Both types of measure, however, point to some disturbing trends. For example, Homel and Mirrlees-Black (1997) have identified a trend toward increased violence in Queensland. To repeat some of the data noted in Section 1, Australian statistics show the ratio of juvenile to adult arrests is increasing — that is, juveniles are accounting for an increasing proportion of arrests (Mukherjee, 1997). Statistics from the UK show also that between 1981 and 1991 there were fewer signs of the usual drop off as people approached 20, with some forms of crime (eg domestic burglary) continuing with adults well into their 20’s.



In fact, some analysts expect that the rates of problem behaviours among adolescents and young adults will continue to increase given the likelihood that society will continue to show rapid changes, generating less stable environments and more and more uncertainty about life's chances (eg Robins and Rutter, 1994; Rutter *et al*, 1996). The marked increase in the proportion of children living in poverty in Australia in the last 25 years is consistent with this scenario (King, 1998).

#### QUESTIONS ABOUT THE EFFECTIVENESS OF INCARCERATION, ESPECIALLY FOR OVER REPRESENTED GROUPS

At the same time that concern is increasing about the incidence of crime both now and in the foreseeable future, questions are increasingly being raised about the effectiveness of incarceration as a response to crime. For both juveniles and adults, the rates of recidivism are high (eg Sherman *et al*, 1997b).

For some subgroups, time in jail may also come to be so widespread that it is almost a normative event for young males: an unlikely base for the future health of a community or a nation. Within the United States, this has become a cause of concern with particular reference to African Americans. Within Australia, the group seen as most vulnerable consists of Indigenous peoples: Australian Aboriginals and Torres Strait Islanders.

#### QUESTIONS ABOUT RELATIVE FINANCIAL COSTS

The comments above on effectiveness had to do with the behavioural outcomes of non preventive measures. Relevant also is their financial cost.

As Bright (1997) points out, questions of financial cost are always close to the surface in discussions about the prevention of crime, prompting him to comment that 'those who argue that the measures necessary to prevent crime will cost a lot of money should be reminded that crime is already costing a lot of money' (1997: 99).

Needed in the choice of any step, Bright (1997) argues, is a careful estimate of its cost before that step is taken. That requirement, he points out, should apply to all forms of preventive or justice system responses: to the cost of childhood intervention programs as well as to the cost of prisons or an increase in police surveillance.

At issue now is how cost effectiveness is best estimated (that is, financial cost in relation to the percentage of change that would be achieved by any measure). We shall return in later sections to that issue. Worth noting at this point, however, is the fact that analyses of relative cost effectiveness are rare. They seem, however, to be increasingly recognised as needed, and to be advocated as a step to consider not only in the post action stage of evaluation but also in the first stages of planning (see Greenwood, *et al*, 1996).



#### A FIRST DEVELOPMENTAL ADDITION: THE LOSS OF OPTIONS IN LATER LIFE

Developmental perspectives always contain an interest in the ways by which earlier events influence later ones. In this section we shall note a number of proposals about how this influence comes about. One first proposal, however, is that early activities have an effect by virtue of the way they open up or close off the options that are open later in life, the paths that might be followed.

The cost of involvement in crime then needs to be considered in terms of the options that it closes off or in the time it takes to recover from awkward, unproductive or damaging steps along a path that one later wishes to change. Getting back on track is not always impossible (a great deal depends on the flexibility of organisations such as schools or labour markets), but it can certainly become more difficult once a contrary path has begun to be followed.

#### A SECOND DEVELOPMENTAL ADDITION: THE POSSIBILITY OF SECOND GENERATION EFFECTS

Developmentalists with 'life course' interests take a particular interest in second generation effects. The impact of events on one person's life, they point out, is not only on that person's life but also on the lives of the next generation that they raise.

One of the best predictors of how aggressive a boy will be in childhood, for example, is how aggressive his father was when he was about the same age (Huesmann, *et al*, 1984). In related fashion, fathers who displayed 'explosive anger' when they themselves were parents during depression times — who reacted to stress by lashing out — have been found to be likely to have children who themselves, as adults, use explosive anger as a way of coping with difficulty or provocation (Caspi *et al*, 1988; see also Serbing *et al*, 1991).

Those two examples, it will be noted, both have to do with the passing on of aggression across generations of males. This is the two generation phenomenon that has been the topic of several studies. Cross generation effects, however, are also relevant to females, even though research to date has not focused to the same degree on women. The data at hand suggest that women who experience poor parenting (eg they are exposed to family violence) may not themselves display criminal offences when they become adolescent or adult (Jaffe, *et al*, 1986; Kazdin, 1997). They may, however, move into the group of parents whose 'inept discipline' (Patterson, 1996) helps promote acting out problems in the next generation. These lines of continuity are not yet clear, but they certainly warrant further study within any longitudinal or intervention study.



## RECOMMENDATION 2: ASK: WHAT IS THE GENERAL VIEW OF 'CRIME'? HOW ARE OFFENCES DISTINGUISHED FROM ONE ANOTHER?

### SOME AVAILABLE DISTINCTIONS

Crime may take several forms: eg for juveniles, physical assault, crimes against property (vandalism, theft), truancy, or illegal substance abuse.

This definition does not assume that all crimes are alike. In fact, they differ in a number of ways. Crimes differ, for example, in the extent to which they are regarded as serious by various communities or by various groups of people. Shoplifting, for instance, may be regarded as non-serious by adolescents but as serious by store-owners.

Crimes differ also in the extent to which they tend to come in 'packages', to cooccur with one another. Illegal substance use, for example, may exist without the offender committing other acts of serious crime. At the same time, a number of offenders are known to engage in a variety of crimes or a variety of problem behaviours. To use Loeber's (1990) term, many offenders are 'versatiles'.

This issue is by no means academic. One of the first decisions in prevention approaches, for example, has to do with setting a target: deciding whether the target will be some specific form of crime or several forms, whether the target will be on specific acts or some possible general tendency to engage in deviant, delinquent or criminal behaviour, with the specific form depending on what the circumstances allow.

What do developmental studies add to this aspect of prevention analyses? Two additions are worth noting at this point.

### A FIRST DEVELOPMENTAL ADDITION: DISTINCTIONS BY TIMELINES AND AGES OF ONSET

Loeber (1990) provides a first example. Some crimes, he pointed out, may be distinguished from others by the extent to which there are easily identifiable precursors at earlier ages. For crimes of violence, for example, there are more identifiable precursors (eg earlier signs of disruptive aggressive behaviours) than there are for, say, substance abuse. Disruptive aggressive behaviour, in fact, seems to display an unusual degree of continuity over time, with its appearance at age 10 — in males — significantly associated with its appearance both 10 and 20 years later (Farrington, 1986; see also Patterson, 1996).

Crimes differ also in their timelines: eg in the ages at which they tend to begin, to reach their peak, and to decline. To use shoplifting as an example, this offence in Australia tends to begin around ages 11 or 12, to reach its peak at 15, and then to taper off with a marked drop by age (Lawrence, 1996). Some individuals may begin at earlier ages and persist for longer, but the typical course is adolescence related.



It is out of this general interest in timelines, and the data generated by several longitudinal studies, that developmentalists have come to propose a distinction among offences in terms of typical age of onset (eg Moffitt, 1993; Moffitt and Harrington, 1996; Patterson, 1996).

That same set of interests and data has also given rise to the proposal that age of onset may be a useful marker of seriousness. An atypically early age of onset (with atypical always thought of in terms of the norms for an individual's social or ethnic group) is related to the longer persistence of a problem (cf. Hinshaw, Lahey and Hart, 1993; Moffitt, 1993; Patterson, 1996). The size of the link is considerable. Within the *Oregon Youth* study, for example, the correlation between age of onset and the likelihood of two or more arrests within the next two years was .74. In addition, early onset boys, arrested before they turned 14, were found to account for 75% of chronic offenders (with chronic offenders defined as having three arrests by the age of 18) (Patterson and Yoerger, 1993; Patterson, 1996).

#### A SECOND DEVELOPMENTAL ADDITION: ACCOUNTING FOR THE COOCCURRENCE OF CRIMES

One way to account for the cooccurrence of crimes takes the form of proposing that there is an underlying general predisposition. Individuals with low self control, for instance (in itself seen as linked to weak attachment to families or school ) are seen as likely to engage in a variety of delinquent or criminal acts (eg Gottfredsen and Hirschi, 1990).

To that kind of proposal, developmentalists would add a concern with how weak attachment or weak self control came about. They would also offer a second explanation, one prompted by data related to timelines and by a general view of the life course as divided into phases marked by different interests, demands, abilities, and opportunities (eg Elder, 1985; Erikson, 1980; see also Section 3).

This second proposal is that crimes may cooccur, especially at particular ages, because they serve a common function. They all serve, for example, to announce to one's parents or to other authority figures that one is no longer 'a child'.

This type of explanation has been offered for the onset of adolescent related crime by several analysts. Jessor and Jessor (1977) are an early source. Moffitt and Harrington (1996) use a similar type of argument to cover both the onset and the decline of adolescent related crime. These acts decline or persist, they propose, to the extent that adolescents and youth find other ways of demonstrating that they are people to be treated with some respect, to be accorded some degree of adult status.

More finely, offences that are 'adolescence related' turn out to be more 'situational' than those that are 'child related' (Moffitt and Harrington, 1996). In effect, the offences that display the typical adolescent rise and fall may be more restricted or situational than those that do not. Expressed in another way, 'adolescence limited delinquents...lack consistency in their antisocial behaviour...they may shoplift in stores and use drugs with their friends, but continue to obey the rules at school' (Moffitt and Harrington, 1996: 165).





### RECOMMENDATION 3: SET THE OVERALL PLAN AS AN AREA SENSITIVE MIX OF PREVENTIVE APPROACHES

This broad recommendation is in two parts. The first is for a mix of various preventive approaches (the four described in Section 1: criminal justice, situational, community, and developmental). That part of the recommendation calls for a summary comment on why a mix is needed, and the opening of questions about how we might achieve, not simply a mix, but also a coordination of various steps (for this there are some Australian examples of practice). The second part of the recommendation has to do with why area variations are needed and how they might be achieved.

#### WHY MIX APPROACHES?

It will be recalled that criminal justice approaches emphasise deterrence and incapacitation, with the visible presence of police being a critical element. Situational approaches attempt to manipulate the immediate physical or social environment in order to reduce the opportunities for offending, while community approaches focus on larger environments such as neighbourhoods or schools and seek to address some of the social and organisational factors linked to crime. Developmental approaches, as we have seen, emphasise intervening early in pathways that lead to antisocial or offending behaviour.

A statement from a US report on the reduction of violence provides a good argument for mixing these approaches. The report is from a group of psychologists, operating as part of a project known as the *Human Capital Initiative*. They might well be expected to favour developmental approaches that focus on changes within the individual, but their conclusion is firm with regard to the need to look beyond this:

*No matter how much we learn about the socialisation process, and no matter how well we learn to change attitudes, beliefs, and other cognitions, we are unlikely to prevent violence unless we can alter the environmental factors in a child's life that promote aggression. Consequently, we need to examine how we can change neighbourhoods, schools, and families so that they are less conducive to the development of violent behaviours* (APS Report, in APS Observer, 1997: 19).

The emphasis on a mix of approaches is consistent with other recent developments in the prevention literature. For example, anti bullying programs that adopt a whole of school approach that incorporates situational techniques (eg better supervision and physically removing victims from offenders), social changes (eg changing the social climate in a school), and specific developmental interventions with children (eg building self esteem) are far more likely to be successful than 'stand alone' anti-violence curriculum based programs (Gottfredson, 1997). It is also consistent with the recent developmental literature



that indicates that we should expect situation specific as well as context-general behaviours. In this view, changing criminal behaviour requires attention to situations, and to continuities or discontinuities in situations, as much as to the characteristics of individuals. (See the discussion under Recommendation 7, on setting targets, for an elaboration of this last point.)

#### EXAMPLES OF MIXED APPROACHES

One example is the whole of school anti bullying program described above. A second example is Bright's (1997) 'three-theme' approach to prevention. Needed, he proposes, are mixtures of early childhood interventions, opportunities for youth, and safer neighbourhoods.

A third example is a proposal rather than a program in actual practice. This proposal stems from a group commissioned by the American Psychological Association to convene a two year study and bring together ways by which 'society can intervene effectively in the lives of children to reduce or prevent their involvement in violence' (Commission on Violence and Youth, 1993: 5). A summary of the actions proposed is provided in Table 2.2.

How do these proposals work out in practice? Suppose we take approaches to teenage pregnancy. For many social groups in contemporary USA, teenage pregnancy is one of the conditions that, especially when it is combined with being single and poor, predicts lowered achievement in school and a reduced quality of parenting (eg Furstenberg, Brooks-Gunn, and Morgan, 1987). Teenage motherhood is also one of the conditions that, in English data, increases the likelihood of the next generation of children becoming involved in crime when they are adults, especially if the teenage mother is also poor and a single parent (Farrington, 1996, 1994).

One way to tackle this set of risk factors is to target the individual, in the hope of persuading teenagers not to become pregnant. Any such persuasion, however, is best accompanied by organisational changes that make it possible for teenage mothers to recover from the ground they lose when they become pregnant. Teenage pregnancy often means 'foreclosure' (Furstenberg, *et al*, 1987) on the path of completing school.

The preventive steps taken in some parts of the USA then consist not only in aiming to change the attitudes or practices that increase the likelihood of early pregnancy, but also in taking organisational steps that re-open the school path: for example by changes in school policy that facilitate return or allow the creation of special classes so that the departure from school attendance is kept as brief as possible.





TABLE 2.2

OVERVIEW OF RECOMMENDATIONS TO CURB VIOLENCE

- | Early childhood interventions directed toward parents, childcare providers, and health care providers to help build the critical foundation of attitudes, knowledge and behaviour related to aggression.
- | School based interventions to help schools provide a safe environment and effective programs to prevent violence.
- | Heightened awareness of cultural diversity and involvement of members of the community in planning, implementing and evaluating intervention efforts.
- | Development of the mass media's potential to be part of the solution to violence, not just a contributor to the problem.
- | Limiting access to firearms by children and youth, and teaching them how to prevent firearm violence.
- | Reduction of youth involvement with alcohol and other drugs, known to be contributing factors to violence by youth and to family violence directed at youth.
- | Psychological health services for young perpetrators, victims and witnesses of violence to avert the trajectory toward later involvement in more serious violence.
- | Education programs to reduce prejudice and hostility, which are factors that lead to hate crimes and violence against social groups.
- | Efforts to strengthen the ability of police and community leaders to prevent mob violence by early and appropriate intervention.
- | Efforts by psychologists acting as individuals and through professional organisations to reduce violence among youth.

Source: From the executive summary of the report of the American Psychological Association Commission on Violence and Youth (1993) Copyright 1993 by the American Psychological Association. Reprinted with permission.

EXAMPLES OF COORDINATED APPROACHES

The notion of mixing approaches does not necessarily mean that all programs or all agencies need to put several kinds of prevention in place. What is called for is that several approaches be coordinated. Bright (1990) describes some English examples; *Communities That Care* (Hawkins *et al*, 1992) is a US example.

An example of special interest is a specification of roles and responsibilities for all participants, ranging from children, young people and parents to neighbours and friends, schools, community and health services, employers, non government organisations, and State and Federal agencies. We have prepared a very extensive table (Table 2.3) along these lines based on material from a UK *National Commission of Inquiry into the Prevention of Child Abuse* (1996). This table is presented at the end of this section, and is discussed further under



Recommendations 14 and 16. Perhaps the most important features of this table are that it draws attention to the multiplicity of key players in any attempts to create more ‘child friendly’ environments, and the fundamental importance of coordinating policies and decisions made at the State and national level in areas (such as media or employment policies) that might initially appear somewhat removed from the prevention of crime.

To illustrate coordinated approaches further (as well as aspects of Table 2.3), we have singled out two Australian projects that are unusual in that both have recently been evaluated for their effects on various signs of family functioning. Neither is explicitly concerned with crime (there does not appear to be any crime related cross agency project as yet on the Australian scene). The focus is instead on risk and protective factors that have been identified as relevant to the later onset of delinquency or crime.

The first of the two projects, the *Regional Coordination Program (RCP)*, aims to facilitate a coordinated government response to key issues and concerns in rural and regional areas of NSW. The Program focuses on particular projects, identified by a Regional Coordinator Management Group. For each project, the objective is to achieve the outcomes desired by a community *via* improved use of government resources. The management process has scope to include relevant government departmental staff as well as representative of non government and community organisations. The *RCP* currently operates in six regions of NSW.

The *RCP* recognises the complexity of many of the issues of high priority from regions, the need to adopt a whole of government approach in addressing these issues, the improved efficiency and effectiveness that results from coordinated as opposed to fragmented responses, and the value of acknowledging local uniqueness and building on existing community networks.

A project in Lismore, one of the original two regions in which the *RCP* was piloted, focused particularly on children and families believed to be vulnerable to a range of problems. Of particular interest was the attempt to move beyond a reactive approach to address some of the factors in their families and communities that make children vulnerable. In addition to achieving better coordination of government services, the project achieved a more proactive approach to intervention based on a clearer appreciation of the family and community contexts of the children. Further, closer links were forged between service providers and the community and these acted as a catalyst for a range of new community support programs.

The second program, the *Interagency School Community Centres Pilot Project* (described further in Appendix 1, Program 9.4), is a collaborative initiative of the NSW Departments of School Education, Health and Community Services. The project has been implemented at four sites, based in metropolitan and country schools, and is designed to develop models of coordination of services to support families with children under six years of age. In particular, it aims to identify local community needs and gaps in existing services.



Working from the school or the community centre, each project seeks to promote community involvement in providing services to support and encourage families in their parenting role. Management of each project is by a committee with representation from each participating agency. The community works in close cooperation with a facilitator. The facilitator's function is to promote community participation and collaborative identification of areas of particular need, existing community resources, and ways to strengthen these in order to fill gaps in service delivery. The approach at each site can take account of the uniqueness of the participants and their community. In addition, members of the community are encouraged to act rather than to feel helpless in the face of family problems or bureaucracy.

We have a great deal to learn about how the coordination of various preventive approaches is best achieved. In the Australian examples just cited, a central person in a central place is seen as a critical feature (as against a super agency). There is, however, no combined description available of cross agency approaches around Australia (this might facilitate cross borrowing). There is also no analysis available of how these programs have evolved into the forms they currently take. Nonetheless, projects such as these suggest the shape that cross agency approaches to crime prevention might take. In Recommendation 16 we develop this theme further.

We also have a great deal to learn as yet about the goals and the several possible outcomes to these projects. Each of them, however, starts from the explicit recognition of the need to take more than one approach to a problem, and the need to change not only the behaviours, attitudes and knowledge of people, but also the nature of their circumstances.

Still open also is the question of how to achieve ways of anticipating ripple effects from related policies. One of the points emphasised by Bright (1997) — and one of the recurring themes emphasised by the people interviewed for Section 4 of this report — had to do with the ways in which the goals of one department were influenced by the policies introduced by another.

In one of Bright's (1997) examples, changes in school policies with regard to school suspensions or expulsions were not thought of as having an effect on the incidence of crime in the neighbourhood. When no arrangements were made as to where these children were to go, however — or when they were allowed to stay nominally in school but were excluded from classrooms — what changed also were the opportunities to become involved in a variety of offences.



One may readily think of ripple effects on crime, or on its antecedent conditions, occurring as a result of changes in policies that did not anticipate a variety of flow on effects. Changes in the funding of childcare, and its impact on family functioning, were the subject of many comments in Marie Leech's interviews. Changes in funding were seen as decreasing the use of childcare centres, especially by those who were low in income, with a flow on effect expected for the quality of the alternative care used, the level of family stress, and the quality of parenting.

The issue now is one of anticipating flow on effects and of asking: How is this best done? Who should or could do it?

#### AREA SENSITIVE PROGRAMS

It is easy to say that the programs offered in one place may well not be suited to those offered in another, and will have to vary. The specifics of a *Family Support Scheme* in Bankstown, for example, will need to be different from what is offered in Woollahra. These variations may present some problems for a traditional approach to evaluation, with people possibly looking for the complete replication of one program with only a variation in the place where it is offered. As we shall see when we come to consider recommendations with regard to evaluation, however, what has needed to change — and has changed — is the approach to evaluation. If we are to meet community needs, and gain community support, variations in what is offered will need to be made, and evaluation models must be correspondingly flexible.

The question to be faced is one of how to determine what a reasonable or optimal mix might be. Bright (1997) and Farrington (1997), for example, recommend an initial survey to cover needs and resources and to measure risk and protective factors. That survey or audit would presumably turn both to community members and to observers as informants. In Bright's proposals for policy steps, certainly the formation of partnerships across agencies and with the community is a critical first step, and the initial working out of needs and resources would stem from those partnerships.

Developmentalists would underline the importance of the partnerships including not only adults but children themselves. Bright (1997), for example, cites a project in which young people were invited to take part in a survey of lighting in an area where vandalism had been rife. The young people reported locations where lighting was inadequate or lights were damaged. Over the general area, the incidence of damage to lighting dropped significantly. Another example of the importance of involving children comes from the literature on bullying. These studies have demonstrated that it is critical to involve the whole class in discussions of the issue, not just victims and offenders (Olweus, 1994).



#### RECOMMENDATION 4: STRENGTHEN THE SUPPORT GIVEN TO DEVELOPMENTAL APPROACHES, APPROACHES THAT BREAK THE PATHWAYS LEADING TO CRIME, AND NOTE THE RATIONALE

This recommendation may seem superfluous given the fact that what has been requested is an account of how developmental approaches can be useful rather than an argument for why they should be used. Understanding the grounds for support, however, and identifying the points at which the grounds may be strengthened, helps shape both planning and evaluation.

Two grounds for support are reviewed: the evidence for effectiveness (in terms both of changing behaviours and of cost effectiveness), and the base in empirical studies (longitudinal studies and intervention studies). We set aside the extent to which developmental perspectives can generate recommendations for how preventive action might proceed, because that argument is the basis for most of the recommendations in this part of the report.

#### THE SIGNIFICANCE OF EARLY EXPERIENCE

Does early experience really make a difference to the later occurrence of delinquency or crime? The answer 'yes' comes from a variety of studies exploring the 'stepping stones' (Farrington, 1986), or the 'developmental pathways' (Loeber, 1991), or 'precursors' (eg Guerra, 1997) to juvenile delinquency and adult crime. We take as an example a recent report from the NSW Bureau of Crime Statistics and Research (Weatherburn and Lind, 1997: Social and economic stress, child neglect and juvenile delinquency).

We single out this report for two reasons (over and above the fact that it contains Australian data). One is that the results support the need for policies that address child abuse and neglect as a key element of crime prevention. Poverty, unemployment, sole parent families, lack of residential stability, and crowded living conditions, were all related to measures of abuse and neglect, on the one hand, and to juvenile crime on the other. Of all the factors measured, however, neglect and abuse were the strongest predictors of juvenile crime.

The other is that the report goes beyond inferences based on the simple finding that some aspect of early experience is correlated with later delinquency. What Weatherburn and Lind have done is to take the further step of establishing how much weight this early experience carries.

This kind of analysis is a model for what should be done, for the kind of evidence on which policy or program decisions should be based. We accordingly give it some particular space.



We present below the main results for the urban areas (the pattern is much the same for rural areas although in general the relationships are weaker):

- On their own, a number of conditions are strongly related to juvenile participation in crime. Poverty, sole parent families, and crowded dwellings — taken together — account for 56% of the variance.
- On its own, child neglect explains 57% of the variation in juvenile participation in crime: 58% of the variation in property crime and 49% of the participation in violent crime.
- When these conditions are put together in a path analysis, poverty, sole parent families and crowded dwellings emerge as influencing juvenile participation in crime mainly by increasing the rate of child neglect.
- Similar results are found when abuse is used in the analysis rather than neglect, but this finding probably reflects the high correlation between neglect and abuse.

These results do not tell us how early abuse or neglect lead on to juvenile delinquency or adult crime. That is an issue we shall take up in Section 3. The results as they stand, however, warrant the serious attention of both researchers and policy makers.

Conclusion:

*policies designed to reduce the level of economic stress or attenuate its effects, and early intervention programs designed to reduce the risk of child neglect, have an important role to play in long term crime prevention (Weatherburn and Lind 1997: viii).*

#### EVIDENCE OF EFFECTIVENESS: CHANGES IN BEHAVIOURS

The results we have just described do not come from an intervention study. In an ideal world, we would be able to add that when we intervene and lower the incidence of child abuse and neglect, we lower the level of participation in crime.

In time, we should be able to add that evidence. In the meantime, we need to turn to programs where early intervention of another kind has occurred and the results have been evaluated. Most of these long term evaluations of early interventions were begun with the intention of improving the school performance of children from disadvantaged areas. As long term effects were measured, however, it became clear that changes were occurring not only in school performance and attitude toward school. Changes were also occurring in a variety of ‘social’ behaviours (Zigler, Taussig and Black, 1992).

Section 3 describes the form and the results of several of these programs. They are all from the USA, reflecting the low commitment in other countries to long term evaluation.





At this point, we note only a summary comment, from someone who is not himself a ‘developmentalist’. The comment comes from Sherman (1997b) in the course of reporting the results of a survey carried out by the Department of Criminology and Criminal Justice at the University of Maryland for the US Congress (funded by the National Institute for Justice). This survey was dedicated to determining ‘what works, what doesn’t work, and what’s promising’. Sherman’s comments have to do with ‘family based programs’, programs that form a substantial part of developmental approaches:

*Family risk factors have a major effect on crime. Family based prevention can directly address those risk factors, with substantial success. The more risk factors they address, perhaps, the better. The earlier they start life, it seems, the better. Programs for infants and young children may be most cost effective in the long run, even if they are expensive in the short run. Combining home visiting with preschool education reduces crime committed by children when they grow up. Rigorously evaluated pilot projects with tightly controlled prevention services are consistently effective. Family problems later in life are more difficult to address, especially family violence by adults. But it is still possible. The potential of early, adolescent and adult family based crime prevention is held back only by our failure to invest in more research and development. The need for testing programs that work on a large scale is particularly great.*

*Most of these conclusions have been independently reached by diverse scholars from diverse disciplines (Yoshikawa, 1994; Tremblay and Craig, 1995; Hawkins, Arthur and Catalano, 1995; Crowell and Burgess, 1996; Kumpfer, Molgaard and Spoth, 1996; Wasserman and Miller, forthcoming). Given the normal disagreements among social scientists, the level of consensus about these conclusions is striking (Sherman, 1997b: 1).*

Family based programs, of course, are not the be all and end all of developmental approaches. As we indicated earlier in this section and in Section 1, developmental approaches argue for intervening early in the pathway, a principle that allows for intervention at several points in the life course. Family based programs, however, form one strong component of developmental approaches and it is from these that most of the evidence stems for the effectiveness of early interventions. Evidence of similar effects now needs to be set as a goal for preventive action taken at later points also. That evidence is, for example, the target of several programs designed to interrupt the pathway toward continued crime after a first offence (Loeber and Farrington, 1998).



#### EVIDENCE OF EFFECTIVENESS: ISSUES OF COST

The relevant information here comes from a report for the Rand Corporation (Greenwood *et al*, 1996). It is specifically concerned with costs in relation to the percentage of reduction in crime. This study is one of the first sophisticated approaches to estimating cost effectiveness for approaches to crime prevention; the report is regarded by the group as an initial step toward establishing a strong bank of evaluation methods.

The selected programs for the study covered:

- home visits and day care
- parent training
- delinquent supervision (programs targeting those who have committed a first offence)
- graduation incentives (cash and other incentives to finish school)
- application of California's 'three strikes' law (incarceration after three violent or serious offences)

The survey involved first reviewing the evidence for whether a variety of programs were effective in reducing the incidence of crime. The argument offered for early prevention programs in general will be familiar:

*Crime prevention can take many forms, from better security devices, gun control, and improved streetlights to anti-truancy programs and efforts to decrease school dropout rates among high risk youths. One of the problems with various target hardening strategies, such as providing better locks and streetlights, is that a substantial portion of the crimes prevented at the hardened site may simply be displaced to less protected sites; the offenders will adapt. The advantage of prevention programs that focus on the offenders themselves — at an age when they are still potential offenders — is that the crimes prevented are not displaced (Greenwood *et al* 1996: 7).*

A second part of the survey involved comparing some prevention programs with others. One particular contrast, for example, was between programs 'targeting high risk youths in the age ranges where violence is most prevalent, around 15 to 20 years of age', and 'programs targeting the family or home situation and younger children. The latter have shown more promising results' (1996: 7). This is not to say that none of the programs targeting high risk youths will be effective: the sections in Loeber and Farrington's (in press) book on serious and violent crime point to some promising programs. Across the sets of studies of these two types, however, the results have consistently been more positive for programs targeting families and younger children.

A third part of the survey involved comparing several programs in terms of their program costs.

This step consists of considering program costs 'in terms of serious crimes prevented for every million dollars spent on each program' (Greenwood *et al*, 1996: 4). In this step, parenting programs and graduation incentives emerge as clear winners. California's 'three strikes law is estimated at achieving a 21%



reduction in crime (crimes that cannot occur while people are in gaol) at a cost of (US)\$5.5 billion a year. For less than an additional billion dollars, graduation incentives and parent training could roughly double that crime reduction, if they are as effective as our analysis suggests' (Greenwood *et al*, 1996:5).

The authors recommend that all evaluation should in the future 'compare the costs and effectiveness of various early intervention approaches with each other and with incarceration' (Greenwood *et al*, 1996: 7). Even at this stage, however, some questions are highlighted. One of these has to do with what contributes to the cost of a program. Take, for example, programs involving the combination of home visiting and day care. In terms of serious crimes prevented, these programs rank below incarceration. Part of the reason for that is that these programs run over several years and, within the USA, can involve a program covering the full cost of day care (the site and the personnel, with no state or Federal assistance). One costing step needed is then the development of ways to compare one program of this type with others. The costs, as well as the outcomes, of various programs — even though they all bear common names (home visiting, preschool) — will not always be identical.

A further part of the problem lies in the measure used for estimating effectiveness. The Rand Report's approach to costing needs to be compared with the broader set of measures used by Weikart and his colleagues for the *Perry Preschool Project*. In addition to the money saved by people being out of prison, they take into account the positive benefits to society in terms of people acquiring a job and paying taxes, becoming married, and taking out bank loans (children who went through the *Perry Preschool Project* were significantly more likely to take these positive steps as well as to not commit crime). On these estimates, the *Perry Preschool Project* emerged as returning to US society a very high financial return for each dollar spent on the program (Schweinhart, *et al*, 1993).

At this point then, we have double grounds for advocating early prevention programs.

We have as well grounds for advocating the future use of both forms of assessment — behavioural outcomes and cost effectiveness — and for recommending that we search for ways of doing so in a more integrated fashion than has been the case to date (see Recommendation 16).



#### A BASIS IN EMPIRICAL STUDIES

The studies are of two kinds: longitudinal studies and intervention studies. Sections 3 and 4 provide examples of both. The emphasis in Section 3 is on intervention studies and, in Section 4, on the nature of services and programs directed towards the reduction of a variety of risk factors, with an emphasis on services and programs directed toward children and families.

Longitudinal studies dominate the literature to date. Two useful summaries of longitudinal studies come from Australian sources. One summary (of Australia and overseas studies), is to be found in the introduction to a report by Tim Gilley and Janet Taylor for the Brotherhood of St Lawrence (1997). The body of the report details the *Brotherhood's Life Chances Study*, a study based on interviews with 167 mothers in two Melbourne suburbs. The other is an extensive survey of Australian and overseas longitudinal studies prepared by Claire Wilson and Emer Dunne for the Office for Families and Children in South Australia (1997, part of *Parenting SA*). Both of these surveys are oriented toward the factors in early childhood (years 0 to 3 in the first case, years 0 to 5 in the second) that lead to disadvantage in later life. The latter report also offers a useful summary, project by project, of the 22 projects reviewed and brings together several results related to delinquency and crime (Wilson and Dunne, 1997: 18–19).

There is in addition the *Mater-University of Queensland Study of Pregnancy and its Outcomes*, a major Australian longitudinal prospective study of child health and development that we utilised in designing the present review. This study, being based on 8,556 mothers, is able to identify a wide range of statistically significant risk factors (Bor *et al*, in preparation; Keeping *et al*, 1989; Najman *et al*, 1997).

However, our concern at this point is not with the details of the results of this or the other studies, but with the kind of data that each provides. (Longitudinal studies are discussed in more detail, especially in relation to predictors of aggressive and criminal behaviour, in Section 3).

*Longitudinal studies.* In these studies, the same individuals are tracked over parts of the life course. The data gathered can then be analysed to ask which conditions at earlier points in life are related to what happens at later times. Some of these analyses stop at the point of asking which conditions are correlated with later events and which are not. The more useful analyses, as we have seen from the study by Weatherburn and Lind (1997) are those that use the correlations to construct pathways of various kinds.

This report contains a number of references to pathways. This is a feasible point to begin giving the term more than its commonsense meaning. Pathways may be drawn in more or less complex fashion. Figure 2.1, however, provides a first example, one that is more accessible than many. Taken from Kazdin (1997), it



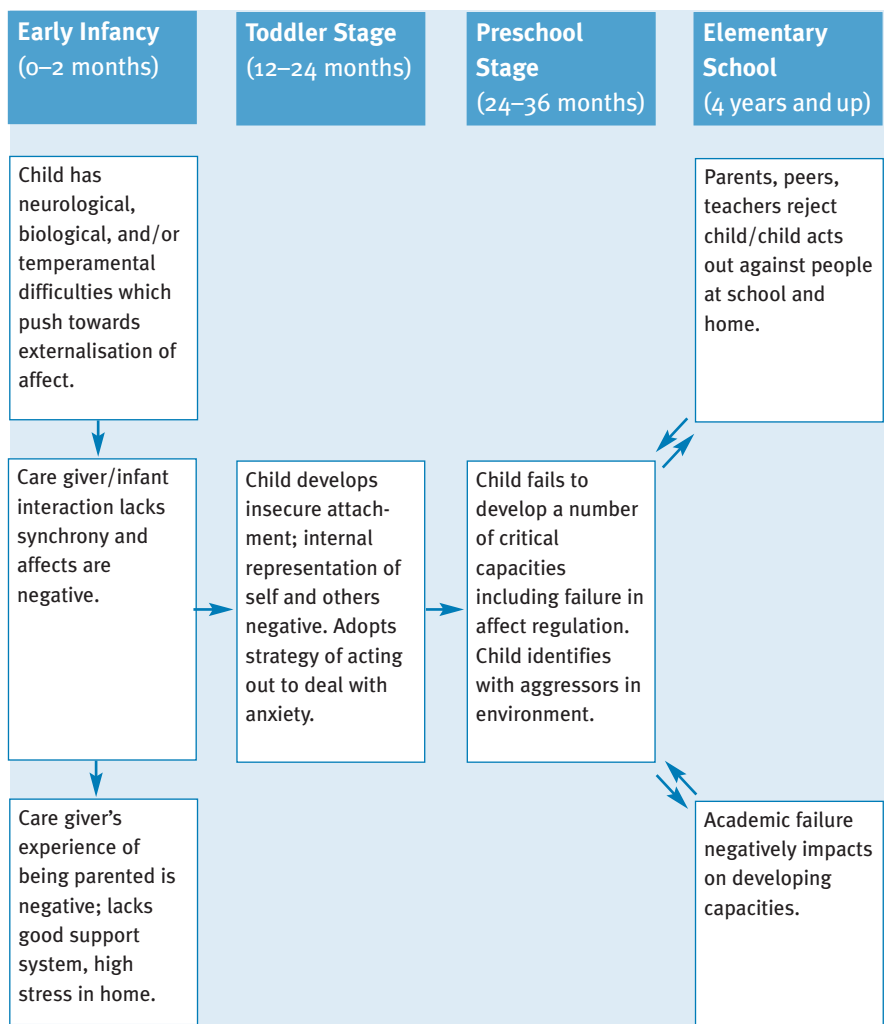
lacks the complex arrows and statistical weights that many path models display. It does, however, illustrate one of the basic features of developmental concepts of pathways, namely, the ways in which a risk at one point can leave an individual vulnerable to a new risk at the next, to accumulating more risks as the transition is made from one age or life phase to another. It is not simply that the same risk continues or gets larger. Rather, each phase carries the possibility of new kinds of risk and the unlucky individual may pick up more and more as he or she proceeds.

*Intervention studies.* These involve the taking of some specific steps to alter what happens either in the short term (eg 6 months after intervention) or in the long term. They also provide the means for checking hypotheses about prior events: hypotheses formed on the basis of longitudinal studies. Longitudinal studies point to the risk factors or protective factors that are associated with various outcomes. Intervention studies provide the means for determining whether changing these conditions makes a difference and for determining how much of a difference one change makes in comparison with others. Ideally, the two kinds of studies (longitudinal and intervention) are integrated with one another, but traditionally this has seldom been the case.

Most of the intervention programs specifically concerned with delinquency or crime are relatively new, so that outcomes over a long time period are not yet known. As we noted earlier, the long term results from early intervention programs — the programs that allow a measure of what is happening now that the original group has reached adulthood — began with the aim of changing performance in school. It was only as the outcomes over time of early home visiting and preschool programs were being assessed that changes were noted also in other behaviours. In effect, we may need to wait a while — if we use conventional tracking paradigms — to see the results in adulthood of early intervention programs directed specifically at reducing crime.



**FIGURE 2.1**  
EXAMPLE OF A PATHWAY ANALYSIS







One way around this problem is to combine long term tracking with shorter term segments. To take one example, we know from longitudinal studies that persistent aggressive behaviour at ages 3–4 is correlated with aggressive behaviours at later ages, and that this later behaviour is correlated with delinquency at still later ages. Aggressive behaviours at ages 3–4, for example, are correlated with aggressive behaviours at age 7 (eg Achenbach *et al*, 1994), and children who display aggressive behaviours at age 7 are more likely at age 14 to report having carried illegal weapons or to have been involved in criminal behaviour (results from a Canadian study by Rubin, Chen, McDougall, Bowker and Mackinnon, 1995). Exactly the same continuity of aggressive behaviour has been observed in the *Mater* study (Bor *et al*, in preparation), with about half those identified as aggressive at age 5 being identified as aggressive by the mother at age 14.

When funding for intervention studies is short term, we can then take several short term chunks of a life course to check on whether the progressions and connections indicated by long term longitudinal studies can be used to design and evaluate briefer intervention studies. We incorporate this in our proposal for a demonstration project in Recommendation 16.

#### RECOMMENDATION 5: PREVENTION AIMS TO ALTER BOTH RISK AND PROTECTIVE FACTORS. ASK: HOW ARE THESE AND THEIR LINKS TO OUTCOMES SPECIFIED?

Regardless of the specific form that it takes, crime prevention refers to steps that diminish the likelihood of a crime being committed or of its being repeated after a first offence.

The ways in which the goal is described may vary. The target may be, for example, a reduction in the number of offenders, the number of victims, or the extent of the harm done: eg the extent to which offences end in deaths (Sherman, 1997a).

The most common description of goals, however, is in terms of a double aim: reducing risk factors and increasing protective factors. Either focus, as Sherman (1997a) notes, fits the definition of crime prevention adopted by the US Congress. That way of setting goals, however, presents us with the task of specifying what these factors are, and of asking how they are connected with one another and with the outcomes they are thought to lead to.

As before, we start by taking a general look at these issues and then concentrate on what developmental perspectives offer.



#### RISK FACTORS, PROTECTIVE FACTORS

*Risk factors* are essentially those that increase the likelihood of an offence occurring or being repeated. These factors are typically seen as being of several kinds. They cover, for example, characteristics of the individual (eg impulsivity or an ‘oppositional identity’), the family (eg weak parental monitoring), the immediate community (eg few long term residents), or the services available (eg few, or poorly coordinated, social services). (The lists can be formidable: see, for example, Table 3.3 in Section 3 or in Bright, 1997: 39).

The importance of risk factors is not an issue. The critical questions — the questions that have the most relevance to what one does about risk factors — have to do with the extent to which various risk factors have been established, the extent to which they are modifiable, the means by which they can be modified, the extent to which various risk factors are interrelated with one another, and the extent to which specific factors or specific combinations of factors are related either to particular forms of offending or to the tendency to commit offences of several kinds.

*Protective factors* are typically regarded as factors that (i) reduce the impact of an unavoidable negative event, (ii) help individuals avoid or resist temptations to break the law, (iii) reduce the chances that people will start on a path likely to lead to breaches of the law, and/or (iv) promote an alternate pathway.

Among those often considered are again several characteristics of the individual (eg an individual’s respect for the law, or an individual’s involvement in family life, school, sport, or paid work: that is, in non criminal activities). Considered also are several features of settings (such as the extent to which a community takes part in monitoring where people are, or the extent to which it contains facilities or social structures that support involvement and attachment, that help maintain a civil society rather than, say, an ‘oppositional culture’. As with risk factors, Section 4 of this report brings out the diversity of forms that these services and supports may take.

Again, the importance of these factors is not an issue. The critical questions, especially for decisions about action, are similar to those raised with regard to risk factors. Critical also are questions about the ways in which risk and protective factors are related to one another. Are protective factors, for instance, simply the inverse of risk factors or do they have some different features?

#### A FIRST DEVELOPMENTAL ADDITION: THE NATURE OF CONNECTIONS BETWEEN FACTORS AND OUTCOMES

*Developmental perspectives* contain the same concern with risk and protective factors that all prevention approaches contain. In fact, risk and protective factors may be highlighted in definitions of what developmental prevention is about. To repeat from Section 1 the definition offered by Tremblay and Craig (1995: 156):



*...developmental prevention refers to interventions aiming to reduce risk factors and promote protective factors that are hypothesised to have a significant effect on an individual's adjustment at later points of...development.*

That definition puts the significant risk and protective factors at a prior point, adding a time dimension to the analysis. It also highlights proposals related to the ways in which risk or protective factors are related to outcomes.

*The concept of probabilistic paths or trajectories.* Rather than stop with a list of all the past events that may be correlated with later offending, developmentalists aim at putting these events into some kind of order over time, an order often discussed under the heading of 'trajectories' or 'paths'. We introduced the concept of pathways in Section 1 and also in the discussions of the study by Weatherburn and Lind (1997) and of longitudinal studies. At this point, then, we shall add only a point that is well expressed by Kazdin (1997: 257):

*...influences can place a child on a trajectory or path. The trajectory or path is not a fixed or determined course...some outcomes become more probable (eg being arrested, bonding with delinquent peers) and other outcomes become less probable (eg graduating from high school, entering a monastery).*

#### A SECOND ADDITION: WHAT PATHWAYS DO WE NEED TO WATCH FOR OR ACCOUNT FOR?

The description in the previous Section may make it sound as if there is an infinite variety of pathways. In practice, developmentalists have come to focus their attention on some particular forms. We single out a set that can be looked for in a variety of content areas and that make a particular difference to the way intervention may proceed or its effects be measured.

This particular set was prompted by observations to the effect that not all individuals in high risk situations developed problems. In addition, some individuals in low risk situations did so. Moreover, some people who started off with one problem, or who might have been expected to develop a particular problem, developed another.

As the data accumulated, people became aware that at least six pathways needed to be considered. The set of six below is taken from Cowan, Cowan, and Shulz (1996: 8):

1. Some individuals and families start off well and stay well.
2. Some start off vulnerable and stay that way.
3. Some start off well and then develop a disorder.



4. Some start off vulnerable or in distress, but function well later on.
5. Some start off with specific problems and remain in distress, but the nature of the problems shifts over time.
6. Some cycle in and out of risk and actual distress.

As Cowan *et al* (1996) point out, the same kinds of possibilities may be constructed for the child of a parent with a particular kind of problem such as schizophrenia, habitual explosive anger, or a lack of commitment to the straight and narrow. The parent may or may not have this characteristic. The child may then either have it or not.

In addition, we need to consider the possibility that the child will develop not this precise problem but some other. What we need to account for, in this concept of types of pathways, is not only the appearance or non appearance of problem X at a later point, but also the possible appearance of a different kind of problem.

The concept of types of pathways, then, provides a way of cutting across problems. Whatever the type of problems, and regardless of whether we are considering longitudinal or intervention studies, we may ask about the extent to which the six paths occur. We have also been pushed toward the further analysis of questions about the conditions under which a path involves a substitution of problems (eg a mood disorder for a conduct disorder) rather than simply the presence or absence of problems.

#### WHAT UNDERLIES THE STATISTICAL CONNECTIONS?

Pathways are constructions out of correlational data. At some point, however, we need to ask what may underlie the statistical connections. It is at this point that developmentalists move in three directions.

The most familiar direction is in terms of proposing a variety of processes or 'carrier mechanisms' that may account for connections over time. These processes are most often placed within the individual. The experience of particular events, for example, establishes some predisposition to react with hostility, to lie, to steal, to think only in terms of one's own pleasure or of the short term.

A less familiar direction consists of seeing the particular processes as contained in the interactions between people. The best known example, based on observations of behaviour sequences, is the concept of 'coercive cycles' proposed by Patterson and Dishion (1988). A child starts off, for example, with a low level aggressive action. The parent responds ineffectively, reinforcing the child's negative behaviour and moving it up a notch. The parent then finds it even more difficult to respond effectively etc. In effect, each party's response to the other both perpetuates and escalates the connection between a prior event and a later behaviour.



Least familiar of all but important to note is a direction taken by Sameroff and his colleagues (Sameroff *et al*, 1993). They observed that a number of environmental conditions were negatively related to a child's IQ scores at age 4, and that these scores were in turn correlated with IQ scores at age 13. They took as well, however, the unusual step of measuring for the presence of the same risk conditions at age 13. The correlations between the two sets of risk conditions were quite high (around 0.7) and taking that into account effectively halved the correlation between the IQ scores at the two ages. In effect, what might appear to be some disposition carried forward within the individual could well reflect a continuity in the conditions that are being encountered.

Do these possibilities matter for the task of prevention? They matter for the choice of what to change. Prevention, it has been argued, should target what we think of as causally related to crime — what we see as the underlying process — rather than be aimed at what is simply correlated (eg Coie *et al*, 1993; Coie and Dodge, 1997; Tremblay and Craig, 1995). They matter also for our interpretation of any effects we obtain. What we see as change within the individual (and as then likely to persist even if circumstances change) may in fact be a change in the individual's circumstances, making it likely that the old behaviour will reappear again as soon as the circumstances swing back to where they were. In effect, we would do best to follow the type of model used by Sameroff and his colleagues, checking — when we come to evaluate whether what we have done has made a difference — both for changes in individuals and in circumstances.

**RECOMMENDATION 6: CHOOSING A POINT IN THE PATHWAY:  
ESTABLISH GUIDELINES FOR WHEN TO ACT, WITH A PREFERENCE  
FOR EARLY IN THE PATHWAY**

Why have we not simply said 'with a preference for early in life?' That is, after all, what most people understand by 'early intervention'.

The reasons are twofold. As we saw in Section 1, 'early in the pathway' has a better fit with current developmental theory. It also allows for greater flexibility in the timing of action and for increased effectiveness.

The theory is really not esoteric. Its basics are, in fact, well expressed in everyday life by the advice we often give people to think 'before they get in too deep', to hesitate before 'it gets too hard to turn back' or before they have 'burnt their bridges'. Less obvious, however, are some particular concepts and their implications for taking preventive action.



#### DEVELOPMENTAL CONCEPT 1: THE LIFE COURSE AS A SERIES OF TRANSITIONS, OF POINTS OF CHANGE

Developmental approaches, to repeat a point from Section 1, do not see life as marked out by one steady march toward adulthood or one steady line of change, either for the better or for the worse. Instead, what occurs is a series of phases, a series of points of change or transition.

In the course of becoming an adult, for example, we move from home to school, from primary to secondary school, from school to seeking to become a part of the paid work force, acquiring a driver's license, being legally able to buy alcohol, possibly leaving home...Throughout adulthood, further transitions occur: making commitments to other people, possibly becoming a parent, coping with shifts in employment status, being faced with the evidence that one's child is encountering difficulties or is in various kinds of trouble...

#### CONCEPT 2: POINTS OF CHANGE AS TIMES OF INCREASED STRESS AND OF MALLEABILITY

Points of change are sometimes looked forward to, sometimes dreaded. In both cases, they involve uncertainty about how to make the change, about the way events will unfold. They are also times of increased openness to change (Ruble and Seidman, 1996, provide a review of theory and evidence on this score).

To take an example from studies of motherhood, information about labour or about the nature of life with a newborn is wasted on women early in pregnancy, but is looked for and welcomed closer to the time of its being relevant. The trick then is to choose one's timing both for a first input and for a return and reminder.

#### IMPLICATIONS FOR ACTION FROM CONCEPTS 1 AND 2

We note below four implications for action:

1. Prepare people for specific transitions. One of the hindsight regrets of the people involved in the *Syracuse Preschool Program*, for example, was that they did not prepare children and parents specifically for the transition from preschool to school (Lally *et al*, 1988). They assumed that the basic need was for a 'good grounding' in academic and social skills, and this is what their program provided. What they wished they had taken more fully into account was the need, on the part of both children and parents, for information about just what the transition involved (the nitty-gritty points of procedure) and for strategies that would help them cope with the unknown and its hazards. The lucky people then are those with older siblings who already know the way and can provide a map that lays out the basics on where to go and what to expect.



A second example comes from an Australian study relevant to a later age point. The transition here is from being ‘in care’ to being no longer a ward of the state. This transition was once expected to be made without particular difficulty, expected to require little more than some general advice close to the time of leaving care. What has come to be recognised is that these young adults, often vulnerable in terms of needs and resources, need more specific preparation. They also need places and people to whom they can turn in the first phases of making the transition and discovering its unanticipated pitfalls (Cashmore and Paxman, 1996). The NSW Department of Community Services is now providing and evaluating such transition centres.

2. Add information or build in strategies close to the point of their being needed. Suppose we take shoplifting as an example. When children rarely engage in this kind of behaviour before the ages of 10 to 12, it makes little sense to put in a first grade program on why one should not shoplift and what strategies one might use to cope with peer pressure. The time for that specific advice is best set as close to the time when shoplifting and the pressure to engage in it are about to ‘take off’.
3. Expect to intervene at more than one time, and aim at an optimal mix. Suppose we continue with shoplifting as an example. Here we have a form of offending that typically does not begin until around the ages of 11 or 12. It is also a form of offending where we may expect an impact from conditions both early and later in life.

Relevant, for example, are experiences early in life that promote a view of theft as something to avoid, as a source of shame or a violation of parental trust.

Relevant also are conditions that usually come into play around adolescence: a greater freedom from parental supervision, an increased interest in ‘stuff’, the acceptance in the peer group of stealing from stores, separating this offence from stealing from ‘real people’.

The same mix of early and later factors applies to actions such as vehicle theft, unsafe driving, substance abuse, and unsafe or unwise sexual activity.

Shall we then put all our emphasis on altering the early conditions? When a mix of earlier and later conditions applies, it would clearly not be best to assume that an early ‘fix’ — like an early vaccination or inoculation — would be sufficient. ‘Boosters’ or additional prevention steps will need to be added close to the point of exposure to hazard.

The best choice may then be to aim at an early in life approach for factors known (i) to correlate with several forms of later offending, (ii) to be established early in life, and perhaps (iii) to require special effort to establish





or to change later in life. These cover, for example, attachment to family, the development of social strategies other than disruptive aggression, respect for oneself and for others, and a positive orientation toward school and a community's authority figures.

The second time around, a specific form of offence or a sub set should be targeted, close to the time when that form of offending becomes an issue, when a point of change is approaching. In short, intervention is not a one time vaccination. We should instead expect preventive action to be introduced, re-introduced, strengthened, or altered in type close to the point of exposure to hazards. We should also expect — to continue with the vaccination metaphor — to take some additional precautions when we expect that the area we plan to visit is an area where problems of a particular kind are rife.

We propose in Recommendation 16 a style of community intervention that is capable of incorporating strategies flowing from these insights.

4. Don't assume that all is lost if you don't start early in life or if a first offence has already occurred. As Tizard (1991) has especially pointed out, we need to avoid the error of thinking that there are no 'second chances', that 'if at first you don't succeed, you don't succeed'. We may have to work harder if we missed the first opportunity, but we should not abandon hope. Intervening after a first offence needs then to be thought of as reasonable as intervening early in the pathway toward repeated or chronic offending (Guerra, 1996b, Tremblay and Craig, 1995).

### CONCEPT 3: LIFE AS A SERIES OF PHASES WITH DEMANDS AND INTERESTS THAT RISE AND FALL

Anyone who has worked with children or adolescents will recognise that interests and concerns are not steady. Instead, today's particular 'craze', today's 'hot issue', is likely to run its course and then be supplanted by some other concern that is equally centre stage for a time.

Developmentalists have built on this kind of observation to construct a picture of the life course as made up of phases, each marked by particular 'developmental tasks'. There are times, for example, when the focal task is one of making friends, times when the focal task is establishing intimacy, times when the focal task is one of establishing one's independence from parents and one's rights not to be treated as 'a child'. Section 3 provides a summary of how life phases and developmental tasks are expected to be played out for the majority of people in a group (the 'normative' life phase progression).



For the relevance of this basic proposition to the prevention of crime, we shall take as a base an argument offered by Moffitt in relation to the rise and fall of juvenile offences over the course of adolescence (Moffitt and Harrington, 1996, provides a recent summary; see also Moffitt, 1993 and the further description of Moffitt's account of risk and protective factors in Section 3).

In essence, Moffitt sees the rise and fall of involvement in delinquency as related to the need of adolescents to assert their status as adults, as being no longer 'children'.

The need to make this assertion is stronger when there is a gap between the age at which young people become physically mature and the time when they are accorded social recognition as no longer 'children', when they are able to leave school, to work, drink, drive, vote etc.

The need to make the assertion is less when some other signs of adult status are available: when the family or the school, for example, accords new signs of status, or when a part time job becomes possible, signalling the status of 'working'.

Some of those signs of adult status may be accorded early in adolescence, depending on the way families and communities are structured. Others may need to wait until late in adolescence, prolonging the period when assertions in the form of delinquency will be felt to be necessary. The rise and fall then is not expected to be the same for all individuals.

#### IMPLICATIONS FOR ACTION FROM CONCEPT 3

We note two, both qualifying the general advice to 'keep the normative life course in mind':

1. A 'normative rise and fall' does not mean that we do nothing. Instead, it suggests that we do not come in 'boots and all' at a time when the wave is about to recede.
2. A 'normative rise and fall' also does not mean that we ignore those offenders who will typically cease offending by a certain age. It may well be the case that a small sub sample commits most of the offences and that these will persist. In the Dunedin group, for example, 7% of the sample accounted for 50% of the offences. This was also the subgroup most likely to continue offending. These figures are almost identical with those found by Wolfgang and his colleagues in their classic study of the Philadelphia birth cohort (Wolfgang *et al*, 1972), and also by a number of other researchers, suggesting that a core of serious repeat offenders will always require attention. Those results, however, do not lead up to the advice that we forget the bulk of the group who are not repeat offenders. As Moffitt and Harrington point out, this group still contributes 50% of the offences. Some of these will be grave, and many may have consequences from which it is not easy to recover (Moffitt and Harrington, 1996: 184).



## RECOMMENDATION 7: SETTING A TARGET: AIM AT CHANGING SEVERAL FORMS OF CRIME

One of the decisions to be faced in any move toward prevention has to do with the forms of crime or delinquency that will serve as a focus. What are the possible choices and the grounds for them?

### POSSIBLE: CHOOSE A PARTICULAR KIND OF OFFENCE AS A FOCUS

This kind of choice may be based on the argument that some particular kinds of offences lead to others. Becoming involved in drug taking, for example, leads on to property theft. If that is the case, then the offence or the activity to target should be drug taking (or the financial cost of drugs).

This kind of choice may also be based on the extent to which particular kinds of crime involve harm to others or to the community. It is on grounds such as these that many interventions, especially within the United States, are now targeted toward ‘violent and serious crime’ (Loeber and Farrington, 1988). ‘Minor offences’, especially those that tend to be adolescence limited such as shoplifting, might then be given low priority or largely ignored, although, to repeat Moffitt and Harrington’s (1996) point, they may still carry consequences from which it is difficult to recover.

A further reason for an offence specific focus could be the need to introduce situational controls on some forms of offending. As we note below, some behaviours are situation specific, and call for modifications to the immediate environment. It is now generally recognised that to be successful, situational approaches must be directed at very specific types of offences (Clarke, 1997).

### POSSIBLE: AIM AT REDUCING GENERAL INVOLVEMENT IN CRIMINAL OR ANTISOCIAL ACTS

This kind of choice tends to be based more on the argument that the significant behaviour is a failure to abide by the law. The specific involvement that particular children may develop is likely to depend on particular circumstances. The safer choice then is to aim at reducing delinquency or crime in general, until such time as we have a finer knowledge — if that is ever possible — of precisely how various offences are related to one another in particular groups or at particular ages.

### CONTRIBUTIONS FROM DEVELOPMENTAL PERSPECTIVES

The contributions on this score are of a general order. One stems from the feature of offences that we have mentioned earlier: differences in the age of onset and in the usual time course. On this basis, the particular offences we target may vary depending on the age of the population that we will be working with.



A second general contribution is one that most people interested in prevention would offer. We need additional data on how various offences are interrelated at any one age, and on the extent to which they lead on to one another.

The third contribution is more in the form of a cautionary note. This has to do with the need to expect situation specific as well as context general behaviours.

That cautionary note arises not from analyses of crime but from analyses of thinking. The original emphasis in developmental studies of thinking was on general capacities: general abilities, general levels of intelligence, age shifts in memory space, abstract thinking, or logical structures. When people displayed greater skill in some content areas or situations than in others, the widespread expectation was that these situation specific skills were an extra layer on the general structure. In a sense they were ‘icing on the cake’, but not ‘the real cake’.

Increasingly, developmental psychologists have found that they need to consider a possibility that inverts the expected order. Skills or capacities may originally be highly specific to particular context areas. They are, to use some current terms, ‘domain specific’ or ‘modular’. Learning to cut across these situation specific capacities may then come later and need encouragement. In effect, situation specific behaviours may be ‘the cake’ itself.

Does that kind of shift matter for the analysis of delinquency or crime? To start with, it leads to caution when terms such as ‘criminality’ are offered. There may indeed be some general predispositions that increase the probability of being involved in several forms of crime. What needs to be explored as well is the possibility that the starting point in many cases is a specific act and that particular circumstances are needed for that act to then lead on to others. Any analysis of cooccurrence or of the paths from one offence to another then needs to keep both situation-specificity and generality carefully in mind.

In addition, the shift in developmental perspectives highlights the need to ask how some intervention programs come to have specific rather than general or diffusion effects. We take as first example a study by Hawkins, Doueck, and Lishner (1988). (Tremblay and Craig, 1995, note several others where results have been specific to the particular condition that was changed.)

This project took as its target group all students from Year 7 in five schools in Seattle. The method used was one of modifying classroom practices in ways that would provide students with opportunities and rewards for school involvement and school success. The expectation was that changes in orientation and achievement in school would flow on to changes in the level of delinquency.

There were in fact significant effects from this one-year program. The students were divided into a ‘treated’ group and a ‘control’ group (no change in classroom practices). At the end of the year, the students in the treated group had higher expectations for future education and fewer school suspensions or expulsions. There were, however, no significant differences between the groups in self reported delinquency or drug use.



As is the case with many of the intervention programs to date, these results are not decisive. There might well, for example, have been effects on delinquency at a later date. This is not the only program, however, that has turned up specific rather than diffused or general effects. A second example is a study by Lochman (1992). This program was aimed at changing the social problem solving skills of boys identified as aggressive by teachers in school years 4, 5 and 6. On a 3-year follow up, there were significant differences between the treated and the untreated boys on several measures: lower levels of substance use, higher levels of self esteem, and better social problem solving skills. At this point, however, there was no difference in the self reported levels of delinquency.

Both of the studies we have mentioned anticipate part of what needs to be said when we move to the next decision: What risk or protective factors shall we target? What kinds of effects do we expect to follow from changing one or more of these? We bring them up here, however, because the general message from both studies is the same: Any proposal that targets a specific kind of offence, with the expectation of flow on or cross over effects, needs to show why flow on effects are expected and why the outcome might not be offence specific. The same comment may be made about situational prevention programs designed to deal with very specific offences, but which produce displacement or diffusion of benefits: how might these ‘unexpected’ results be accounted for in developmental terms?

#### RECOMMENDATION 8: SETTING A TARGET: AIM AT CHANGING SEVERAL RISK AND PROTECTIVE FACTORS RATHER THAN AN ISOLATED FEW, BUT WITH A ‘BIAS TOWARDS SOME’

Any proposal for taking a particular type of preventive action should specify the grounds on which the selection of particular risk or protective factors has been made. Developmental studies provide several such reasons. We consider first the reasons for aiming at changing several factors and then the grounds for including, within the set, some factors that have come to merit a special place.

#### THE GROUNDS FOR TARGETING SEVERAL RISK OR PROTECTIVE FACTORS

The grounds are these:

- I The evidence points to any particular offence being the result of a combination of factors. Influencing the likelihood of problem behaviours, for example, are factors such as the characteristics of an individual (eg a child’s impulsivity), the family (eg a parent’s harsh discipline or weak supervision), the social group (eg a social group that encourages or tolerates the occurrence of crime), and the community (eg a community that is disorganised and offers few alternatives to crime as a source of money or activity).



Multiple conditions are also seen as feeding into actions such as an adult's abuse of a child (eg NSW Child Protection Council, 1997). What needs to be targeted again are conditions at the level of the child, the family, the immediate social group, and the larger community.

All told, it makes little sense to target only one risk or one protective factor. To quote from a US study group on ways of reducing violence: 'Because aggression and violence usually arise from multiple causes, prevention programs aimed at one or two causes are unlikely to succeed' (APS Report, 1997: 18).

- The critical factor may be the total number of risk factors rather than some specific factors. This argument has come especially from Rutter (eg Rutter, 1987) and from Sameroff and his colleagues (eg Sameroff *et al*, 1987, 1993). Any one risk factor, then, may be the straw that breaks the camel's back, the one that tips the balance.

It is also possible that the critical factor may be the spacing of cumulative risk factors: the extent to which risk factors come crashing in on one another, with the second or the third coming in before the individual has had a chance to recover from the first. That possibility is suggested especially by studies of the physiological effects of negative experience (with abuse being one of these). Physiological changes indicative of stress may last well after the behavioural signs of stress have diminished, alerting us to the length of time over which the individual has a depleted set of resources with which to do more than survive or cope in a day-by-day fashion (eg Cichetti, 1997).

Does this kind of possibility matter for what we do in practice? The impact we single out has to do with how we select the people we try to reach. The *Rochester* project, for example, selected their target group of mothers on the grounds not of particular risk factors, but on the basis of their having one constant quality (they were all about to have their first child and having one or more of three possible risk factors: young age, sole parent status, or low socioeconomic status) (Olds, 1988).

That kind of selection does not start with the limiting expectation that one particular risk factor will carry all the weight. It also allows analysis later on for whether some particular combinations mattered more than others, or whether it is the group that has the highest number of risk factors that benefited the most from intervention. (We may not be able to sample for all the combinations of possible risk factors, but sampling and analysis are both easier if we can ignore the specific type of factor and make groupings based on the number of risk factors present.) Now that we begin to understand the impact of spacing, we might also select in terms of the extent to which difficulties have piled up on top of one another, not only in number but also in time.



■ We are still working out the critical combinations of factors. Predictive studies of later difficulty are unanimous in agreeing that it is the combination of factors rather than single factors in themselves that tip the balance toward later difficulty. Still being explored, however, are the particular combinations that make a difference.

One recent study, however, has illuminated the importance of a particular person-context combination, linked directly to the occurrence of delinquency. This is a Canadian study by Vitaro *et al* (1997). The sample consisted of 868 boys over the age period 11–13 years. The person characteristic was a tendency to aggression (either moderate or severe). The situation characteristic was the company one keeps (the degree of aggressiveness among each boy's friends). The outcome measure was the occurrence of delinquency at age 13.

The major finding was that for boys rated at age 11 as severely aggressive, the company they kept did not matter. Their delinquency levels were high regardless of whether their friends were less aggressive or more conforming than they were. For boys who were rated as moderately aggressive at age 11, however, the company they kept did make a difference. Their level of delinquency at age 13 was highest when their friends were severely aggressive or nonconforming.

We single out that study because the results argue against putting all one's faith into one particular model of how delinquency comes about. Within the literature there are, for example, models that place all their emphasis on some features of the environment, such as on the company one keeps (known in criminology as 'differential association' models: Vold and Bernard, 1986). Others place all their emphasis on characteristics of the individual, such as on a tendency towards criminality or disruptive behaviour that then leads one to select deviant friends. The results that have come out of the study by Vitaro *et al* (1997) point to neither model as being sufficient. What matters is the combination of both kinds of characteristic.

Translated into practice, such results suggest that intervention steps aimed at exposing children to a different group of peers might well be useful for those who are moderate in their level of aggression or disruption, but be ineffective with those who are more extreme, and presumably more entrenched in their behaviour. For the latter, a different type of intervention would need to be considered.





#### THE GROUNDS FOR GIVING PREFERENCE TO SOME PARTICULAR RISK OR PROTECTIVE FACTORS

At the same time that developmentalists acknowledge the significance of the total number of risk factors, they search also for those particular ones that deserve being given special attention, both as part of any theory as to how later behaviours come about and as part of making a choice as to what one will attempt to change.

We list below several suggestions for making this choice and then give a separate section to those that have been regarded as deserving a special place by virtue of their potentially being ‘causal’: that is, not simply correlated with an outcome such as delinquency or crime, but producing it or diverting the individual away from it:

- Select on the basis of a particular condition reducing the seriousness of an offence. This is the heart of one study group’s recommendation that particular effort be put into making guns less available to young people or to ‘vulnerable’ youth:

*We need research on how to reduce the prevalence and use of guns by at-risk youth...Some young males have adopted the belief common in violent groups that it is acceptable to react to every perceived or imagined sign of disrespect with aggression. The presence of weapons increases the chances that the conflict will occur in the first place and that it will have lethal consequences once it does occur (APS Report, 1997: 19).*

The same general point can be made about the need to regulate access to alcohol, which is a more common facilitator of crime and violence in Australia than guns (Clarke and Homel, 1997; Hauritz *et al*, in press).

- Select on the basis of a particular condition carrying more weight than others. We now know, for example, that the occurrence of child abuse or neglect carries special weight in the prediction of delinquency (Weatherburn and Lind, 1997). The impact of child abuse and neglect, then, is no longer the favourite hobby horse of some particular theorists or practitioners. It is also no longer simply one of a myriad of factors that have been found to be correlated at a statistically significant level. Its special weighting has been established.

- Select on the basis of a condition being consistently associated with the behaviour that we want to change. On these grounds, one of the strongest claims comes from the condition known as ‘the quality of parenting’.

That may refer to the quality of current parenting: eg the extent to which parents know where their children are or what they are doing, the extent to which they are interested and encourage their children on paths that lead away from delinquency, the extent to which they aim at keeping the lines of communication open and take account of a child’s point of view, the extent to which they set consistent and fair limits as against being harsh, lax or inconsistent.



The quality of parenting may refer also to the quality of past parenting, but this is a factor that in practice we cannot change. We may, however, attempt to change the current interpretation of past events, encouraging people to see the past in a way that potentially leads forward rather than locking the individual (or the community) into a position that allows no constructive step to be taken.

- I Select on the basis of attention to some protective factor, balancing the usual emphasis on risks. At this point, we know a great deal more about risk factors than we do about protective factors. Risks and hazards, however, are inevitable. They may, in fact, have some positive benefit if, that is, they provide the opportunity to develop strategies and resources that can be carried forward and that make the next hazard easier to cope with.

Rather than concentrate only on risks, we need to know more about the protective factors that reduce the impact of the risks or traumas that we cannot avoid, that help us recover rather than go under.

This is the heart of the argument from developmentalists who are interested in what have been called factors that buffer (eg Rutter, 1992) or factors that promote resilience (eg Cowan, Cowan, and Schulz, 1996; Garmezy, 1985; Masten and Garmezy, 1985). The nature of these may vary from one situation to another. Here, however, is a set from the classic study by Werner and Smith (1992) of children in a high-risk part of Hawaii who did not progress to the expected outcomes of poor mental health or delinquency. Werner and Smith called these children ‘invincible’ or ‘invulnerable’, but the current view is one of seeing them not as having some kind of Teflon coating but as having the capacity to bound back from difficulty.

In the Werner and Smith (1992) study, those who did not progress to delinquency were more likely to be firstborn, to be perceived by their mothers as affectionate, to show higher self-esteem and locus of control, and to have some supportive relationships: to have caregivers in the family (other than parents) or a supportive same sex model who played an important part in the child’s life.

That list illustrates again the several categories of protective factors that may exist (the child’s own characteristics, family factors, and external supports). It also points again to no one single factor providing all the benefit. In fact, the way forward may be to think in terms of ‘cumulative protectives’ (Yoshikawa, 1994), just as we think about cumulative risks.

- I Select on the basis of there being some ‘process’ or ‘causal’ connection between the condition and the outcome. The argument here is that we need to focus on how a variety of risk or protective factors comes to influence particular outcomes. We can then focus preventive attempts on this particular underlying factor.



What those ‘causal’ factors may be, however, is still a matter for debate and testing. So also is the extent to which we need to balance ‘explanatory’ power with ‘pragmatic’ effectiveness.

This debate is so extensive, and so central, that we give it a section of its own.

#### SELECT ON THE BASIS OF UNDERLYING OR MEDIATING FACTORS

Anyone interested in prior conditions and later behaviours will sooner or later wish to go beyond accumulating a list of risk or protective factors and a set of statistical connections (connections that point to ‘packages’ of risk or protective factors, or to lines of influence from these factors to various outcomes).

Sooner or later, the hope will arise that we can identify what underlies these connections. We will be able to identify the ‘intervening variables’ or the ‘carrier mechanisms’ that link what happens at one time of life to another. Taking this step will move us forward from being pragmatically effective to the development of a ‘science of prevention’ (Coie *et al*, 1993).

To use a medical analogy, we will know more than the fact that dirty water is associated with the incidence of typhoid and that one very useful practical step is to provide clean water. We will also know how it is that dirty water gives rise to typhoid and can fine tune our actions with that knowledge in mind.

The difficulty is that, until we know what gives rise to the behavioural equivalents of typhoid, there are likely to be several competing proposals for what the underlying mechanisms are. There will also be some degree of tension as to whether any intervention action should focus on testing a particular theory about the critical variable (increasing our explanatory power and improving our model-building) or on changing a set of conditions that we know are related to the final outcome, with the probable result that one of these will hit the spot.

What have been the main proposals related to crime prevention? The list is potentially long. We give preference to those that have been linked to predictive studies or to intervention programs.

One of the early proposals said essentially that what was carried forward was a personality trait, a general tendency to ‘antisocial behaviour’ (eg Robins, 1991). The proposal was to a large extent based on data showing that juveniles who were involved in one kind of offence were also likely to be involved in a variety of others.

Some later proposals have been more specific. Among these are the following:

- The presence or the lack of social strategies or social competence: strategies, for example, to deal with provocation, short of ‘fighting fire with fire’ (eg Lochman, 1992).



- | The presence or the lack of ‘social bonding’ (of feeling attached to a group — a family group, a peer group, or a school unit) (eg Gottfredsen and Hirschi, 1990).
- | The presence or the lack of a sense of shame when an offence becomes public or when people think about what they have done, its impact on others, and the size of the gap between what they hope to be and what they now seem to be (eg Braithwaite, 1989).
- | The lack of concern or empathy for others eg for one’s victims or their families. That lack has been linked to parental strategies that tolerate or encourage ignoring the feelings of others (eg Hoffman, 1983). It has also been linked to social climates that encourage a lack of concern for, or an antagonistic attitude toward, people who are regarded as ‘others’, as part of an outgroup that warrants little or no respect. The tolerance of prejudice or of racial vilification is seen as promoting such a climate (eg Singh, 1991).
- | The extent to which people come to interpret any ambiguous situation in terms of threat or hostility, carrying forward ‘working models’ and ways of interpreting events that predispose them toward continued distrust and difficulty even when their environment becomes friendly (eg Dodge, 1993). Closely related to this kind of proposal are concerns about the extent to which people have come to be members of an ‘oppositional culture’ and to internalise its values (eg Massey and Denton, 1993).
- | The presence or the lack of forward-thinking, of planning, of assessing what the future consequence might be of acting now in a particular way, or of failing to act (eg Champion *et al*, in press; Rutter *et al*, 1996). (This aspect of process has in fact not yet served as the basis for intervention, but it is likely to be used in this fashion in the near future).
- | The presence of continuing physiological states. Attention to physiological states is relatively new, and for that reason we shall give the argument a little more space than some previous proposals. We give it space also because it is a nice example of how studies of child abuse and neglect can inform studies of other problems. Most of the evidence to date on physiological changes comes from studies of child abuse and neglect, combined with experimental studies of how animals respond to manipulated levels of stress (Cicchetti, 1996, provides a review; see also Wilson and Gottman, 1996). The argument and the evidence, however, are relevant to problems at all ages.

Briefly, the argument revolves around two points. One is that under stress people may easily adopt short term survival strategies. They concentrate only on survival from day to day or from moment to moment. This strategy then weakens the extent to which they are able to pay attention to other possibilities, to note



changes in a situation, or to undertake any form of planning or forward-thinking. They may become hyper-vigilant to the possibility of danger or betrayal, but this concentration again limits the energy they have available to look beyond immediate threat or beyond the short term.

Accompanying this strategy, we are now recognising, there are often physiological changes eg changes in the adrenocortical system. These changes influence the level of arousal and of negative emotion, the speed of a startle response, the ability to self regulate emotion once it begins to increase, and the ability to be soothed or calmed once emotions are aroused.

Once again, these changes may occur at any age (wartime traumas are amenable to the same kinds of analysis). When they occur at young ages, however, evidence is now emerging that the changes may be very difficult to modify, especially if they give rise to changes in the growth of the brain. In a sense, what happens is that the control systems for various physiological patterns of arousal, sensitisation, tracking and regulation may be difficult to reset (Cicchetti, 1996).

To date, there are no intervention studies that take steps explicitly targeted toward changing physiological states. Our understanding of these aspects of process, however, already suggests two steps.

One is that any prevention study — or any study of correlates to problem behaviours — should include some measure of forward-thinking as against living only for the moment (a suggestion reinforcing the emphasis placed on planning by Rutter and his colleagues, eg Rutter *et al*, 1996).

The other is that we might well consider adding some measures of physiological change (eg cortisol levels) to the behavioural measures we generally use as signs of the consequences of events: eg the consequences of abuse. Measures such as these promise to give us some direct indicators of how stressful an event has been and of how long its effects last (eg cortisol levels may not return to base levels until after the behavioural signs of stress have disappeared, leaving the system still open to a more rapid bounce if a second stressful event occurs during this period). At the least, we should keep an eye on physiological studies that are already underway.

And the general message from these general proposals? Overall, we need to keep exploring for what it is that links previous conditions to later behaviours. There are several promising possibilities. At this point, however, it is not clear how these several possibilities overlap. We are also not yet at a point where we can put all our emphasis on single factors (if indeed there is a single process relevant to all groups). The wiser course seems to be that when it comes to action, in the meantime, we bet on several horses, allowing for the possibility that the success



of any one may vary from one set of conditions to another. At the same time, actions need also to be framed in such a way that they add to our understanding of why effects occur or do not occur. It is clearly unwise to design an intervention in a way that tests only one theory, but prevention nonetheless needs to be guided by some conceptual positions.

The reader will have noticed that some of these proposals for specific mediators or carriers overlap. There are several, for example, that emphasise carriers in the form of persistent ways of thinking: eg working models, ways of interpreting events, forward-thinking, attention to consequences for others. There are also several proposals that pay more attention to various forms of emotion and its regulation: eg to feelings of appropriate shame or concern, to strategies for negotiation or for staying cool in the face of provocation.

These two kinds of proposal (often referred to as ‘cognitive’ and ‘affective’) are not completely separate. Most ‘cognitivists’, for example, now recognise that the way we interpret events or process information is strongly influenced by emotions. It is, for instance, difficult to think clearly or to plan when we are ‘flooded’ by emotion. The first action needed may then be to get the emotional levels or the emotional biases down to a point where thinking can begin to be effective.

#### RECOMMENDATION 9: SELECTING PEOPLE: ANTICIPATE VARIATIONS BY GENDER AND ETHNICITY, AND PLAN FOR THESE

This recommendation is the first of a set of three that are concerned with the question: Who? The set begins with the general advice to anticipate variations from one social group to another. Variations in the incidence of offences, in the effectiveness of interventions, in the routes by which offences are reached and in the risk and protective factors that make a difference. The second (Recommendation 10) raises issues about ‘who’ in relation to the possible targets of any preventive action. The third (Recommendation 11) raises issues about ‘who’ in relation to the possible implementers.

In theory, one could take questions about incidence, onset, risk and protective factors and apply them to each and every subgroup variation that looks potentially interesting. One could, for instance, raise them with regard to each and every ethnic subgroup in Australia.

In practice, that procedure could be unrewarding. That is partly because for some groups, the only data available have to do with differences in incidence. We know, for example, that the number of Indo-Chinese and Pacific Islanders (among juvenile offenders) is greater than their numbers in the population would suggest (NSW Attorney General’s Report, 1997). Between 1991 and 1993, for example, the number of Indo-Chinese youths in detention increased by 200%. These youths also spent three times longer in prison than the average.





For 'ethnic' groups, however, there is little data available with regard to questions about ages of onset, differential effectiveness of programs or particular risk and protective factors. Without data of that kind, we cannot move toward any explanatory account of differences in incidence or any clearly based approach to prevention.

We have accordingly noted the gap in the data base and chosen to concentrate on two group characteristics for which there is the beginning of some data and some proposals with regard to questions that go beyond differences in the incidence of offences. These are the characteristics of gender and Aboriginality.

We have adopted also the position that variations among social groups need to be regarded as a positive challenge. They offer us a way to understand how offences come about or can be influenced and a way to put into practice the argument that services should fit their communities' needs and resources. These variations are not simply 'noise' in the system, obstructions to the dream of a universal approach to prevention.

#### AUSTRALIAN CONDITIONS AND OVERSEAS RESULTS

To a large extent, research and preventive action in Australia need to be guided by results from overseas studies. This is where the bulk of evaluated prevention programs is to be found (most of them, as Farrington, 1996, points out, are from various parts of the USA). Longitudinal studies, without intervention, are to be found in a wider range of countries (see Section 3).

From work overseas, then, we need to take ideas, principles, and general guidelines that help us know what to expect and how to proceed. At the same time, we need to ask what does not need to be repeated and what might well be adapted or changed.

As an example, consider a long term longitudinal study carried out in Dunedin, New Zealand (for a recent summary see Silva and Stanton, 1996). Begun in 1972-73 with 1,000 or so newborns, data are still being collected on a variety of measures. One set of these is concerned with the extent to which the characteristics children show at an early age are correlated with later involvement or non involvement in delinquency. (This is the study providing the data base for the work cited earlier by Moffitt and her colleagues).

The *Mater-University of Queensland* study, begun with 8,556 mothers giving birth at the Mater Hospital in Brisbane between 1981 and 1984, has begun to replicate some of these results. For example, the significance of 'early starters' and the tendency of early aggression to persist into adolescence, especially in males, has been noted in recent analyses (Bor *et al*, in preparation).

We need to build on such studies. One way to do so is to look for ways in which we can combine intervention with long term tracking (the Dunedin study involves





no preventive action). A second way to do so is to change the sampling so that the groups considered are more representative either of the country's population or of groups likely to attract risks of various kinds. The Dunedin study, true to its original intentions, is representative of the population in Dunedin, but not representative of the nation or of vulnerable groups. In contrast, a current Queensland study (the *Queensland Sibling Study*) deliberately 'over-samples' a group of offenders, a group of urban Aboriginals, and a group of homeless youth. That kind of design makes it possible to take the crucial question: Are the same risk and protective factors relevant for the diverse groups?

#### GROUP VARIATIONS IN THE EFFECTIVENESS OF PROGRAMS OR PRACTICES

It would not be surprising to find that the same prevention program works differentially well with various groups. Australian data on this score seems to be sparse. It is well-established within the USA, however, that programs related to activities such as substance use need to be altered for various cultural groups (Catalano *et al*, 1993; Maddahian *et al*, 1988). It would now be of interest to know whether the same variations are relevant to groups within Australia.

We need as well to understand why differential effectiveness occurs, and how a program or an everyday practice in a health or welfare service can be altered so that it becomes more effective. We use deliberately the phrase 'program or practice' because, as Sherman (1997a) points out, cultural inappropriateness may lie either in the total conceptualisation of a program or in the everyday routines that accompany its being put into place.

Section 4 of this report notes one emerging factor in differential success. It provides several examples of Aboriginals' participation in preschool and health care services as being strongly influenced by the presence of an Aboriginal worker. Without one of their own group being present as a bridge or a trusted 'ear', the first step to involvement — being present — was unlikely to happen.

#### GROUP VARIATIONS IN THE INCIDENCE OF OFFENCES

Some of the relevant data have to do with variations by gender. Worldwide, men constitute about 90% of the prison population (Braithwaite, 1989). For juveniles in Australia, a similar heavy bias appears in the percentages of those on remand or appeal (Attorney-General's Report, 1996).

There is still considerable debate about how far those differences reflect aspects of the justice system (eg differential charging, differential sentencing: cf. Carrington, 1990).

Unclear also is the extent to which the same sex differences apply to various social groups and various offences. Some interesting data, however, are beginning to emerge from the ongoing *Queensland Sibling Study* on delinquency between the ages of 12 and 17 years (provisional data supplied by Professor John Western for the *Sibling Study Consortium*).



The sampling for this study, as noted earlier, covers (i) a school based group (general population), (ii) a group of known offenders, (iii) a group without the usual home base ('street kids' and 'homeless youth'), and (iv) a group of urban Indigenous people.

The results to date point to much the same sex ratios in each group, even though the groups differ considerably in the extent to which they engage in a variety of activities. The differences between males and females are 4 or 5 to 1 for activities such as driving an unregistered car, breaking and entering, stealing, and using weapons in a fight. The differences are smaller (about 3 to 1) for activities such as setting fire to property or damaging public property. The activities yielding the least difference between males and females have to do with skipping school, running away from home, stealing goods worth less than \$10, and substance use (marijuana, hashish, ecstasy, acid, or the inappropriate use of medicines). Prevention aimed at specific offences clearly needs to keep these variable ratios in mind.

Gender, however, is not the only characteristic for which differences in the incidence of many offences is well established. Well established also, in many parts of Australia, is the over-representation of Aboriginals in courts, prisons, or detention centres.

Some summary comments below from a report by the NSW Attorney General's Office (1996) will indicate part of the data available (these comments draw together the results of several studies):

*It is well-established that at every link in the criminal justice chain Aboriginals are over-represented. In New South Wales in 1994, 25.9% of young people in detention centres were Aboriginal while representing only 1.7% of the general youth population...the general pattern of over-representation is the same in every State in Australia...in South Australia...Aboriginal juveniles appeared (before courts or panels) up to five times more frequently than non-Aboriginal juveniles (1996: 30).*

*However, it also seems likely that certain links in the chain are themselves partially responsible for this phenomenon which cannot be entirely attributed to a higher level of Aboriginal offending. When criminal history is controlled for, the courts treat Aboriginal and non-Aboriginal offenders the same (measured by the severity of sentencing). However, this seems not to be the case with the police who, judging from this research, are less likely to grant bail, more likely to charge than to issue caution and more likely to impose harsher bail conditions on Aboriginal juveniles with similar criminal histories. Furthermore, this intervention appears to occur at an earlier age for Aboriginal children who quickly accumulate a more extensive criminal record which has long term 'compounding' effects through the system (1996: 30, emphasis added).*



#### DEVELOPMENTAL ADDITIONS

The last sentence in the previous paragraph points to a first addition that developmental perspectives would make. Over and above the general incidence of offences in various groups, we need to know about ages of onset and ages of a first charge, of a first encounter with a system that treats an offence as a full-blown ‘crime’. The earlier such encounters, the more likely it may be that a child develops the ‘oppositional identity’ that has been proposed (eg Braithwaite, 1989) as a major risk factor for the development of willingness to abide by the rules of a group seen as ‘other’. Some of the New Zealand data point to a later age of onset for females than for males (Moffitt and Herrington, 1996). Regrettably, there seem to be no strong Australian data related to age patterns within Indigenous groups or groups with an immigrant background.

A second developmental addition takes the form of asking: Do the same risk or protective factors apply in various groups? Answers to this question need a stronger base than is currently available. Even within the current data base, however, several results argue for closer attention to variations by social group:

- The course of early aggression and the nature of the impact of early exposure to violence appear to differ by gender. The forward effects are still there, but they may take a different form. Early disruptive aggression, for example, appears to persist among boys. In contrast, earlier aggression among girls may turn into problems of a different type (eg depression or anxiety, often referred to as ‘internalising disorders’ (Quinton *et al*, 1990)). In related fashion, exposure to family violence during childhood (ages 6-11) is related in boys to the development of either internalising and externalising (acting-out) behaviour but in girls, to predominantly internalising behaviours (Jaffe *et al*, 1986).

Once again, we need to know more about the extent to which such paths hold for all social or cultural groups. In groups where women are expected to maintain a feisty assertiveness, the move into internalising reactions may not occur. Young African-American women, at least in current times, are reported to be less liable to depression and to low self-esteem than are their Euro-American counterparts, perhaps because they grow up with the expectation that they will have to ‘battle’ if they are to survive (personal communication from J. Eccles, University of Michigan). Whether the same kind of possibility applies to some groups of Aboriginal women is an open question. We should at least, however, keep open the possibility that the usual gendered sequence of events in one cultural group will not necessarily be found in another.

- The course of a move into delinquency for girls may be different from what it is for boys. This possibility is raised especially by Moffitt and her colleagues (for a recent review of these and other results, see Moffitt and Harrington, 1996). Briefly, their data point (i) to girls as moving into delinquency



primarily by way of their association with delinquent boys, and (ii) the girls most likely to make this move as being those who mature early physically and are in co-ed rather than single sex schools (the latter circumstance presumably increasing the likelihood that they will come to know the many boys who do become involved in delinquent acts).

The quality of parenting that acts as a significant predictor of later outcomes may vary from one social group to another. It is appealing to think of using the same parenting program for all groups. In fact, this seems to be the direction in which Western Australia is moving, with its advocacy of the *PPP (Positive Parenting of Preschoolers)* program (Sanders and Merkie-Dadds, 1996) for all parents. (By contrast, the *South Australian Parenting Easy* initiative is preparing, in consultation with local groups, different sets of materials for Aboriginals and several non-English speaking groups.)

Some data from the United States, however, provide ground for pause. These data have to do with the differential effectiveness of various parenting methods (methods having to do with control, regulation, and discipline) and adolescents' achievement in school. The usual argument within US parenting studies is that children thrive best when parents' methods are 'authoritative' (clear limit-setting but with explanations offered) rather than 'authoritarian' (the assertion of authority as a parent's right, usually without negotiation, and possibly with apparent harshness).

As long as the sample is Euro-American, that recommendation seems to hold. It has been questioned, however, by Chinese-American psychologists, who feel that Americans misunderstand Chinese commitment to the importance of 'guidance' and 'training' (eg Chen, 1995).

It has also been questioned by Euro-American psychologists who have gathered achievement data on both African-American and Euro-American families. In Euro-American groups, the parenting methods that Euro-Americans see as 'authoritarian' are correlated with poor results when it comes to children being cooperative or rule-abiding, or to their achieving well in school.

The same 'authoritarian' methods, however, may not have the same effects among African-Americans (Sternberg *et al*, 1996). For this group, 'authoritarian' parenting is instead likely to be correlated with achieving well, perhaps because the stronger assertion of authority provides a clear structure in a life potentially marked by conflicting messages, or perhaps because it helps counter the presence of temptations to follow the patterns of non-achieving peers.

To the extent that doing well in school — even finishing school — is a protective factor against involvement in crime (by way of its promoting an alternate path), results such as these provide food for thought about the optimal nature of programs designed to alter parenting styles.



At the least, such variations in results have led developmental psychologists to think again about parental methods. The rethinking seems not yet to be influential in the discussion of parenting programs directed toward a reduction in crime or delinquency.

Within discussions about school achievement, however questions are being raised about the universal effects of what works well for some social groups. The same rethinking is also occurring within general analyses of the nature of socialisation (see Grusec and Goodnow, 1994). It now seems plausible that a considerable degree of firm, unquestioned, non-negotiated authority may be tolerated as long as certain conditions hold. The nature of those circumstances is not yet completely clear but they probably include the following: (i) the parent's discipline does not involve abuse (physical or emotional); (ii) most parents in the group use similar methods, so that the child does not feel especially ill-used; and (iii) the child interprets the parent's control in a positive light. The child, for example, sees the parent's control as warranted by the family's life circumstances, and regards the parent himself or herself as supportive and concerned for the child. These conditions clearly involve no brief for harsh, inconsistent, or 'inept' (Patterson, 1996) forms of discipline or limit-setting.

All told, the implication is that, although a condition such as the quality of parenting is significant in all groups, some of the particular features of what represents quality may vary. We need further data based on groups from diverse backgrounds. Until then — until we have data that enable us to be more sure why some forms of parenting work best in some particular conditions — it would seem best not to assume that what works best with one group will automatically work best with all others. The local situation needs to be taken into account:

- Some aspects of parenting, however, are significant for all groups. The danger with accepting that effective forms of parenting may vary from one group to another lies in the easy slide that people often make into assuming that everything is so 'culturally relevant' that there is nothing we can advocate as useful or relevant to all.

For that reason, we end this section by pointing out that there are in fact some results that cut across all groups and that point to the aspects of parenting that, regardless of the group, we would hope to see avoided or established.

To start with, abuse and exposure to adult violence are risk factors for all groups (eg Widom, 1991). More positively, family attachment is a protective factor that cuts across age and ethnicity.

The significance of family attachment warrants particular comment. For that protective factor, there is now some interesting data emerging from the *South Florida Youth Project* (Sokol-Katz *et al*, 1997). This project involves 596 females and 559 males, aged 11 to 14 years at the first time of testing. The outcomes



of interest cover major and minor delinquency, along with alcohol, cigarette, and drug use. The conditions of particular interest in this first report are family attachment and the degree to which these adolescents think it is important to abide by the law.

We single out this study for two reasons. One is that it asked explicitly whether the same conditions were relevant for groups varying in gender and ethnicity (African-American, Euro-American). These conditions were family structure (one parent, two parents), the child's sense of family attachment, and the extent to which the child believed in abiding by the law. As it turned out, family structure was not correlated with delinquency or substance use. Both family attachment and law abiding belief, however, were negatively correlated with delinquency and substance use, and that result held regardless of variations in gender and ethnicity. These two characteristics were significant for all groups.

The second reason for singling out this study has to do with its analyses. The question asked was not simply whether family attachment and law-abiding belief were both correlated with problem behaviour, but with whether the effects were direct or indirect. For example, family attachment might affect law-abiding belief and then that in turn might affect problem behaviours.

Family attachment turned out to have a direct relationship to each of the problem behaviours. (Note that this is family attachment, not family structure — not, for example, the presence of one or two parents). In addition, family attachment had an indirect effect. It affected the degree of law-abiding belief, which then affected problem behaviours.

Clearly, family attachment emerges as the factor to focus on in any intervention attempt. There could still be considerable value in steps explicitly and independently designed to convince children and adolescents that there are good reasons for respecting the law, but strengthening family attachment, and the sense that the family cares and would be affected by what one did, may bring those effects along with it.

#### **RECOMMENDATION 10: SELECTING PEOPLE: ESTABLISH GUIDELINES FOR DECIDING WHOM TO TARGET**

For this type of decision, we shall draw not only from the literature on delinquency and crime, but also from the literature on child abuse and, to a lesser extent, on bullying. In both of the latter two areas, there has been insightful discussion about the possible targets of preventive steps and we may well borrow the concepts and principles that have already emerged from those discussions.





The combined literatures point to several ways of dividing the possible target groups, and to several bases for making some choices rather than others. The possible slices are into (i) community, family, or child targets, (ii) primary, secondary, or tertiary prevention, and (iii) direct actors (offenders or potential offenders), victims/potential victims, and supporting cast (promoters or legitimisers of offending). Each way of decision oriented ‘slicing’ raises questions that need to be considered.

A fourth type of analysis highlights (iv) people who are ‘missing’ from the usual list of targets (eg girls as offenders, fathers within parent focused efforts, parents once children have begun to move out of childhood).

#### GENERAL POPULATION, FAMILY, OR CHILD FOCUSED TARGETING

This distinction is one used by Tomison (1997) in his audit of services related to child abuse. What he calls community level targeting involves programs directed toward the general population. South Australia’s *Don’t Shake the Baby* campaign is an example (Scott, 1995).

Family level targeting involves actions directed toward parents or toward a combination of parents and children. These are, as Vimpani, Frederico and Barclay (1996) point out, concentrated in the preschool years.

Child focused targeting involves actions addressed directly to children. These may be, as Tomison (1997) points out, directed towards individual children or toward children as a group (eg providing children as a group with advice about what represents ‘good touching’, what to do in the case of abuse, or how to take protective action).

What does this division highlight? Highlighted especially are the ways in which practice can depart from theory. In theory, families are important at all ages. In theory, also, changing the way a family functions or a child acts is best achieved by working with both parents and children, rather than with one or the other alone.

In practice, as Vimpani, Frederico and Barclay (1996) point out after surveying a number of Australian initiatives related to child abuse, parents seem to lose their significance as children grow older. Certainly, the number of ‘parenting programs’ oriented toward the parents of older children is minimal in comparison with the number offered for parents of infants and children before they begin school. At the same time difficulties between parents and children (and difficulties that call for both to change) are often pronounced in later years, especially around adolescence.





That gap may be one of the factors contributing to the strong popular response to *South Australia's Parenting Easy* initiative. This program makes available to parents, or to any interested adult, one page sheets of readable information and advice on a range of topics, with these problems covering a wide range. Those relevant beyond early childhood, for example, include the following:

- | adolescents and asthma
- | aggro adolescents
- | family squabbles
- | home alone
- | living with teens
- | pocket money
- | teenage contraception
- | teenage parents
- | teenage parties
- | teenage runaways
- | teenagers and drugs

#### PRIMARY, SECONDARY, OR TERTIARY PREVENTION

This distinction is another used by Tomison (1997) as a way of slicing programs related to child abuse.

Primary prevention is targeted at the population as a whole (eg media campaigns for people of all ages, or protective behaviour programs directed toward children).

Secondary prevention targets specific 'vulnerable' groups in the population (eg mothers who are facing parenthood for the first time, are single, poor, or dealing with the special demands of a low birth-weight infant).

Tertiary prevention targets those who have already been involved in an offence, either as actors or as victims. Most of these will have already attracted official attention.

What is highlighted by this division? Again what stands out is the difference between theory and practice. In practice, Tomison (1997) points out, these distinctions are often not observed within programs related to child abuse. 'Primary' programs become modified or adapted for use as secondary or tertiary programs. In addition, many of the services aimed at 'vulnerable' families deal with families where abuse has already occurred:

*Many agencies devote significantly fewer resources to secondary prevention and 'at risk' families as a result of the high demand for service by tertiary clients referred by the Department of community Services (Tomison, 1997: 10).*



There seems every reason to expect that the same unrolling of events would occur with programs aimed at other forms of crime prevention. Indeed, in many recent criminological writings on crime prevention, exactly the same kinds of difficulties with the public health distinctions between primary, secondary and tertiary prevention have been noted (eg Gilling, 1997).

#### TARGETING NEIGHBOURHOODS OR INDIVIDUALS

Programs addressed to those ‘vulnerable’ may single out individuals. Those who have already offended form one such group. More problematic are those who are likely to offend. Attracting particular attention, where crime prevention is the goal, are those who are ‘early starters’. In longitudinal studies, these are the children who become involved in delinquent offences at an early age or who show — as early as ages 4 or 5 — a habitual reliance on disruptive aggression in response to conflict or provocation. ‘Early starters’, we now know, are more likely to persist with their offending activities than they are to show a decline over the years or to follow any normative age related rise and fall.

Highlighted? The difficulty with these ‘probable’ groups is that they are ‘probables’. The chances of error — especially of labelling as a problem a child who may indeed grow out of a poor early start — still exist (Loeber and Dishion, 1983).

The recommendation offered in the child abuse literature is one that has been extended to crime prevention (eg Farrington, 1996). This is to target a group or a neighbourhood, and within that neighbourhood, make particular efforts to reach those most vulnerable to the problem or to continue services to them for a longer time (eg NSW Child Protection Council, 1997). (A similar recommendation with regard to ‘disadvantage’ is offered by Pierson, 1988.) The combination is aimed at avoiding unproductive stigma and at the same time meeting differential needs.

#### ACTORS, VICTIMS, AND PROMOTERS

This is not a formal distinction. It is, however, implicit in analyses of abuse and violence and is highlighted by some particular analyses of bullying and actions with regard to bullying. We shall use analyses of childhood bullying as a base. That literature is increasingly international, cutting across Norway — where the current wave of work began — and including several studies within the USA (eg studies by Dodge, Coie, Perry and their colleagues) and Australia (eg Rigby, 1992, 1994).

The literature contains reports of school based programs that have reduced the incidence of bullying and demonstrated flow on effects to behaviours such as truancy and delinquency (Olweus, 1978, 1991). It has also added several ways of differentiating among ‘aggressors’ and ‘victims’, pointed to the importance of ‘the supporting cast’ (eg those who tolerate or encourage bullying by their silence), and begun to demonstrate some particular links between specific forms of parenting and a child’s status as aggressor or victim.



Actors are those who commit the actual offence. They are the actual aggressors. A distinction can be made, however, between explosive aggressors and organised aggressors. The classical picture of childhood aggressors is of children who tend readily to fly off the handle, to readily become out of control. There are as well, however, ‘aggressors’ who are not out of control. These children are relatively well organised. They display few signs of poor regulation of anger. In fact, they may display few signs of anger at all. They may also engage in few retaliatory behaviours. Instead, they tend to use aggression in an instrumental fashion for achieving peer dominance or for gaining the objects that they want. And they are seldom themselves victims (in the literature, they are sometimes referred to as ‘nonvictimized aggressors’ [eg Dodge, 1991; Olweus, 1978; Rigby, 1992]).

Victims are those who have been bullied or who are especially likely to attract bullying. At issue then is the specification of how some people come to be bullied more than others. That issue has attracted a distinction between ‘passive’ victims and ‘aggressive’ victims: that is, between those who seem to have ‘done nothing’ to invite being bullied, and those who are themselves on the aggressive side and seem to have invited being bullied by virtue of what may be — to borrow Patterson’s (1996) phrase for the description of some parents — ‘inept’ aggression. ‘Aggressive victims’ are, for example, those who are described by other children as both often getting into fights and often being teased or pushed around (eg Schwartz, Dodge, Pettit and Bates, 1997).

These distinctions attract attention partly because of the flow on consequences for being a particular kind of aggressor or a particular kind of victim. The classical picture, for example, is one of aggressive children being rejected by peers, picking up another risk factor as they proceed through school. The emerging picture is one of peers being most likely to reject the ‘aggressive victims’ (eg Perry, Willard, and Perry, 1990). This latter group is apparently regarded already as being ‘losers’. They neither stay out of trouble nor win fights.

Distinctions among aggressors and victims are also attracting attention because of links to particular kinds of early family experience. We have already seen, in studies such as Weatherburn and Lind (1997), that the experience of abuse or neglect as a child is linked to participation in crime as a juvenile. Now we need to know some of the specific parts of that chain.

There are at this point several reports dealing with this particular issue. We select out one by Schwartz *et al* (1997). It is a prospective longitudinal study that began with a sample of 198 five year old boys. At the start of the project, mothers were interviewed and their approaches to child-rearing assessed.



Four to five years later, aggressive behaviour and peer victimisation were assessed by asking classmates to nominate three peers who fitted each of three victim descriptions (gets picked on, gets teased, gets hit or pushed) and each of three aggressor descriptions (starts fights, says mean things, gets mad easily). Children were then classified as aggressive victims if they attracted nominations in both categories, as passive victims if they attracted high nomination scores only in the victim category, as nonvictimized aggressors if their nomination scores were high only in the aggressor category, and as 'normative contrasts' if their nomination scores were not high in either category. (The breakdown in numbers among this sample of boys was respectively 16, 21, 33 and 128).

The differential link to earlier family patterns is between the aggressors who do not get picked on, and those who do. The former group had a family history that involved a higher exposure than usual to adult aggression and violence, but they had not themselves been victimised by adults. The latter group had a history of higher exposure than usual to punitive, hostile, and abusive family treatment.

In effect, any initiative toward changing the nature of parenting might well start by taking into account the particular kinds of aggressor or victim behaviour that we wish to change and that stand out in any particular group.

Promoters are the last group within this trio of actors, victims, and promoters. We use the term to describe the audience or the 'supporting cast' that encourages crime. This encouragement may take two forms, with each suggesting a different target group.

In one form, the promoters tolerate, legitimise, or remain silent in the face of negative acts. This is the group that Olweus' anti bullying program explicitly targets. Bullying is not just a 'twosome affair' involving bully and victim (Olweus, 1978,1991). It involves the complicity of many others. The solution then has to involve those others in 'breaking the silence' with regard to the occurrence of bullying and, as a peer group, taking action to reduce its occurrence. The program is carried out at the school level (late primary), and is currently being extended by Rigby to South Australia. This kind of program gives the group responsibility rather than information alone, and the general model seems well worth considering for the reduction of other forms of negative behaviour.

In a second form of encouragement, the promoters of crime cut off alternative paths or aggravate the impact of risk factors. As an example, we take the ways in which the occurrence of distrust and antagonism between members of a community and the police can come about. This kind of relationship can stem from parents socialising their children into the expectation that 'the police' or 'the welfare' are unlikely to treat them fairly and are not to be trusted: are, in fact, to be treated as 'the enemy'. It can also come about through 'the police' or 'the welfare' acting in ways that express their distrust, indifference, or



antagonism or that leave them appearing to others as some faceless, undifferentiated group, marked by no particular person whom one might approach in the face of difficulty. Undoing the ignorance or the aggravation on both sides is a major part of the project known as *Adopt A Cop* (Brewarrina), a project worth a closer assessment and possible replication (see Section 4 and Appendix 1).

#### 'MISSING' PEOPLE

In the course of commenting on family focused intervention, we noted the general scarcity of initiatives directed toward parents, or combinations of parents and children, beyond the preschool years and especially around adolescence.

We now draw attention to some further 'missing people'.

Part of the missing are females. Any reading of the literature on delinquency and crime brings out the small amount of attention given to females as offenders. In part, that concentration stems from the over representation of men at various parts of the criminal justice system. In part, it also represents the strong concern in analyses of crime with acts of physical violence: still more a male than a female domain. In some areas of delinquent activity, however, females are emerging as close to males in frequency of offending (cf. the results cited earlier on substance abuse from the ongoing *Queensland Sibling Study*). Any program targeted at changing this particular type of activity, then, needs to start with a recognition that the group is likely to consist of both males and females and that these two subgroups may respond to different kinds of initiative.

The other missing group that we single out consists of fathers as parents: fathers as improvable parents or as sources of protective factors. Programs may be labelled as 'parenting programs', but the majority of the expected and the actual audience is female (for some comments on the Australian scene, see Vimpani *et al*, 1996). The imbalance is in odd contrast to our increasing awareness of the significance of fathers. It also highlights the need to design programs in ways that are likely to increase the positive involvement of fathers: positive in the sense that they become involved in where their children are and what they are doing.

An Australian project — the *Fun Family Reading Program*, part of *TUFF (Together for Under Fives and Families)* described in Appendix 1 (9.2) — provides an example. Fathers are encouraged to take part in some particular activities with their children, for example to read to them or with them as a way of both enjoying some time together and helping the child's performance in school. The immediate goal is one of fathers engaging in this activity (a goal achieved). The longer term goal is a general improvement in family functioning. The route into involvement, however, is an activity that fathers can see as in keeping with a conventional role and as having face validity.



#### RECOMMENDATION 11: SELECTING PEOPLE: ESTABLISH GUIDELINES FOR CHOOSING WHO WILL IMPLEMENT ANY PREVENTIVE STEPS

The issue is again effectiveness in terms of outcomes and of cost.

Influencing cost is the amount needed to train and to monitor what is being done. If every step along the way calls for highly qualified personnel, then costs will escalate. Needed then are ways to:

*...improve the technology of prevention so that it can be implemented by front line community service agents without expensive supervision and training. To accomplish this goal, we need to explore how more productive and lasting partnerships can be built between community service agents, community volunteers, schools, researchers, and funding agencies. What kinds of organisational structures and communication changes can best promote these interactions? (APS Report, 1997: 18).*

Among the implementers, on this basis, there should also be people whose personal skills or whose position helps them cut across agencies and coordinate services.

Influencing effectiveness are factors such as the acceptability of various people to those whom we hope to influence. Under what circumstances, we need to ask, are the people most likely to be listened to, turned to, or believed, those who belong to the community, have a particular kind of personality, or have particular kinds of skills? Is credibility given only to those 'who have been there' — who have been through the same fire, faced the same problems — or to outsiders whose knowledgability has some other basis? What characteristics are most likely to be effective for what steps along the way: for persuading people to take part, or for persuading them to change what they do?

Once again, questions of that kind arise in any type of preventive action. What do developmental perspectives add?

One addition comes from the concept of transitions. Each transition is a move into little-known territory. The people we need most are those who know that territory, are willing to act as guides, understand our concerns and the nature of our ignorance, and can be trusted. These are the people who can provide a map of what lies ahead and can decode what would otherwise seem incomprehensible. Guides, inventors, introducers, path-smoothers are all the more necessary when we come from a group that speaks a different language or has a different set of values.

Jackson and Marsden (1968) pointed out some time ago the difficulties that working class children and their parents faced in finding people who could explain how the English school system worked and whom they felt able to ask for advice. The same kind of difficulty applies also to systems such as the criminal





justice system. The NSW Department of Justice supported, until 1997, a ‘mentor’ program for young Aboriginals entering the world of courts, cautions and detentions, with the mentors being themselves Aboriginal and knowledgeable about the system. The program has unfortunately now been discontinued. It followed several of the principles we would emphasise for implementation.

The second addition comes from studies on children’s concepts of authority and prejudice. It could be that children regard people who have authority in one area as having the right to set limits in others. Alternately, their view of authority could be more area specific. Teachers, for example, have authority and credibility in the classroom and for academic matters. Police, librarians, lifeguards can expect to be listened to when they are dealing with their expected areas, but not outside it.

The research evidence is in favour of specificity. To take some Australian studies as examples, Aboriginal children distinguish between the authority of parents and the authority of police (Rigby and Black, 1993). It is not that they have a general ‘disregard for authority’. They simply make an even stronger separation than most children do between the two areas of authority, making it possible to have a clear regard for one but not for the other.

In related fashion, white Australian children do not express the same approval or disapproval toward Asian Australians as Aboriginal Australians. As of 1994, when this study was carried out, these children felt more positively toward Asian Australians than toward Aboriginal Australians (Black-Gutman and Hickson, 1996).

Those attitudes may no longer be the same in 1997 after a period of public discussion about ‘the stolen generation’ and the need for reconciliation, as well as the emergence of an influential political movement that seems avowedly racist. It still seems likely, however, that the shift will be in attitudes toward a specific group rather than a general shift in acceptance of those who are ‘foreign’. We should no more expect that messages about prejudice could equally well come from one source as from another, any more than we can expect that commands can equally all come from one authority figure as another.

‘Horses for courses’ might be regarded as the general message. We need to pick people who will have credibility in specific areas for specific people.





#### RECOMMENDATION 12: MOVING TOWARD ‘HOW’ TO PROCEED: ANTICIPATE SOME ‘OLD MYTHS’, SOME BARRIERS TO TAKING EFFECTIVE PREVENTIVE ACTION

This recommendation is the first of a set of three that are all concerned with aspects of the question, How? The set starts with the most general of advice (watch out for old myths that can get in the way) and then proceeds through general principles of implementation and the choice of specific components.

##### BRIGHT’S SET OF ‘OLD MYTHS’

Bright (1997) provides a useful summary of several steps to take within the development of any intervention project, expressed in terms of general policy. Needed first, he argues, is the step of getting rid of some old myths. Those he notes are as follows:

- Myth 1 — Nothing works. In fact, Bright points out, several preventive steps do work. The evidence now needs to be marshalled and recognised. In addition, what needs to be developed is a general commitment to prevention, making it a central rather than a peripheral concern of many departments and agencies. What needs also to be tackled is the task of isolating what works and building on that.
- Myth 2 — The justice system (eg police, courts) can do it all. In fact, Bright points out, the justice system is already overloaded and is likely to be increasingly so.
- Myth 3 — Communities can do it all. In fact, communities cannot do it all. The involvement of government agencies (in Australia, these would be at both State and Commonwealth levels) is needed, both for funding and for the evidence of commitment that government involvement demonstrates.
- Myth 4 — Crime is a single cause, single fix problem. In fact, we need to accept that several factors contribute to the occurrence of crime. Prevention steps then need to start from the recognition that changing one condition is not likely to provide the outcomes needed. The alternative, Bright proposes, is the planning of steps that target a variety of conditions. With that proposal, developmentalists would clearly be in agreement, with the caveat that the choice should be guided by some ideas about the ways in which these several conditions are related to one another, especially over time.

##### DEVELOPMENTALISTS’ SET OF ‘OLD MYTHS’

Some of these will already have been encountered and dealt with in the course of considering previous recommendations. It will nonetheless be useful to review difficulties as a set at this point. We start with one that is similar to Bright’s Myth 4:



- **Myth 1** — Crime comes from single causes, and responds to single fix solutions. It is easy to assume that some single events earlier in life carry all or most of the weight for what happens later. Everything, for example, can be accounted for by such single factors as ‘broken homes’, ‘working mothers’, or ‘bad company’. If we can change this single factor, then all will be well later on. Preventive actions are then likely to take the form of ‘single fix’ solutions. If we can teach parents how to ‘tame their toddlers’, for example, then all will be well later on.

In fact, as we have seen, developmental positions argue for the importance of cumulative risks, and combinations of factors. They recognise at the same time that some particular conditions or prior events may carry particular weight. Some prior conditions or events are particularly likely to increase or to decrease the probability of a person becoming an offender. By themselves, however, these single factors cannot carry all the load.

- **Myth 2** — Everything needs to be done early in life. It is easy to assume that developmental prevention always means that intervention needs to start early in life, with perhaps the added implication that ‘if at first you don’t succeed, you don’t succeed’ (an old slogan once used as an argument for early childhood education). That narrow definition is now sometimes referred to as the early childhood error (Tizard, 1991).

In fact, developmental theory argues for changes over the life course, for second chances, for the importance of resilience and recovery, for the shifting relevance of particular conditions at various parts of the life course. It is this version of developmental approaches that underlies, for example, a recommendation from a study group concerned with serious and violent juvenile offenders: it is wise to start early, but it is also possible to intervene after a first offence (Loeber and Farrington, 1998).

- **Myth 3** — There is one path from earlier to later events. In fact, current developmental theory argues for multiple pathways, some ‘straight’ and some ‘devious’ (Robins and Rutter, 1990).

- **Myth 4** — All the critical factors are to be found within the person. It is easy to assume that developmental approaches place all their emphasis on dispositions within the individual. What predisposes a person to breaking the law, and carries forward effects from earlier events, is then some quality of personality, some aspect of style, some general disposition to ‘criminality’. Intervention may then be concentrated on changing only that quality.

In fact, developmental theory argues for individuals as never existing in isolation. They are always involved in relationships with others. They live within ‘contexts’: in some physical spaces or neighbourhoods rather than others, in some economic climates rather than others. What matters most then are the several ways in which the qualities of individuals and the quality



of their relationships or their contexts interact or combine with one another. These combinations are what accounts for how development unfolds. These combinations are also what we need to target in the course of taking preventive action, even though we may give particular weight to some qualities of individuals.

- **Myth 5** — Prevention can be thought of as like one time inoculation. Basically, current developmental theory aims to go beyond the notion: do it with children and perhaps their parents and then we shan't ever have to worry about it again, no matter what the changes in exposure. If you can teach parents how to 'tame their toddlers', for example, then all will be well from then on.

The reality is that problems recur. They don't occur just once. For example, parents and their children work through the issues of independence more than once in their lives. It gets worked through in one form during the 'terrible twos' and in other forms at later ages, especially during adolescence. Preventive action then is better thought of as needing to be taken several times. In addition, prevention at any one point may need to take account of how the problem was worked through when it was met at earlier times. Those earlier times are likely to have left 'residuals' (eg good feelings or ill feelings, memories of what worked or did not work) that may hamper or facilitate the resolution of the problem the next time it is met. In short, preventive action taken at one early time will not last forever. It shifts the probabilities of what will happen and what will be needed at a later time but it does not confer permanent protection.

- **Myth 6** — What is true for one person is true for all. The reality is individual variability (within groups) and variability across groups.

#### **RECOMMENDATION 13: HOW: ESTABLISH GUIDELINES FOR IMPLEMENTATION: GENERAL PRINCIPLES AND SPECIFIC COMPONENTS FOR ANY PROGRAM OR SERVICE**

Up to this point we have been concentrating on questions about the why, when, what and who aspects of preventive action. The move to questions about 'how' began with the preceding recommendation: keep an eye open for some 'old myths', some expectations that are likely to be encountered and that are barriers to effective intervention.

That caution, however, needs to be accompanied by some more positive recommendations. We turn first to some general principles and then to recommendations about specific components to any program.



#### ESTABLISHING SOME GENERAL PRINCIPLES

Any approach to prevention will need to respect some general principles. The first of these is that a program should be accessible. Policies and programs should give thought to how they will reach the people most in need and least likely to be responsive to simple announcements that a service is available.

A second is that a program should aim at keeping people involved. Once they have come through the door or agreed to a first home visit, they should find a program sufficiently attractive to stay with it for the time it takes for any effects to occur. It is a source of concern, for example, when one reads that for a project such as Patterson's (a program aimed at breaking 'coercive cycles' within families) the attrition rate during the first year was 25%, with a further 25% lost before the end of the one year follow up (Patterson, 1996). The families in this kind of sample often have some attachment to their problems: they are not totally unhappy with the coercive tactics they use toward one another. The implication from such results, however, is that active thought needs to be given ahead of time to how people can be encouraged to remain interested.

A third — again a well known principle — is that programs need to avoid stigma. There is little point in attempting to recruit parents into programs with labels such as 'Child Abuse Prevention'. Who would volunteer? It is this general principle that also provides the basis for proposing that services, as far as possible, be offered on an area or a group basis, with follow up differential offerings then made within the group as particular needs or particular risk factors become apparent.

A fourth is that no project should aim, within itself, to cover the waterfront. To quote again from the APS study group on violence:

*Research is needed on how to implement...prevention programs that are grounded rigorously in theory but are also responsive to the needs of diverse cultural communities and flexible in their application. Which ideas work with what levels of effectiveness in which kinds of communities? How can community goals be integrated into a prevention program? If achievable, true partnerships between community practitioners, community volunteers, violence researchers, and government agencies would seem to provide the most effective approach for long term prevention efforts. (APS Report, 1997: 19).*

That goal may be more easily stated than achieved. How, for example, do we achieve some degree of coordinated action across the several agencies or departments that have an interest in crime prevention, in the reduction of risk factors or the promotion of protective factors? As we noted earlier, Australia does in fact have some specific projects (eg the *Inter Agency Schools as Community Centres Pilot Project* described in Appendix 1 (9.4)) that have put that principle into practice. The goal has been to improve family functioning rather than to explicitly reduce crime or the factors that promote crime. The lessons learned from these and any other similar projects, however, need to be considered carefully, with an eye to their extension to other areas and additional goals.



Two points, however, are already clear: The partnership should include members of the community. The aim should be to find ways to help people take an active role in working out what they do.

The latter principle is perhaps more easily stated than acted upon. Two examples will illustrate how this applies to both children and adults.

The first comes from a comparison of preschool programs. The Ypsilanti group in Michigan looked at the long term effects of the *Perry Preschool Project*, a second preschool program that was in several ways like their own, and a conventional preschool program. The two with beneficial long term effects were the former two. Their common ingredient was that they encouraged children to take an active part in what they were doing, to work toward being involved in decisions about what would be done (Pirani, 1994; Schmeinhart, Barnes, and Weikart, 1996; Weikart and Schweinhart, 1992). (Section 3 provides details on the specifics of how children in the Perry Preschool were encouraged to take an active role in their own learning.)

The other example comes from the *Syracuse* study aimed at mothers (Lally *et al*, 1980). One of the important ingredients in its success, the program leaders concluded, was that the mothers were encouraged and helped to reach out to friends and neighbours, to build networks that would help break down their isolation and would help others as well as themselves.

A similar point was underlined by one of the mothers participating in the Interagency project in Chertsey (NSW):

*I started by offering a lift to someone I knew didn't have a car, so that she could come visit the school when I went. Now I've just talked to a newspaper – me, can you believe it? – about the fact that we need a small bridge across the low part of a road that gets flooded every year and cuts the kids off from school (comment made to a visiting group, June, 1997).*

#### SOME DEVELOPMENTAL ADDITIONS

These additions are threefold.

The first, as one might expect, goes back to the concept of pathways. The general rule is that a program should allow for multiple pathways, and for steps that both divert from one path and to another. There is little point, for example, in removing an adolescent from one peer group or one route to social status unless steps are taken to see that another group or another path to respect becomes open.

The second is that programs should aim to break down the divide between 'us' and 'them'. Increasingly, psychologists have become aware that people of all ages readily operate on a sense of 'us' and 'them', with greater virtue seen in



those who are 'us'. Increasingly they have also become aware of the strong tendency to see any group of 'them' as 'all alike' (a tendency with the complex title of 'the outgroup homogeneity effect'). When 'the police' or 'the welfare' or 'the school' is seen as an 'outgroup', for example, they rapidly become a faceless mass. It then becomes all the harder to cross the bridge, or to approach any one of that group. There is no longer any particular individual who stands out.

Two steps may then be needed. One is to break down the facelessness. A program mentioned earlier (*Adopt A Cop*, described in Appendix 1 (1.9)) seems likely to help in this respect. 'The police' may now become individuals.

The other is that projects need to be found in which those who are 'us' and those who are 'them' have a common goal. Prejudice, for example, breaks down when different ethnic groups in a school become involved in a school project, one that highlights a shared identity and the significance of other features to individuals (characteristics such as their knowledge of an area or of particular people, their strength, their skill on the sports field, their ability to sing or to act, their ability to come up with new ideas or to follow through on what they have said they will do). Common ventures, on several analyses, are more effective in breaking down group barriers than abstract lessons on the dangers of prejudice (eg Singh, 1991). Common ventures, others would add, also work best when the participating groups feel that they start from a position of equal strength or status. Steps that promote in both Aboriginal and non Aboriginal groups a knowledge of Aboriginal history, for example, would help contribute to that greater equality of status.

The third and last developmental addition is that any program should build on the specific interests of the group, interests that vary from one life phase or one social position to another.

Adolescence, for example, is a time when peer acceptance becomes more critical than at earlier years, when the value of spending money and of 'stuff' becomes more marked, and when the desire increases to prove oneself as an adult, leaving childhood and its controls behind and embarking on a life that is not 'boring'. It is also a period when the time gap between one's current position and the privileges of adult status may seem frustratingly long, and when the realities of what may be possible become clearer, perhaps depressingly so.

How can preventive steps take account of these aspects of adolescence and early adulthood? The actions taken by Melbourne police in the face of drag races through central city streets provide one example. One of those actions included allowing for competitive racing, off the streets and under supervision. Such actions accept the importance of speed and 'thrill' to adolescents, but aim to channel those interests into acceptable routes rather than into dangerous and criminal ones. (Example given by Victorian police to Jeannette Lawrence.)





That type of action may not be open in all communities. There are, however, other ways in which adolescents may be treated more as adults than as difficult children. In an example mentioned earlier, in one community in England young adults were recruited into carrying out a survey of street lighting, noting places where lights were out or where new lights were needed (the area was one where lights were often damaged: Bright, 1997). Moffitt (1993) points to the importance of part time jobs that yield both money and status and of families reviewing what they can do to promote tasks for which there is a real need and for which teenagers can take responsibility (not the same jobs that have been done as a child, or not on the same basis). Again, the specific steps taken need to be tailored to the specific population. The guideline, however, remains one of first taking note of the particular needs, interests, problems or opportunities that any particular individual or group presents and working from these as a base.

#### DECIDING ON THE SPECIFIC COMPONENTS FOR ANY PROGRAM

Once we have decided to set some particular goals and to work with a particular age or social group, what shall we actually do? And how shall we decide?

Suppose, for example, that we decide to work on the problem of a child's early reliance on aggression as a social strategy. That is a focus adopted by several programs within the United States and Canada, with the choice based on results that have already established the difficulty that this behaviour presents to parents and the likelihood (but by no means the certainty) that this behaviour will persist, will lead to departures from the law. (Guerra, 1997, provides one summary of interventions aimed at childhood aggression or 'conduct disorder'; Tremblay and Craig, 1995, provide another.)

The next step then is a check through those programs for results that establish what has worked, with the search directed first toward any study that has compared different approaches. Reviews comparing various approaches will be helpful (eg Webster-Stratton and Hammond, 1997). Particularly helpful will be studies that, with similar groups, have explicitly compared one type of action with another. An example is a study by Kazdin, Siegel and Bass (1992). This group started by noting that two factors had been pointed to as important in leading to children being regarded by others as displaying 'antisocial behaviour'. One was the parents' child rearing practices. The other was the child's social problem solving skills. Allied with these two factors were interventions that had sometimes aimed at changing parents' practices, and sometimes aimed at changing the way children handled social interactions.

Kazdin and his colleagues then proceeded to divide into three subgroups a set of children (ages 7 to 13) who had been referred to an outpatient psychiatric clinic for unmanageability at home or at school, with their negative actions including fighting, stealing, or running away. Within the group of 97, one subgroup





received problem solving skills training (that is, intervention was directed only toward the children). In a second, the parents were offered parent management training. In a third subgroup, both forms of intervention were used. Assignment to one of the three subgroups was random.

The interventions lasted over a 6 to 8 month period. Effects were assessed at the end of the intervention and at a one year follow up. Both of the single conditions led to some improvement. The best results, however, came from group 3, where interventions were aimed at both parents and children. In this group, there was a significant drop both in antisocial behaviour (reported by parents) and in delinquent behaviours (reported by the children). In addition, parents in the combined treatment group reported a larger reduction in their level of stress.

We single out this study because it is the kind of information one needs to look for in order to make a choice of specific components. To change the example, suppose we decided to include in a project the component of 'home visiting'. Home visit covers an infinite variety of diverse activities, varying in who does the visiting, whether parents are encouraged to come into a centre or all contact takes place at home, or whether the visits are begun before the baby is born or after the baby is born (see Section 4 for a comment on Australian services; see also Vimpani *et al*, 1996, for a survey of 300 home visiting programs within New South Wales).

How should we then make a decision as to which variety of home visiting we should implement? To some extent, we can move toward a choice on the basis of the general principles. Programs that start before birth, for example, avoid any implication that the mother or the child is thought to have 'a problem': that is, they avoid any suggestion of stigma. Programs that rely on a parent bringing an infant to a centre, after some initial contact, may not work in communities where people are already difficult to access.

In an ideal world, we should also be able to turn to comparisons that tell us whether and when one variety of home visiting works better than another: not that it works better than nothing (although that is already an important step), but that there is either a difference or no difference between one version of home visiting and another.

That kind of a basis for choice calls for some integrated way of looking at the effectiveness of programs. In an area where the service was welcomed and utilised by most of the community, for example, what were seen as the significant features that made the service attractive? Were these features present in an area where a home visiting program had not reached the first step toward success: attracting participants?



It is at this point that the designer of programs or the person who faces the need to decide among programs feels the need for evaluated projects: projects that are accompanied by even some minimal assessment of how they worked that would serve as a basis for choice over and above that offered by the general guidelines.

That point leads to a further recommendation: the need for evaluation.

Before proceeding to that recommendation, however, we pause to consider what guidelines might be offered for the assessment and enhancement of existing services (like home visiting programs). To address this issue, we draw on the audit of services described in Section 4.

#### RECOMMENDATION 14: HOW: MAKE EXISTING PROGRAMS MORE EFFECTIVE FOR PREVENTION

The principles established under Recommendation 13 are important for any intervention, whether new or pre-existing. Thus when we address the issue of how existing programs might be revised to enhance their preventive impact, we need to review these guidelines before moving to more specific aspects of the programs. Thus we would want to ask of an existing program: is it accessible, does it involve people and give them an active role in working out what they do, is it stigmatising, to what extent does service delivery match the needs of different communities, does it allow for diversion from one path to another, does it help break down the divide between ‘us’ and ‘them’, and does it build on the interests of specific groups in the target population?

However, before suggesting some additions to these guidelines, it is very important to put the whole ‘program assessment process’ into context. Reference to principles and guidelines must be tempered by a realistic understanding of what the service delivery environment is like in contemporary Australia.

#### THE AUSTRALIAN CONTEXT

What is most significant about service provision in Australia is that a high proportion of what could be judged to be the most innovative programs are pilots and therefore have no guarantee of continuing beyond the pilot stage. The examples of existing programs in this study are not, therefore, representative of the Australian early intervention programs that might be found in (say) three years time, as quite a number have ‘sunset clauses’ unless other funding is found.



Service providers and key figures themselves came back to two main issues:

- reliable ongoing funding for services
- employment policies and government ‘centrelink’ payments should reflect a real concern for families. (‘What is the use of nutrition programs if people do not have enough money for food?’ was a frequent comment.)

This ‘context’ for provision is most important.

Another feature of the Australian landscape documented in Section 4 is the fragmentation of programs. The early intervention field seems to be worse in this respect than most, with providers in local areas knowing very little about what other workers in the area are doing. This immediately suggests a recommendation that transcends the analysis of any specific program: set up seminars or other means of communication in local areas so that intervention workers have an opportunity to glimpse the big picture. This should lead to greater coordination of service delivery at the local level, and hence a more effective targeting of multiple risk factors — one of the key recommendations that comes out of the developmental literature. Much can be accomplished without establishing a formal ‘interagency’ project, although this might be an excellent model in some circumstances.

Following the discussion under Recommendation 13, the issue of access emerged as another key problem in the audit of services. For example, most of those who attend parenting programs, both in Australia and Britain (Bright, 1997), are white middle class. This is consistent with a study of access to programs by families in Melbourne (Brotherhood of St Laurence). Thus it would be useful to know what would be the best model for those parents who need such programs most.

Again, in terms of access, the same pattern emerges with respect to disadvantaged families and preschool education. One survey in Britain found that more than half of the most disadvantaged children had received no preschool education compared with only 10% of the most advantaged group. It would also appear that those who are most disadvantaged do not necessarily attend the type of facility which would be of most benefit to them, that is, with those features which have been identified as capable of producing results.

A final feature of the Australian scene that needs to be emphasised is the poor state of evaluation and monitoring. As noted in Section 4, very few of the longstanding programs have any kind of data available whereby their effectiveness might be assessed, even in terms of their primary goals, let alone aspects that might be related to crime prevention. There are encouraging signs, however, that newer programs are being evaluated more thoroughly.



#### SOME ADDITIONAL GUIDELINES FOR ASSESSING PROGRAMS, WITH SOME EXAMPLES

Given the guidelines already proposed, and the constraints that operate in the Australian context (most of which are beyond the control of individual agencies), what other questions can usefully be proposed as ways of assessing whether programs are ‘working for prevention’? Some suggestions:

- | What risk and protective factors are targeted? Are they relevant to program goals? (This analysis is attempted for a sample of programs in Section 4.)
- | How effectively does a given program influence specific factors or address specific needs?
- | What ‘life course transition points’ come within the ambit of the program? Are there too many or too few?
- | Are only individual ‘clients’ targeted, or are settings or contexts the target?
- | Do the operations of the program facilitate agency partnerships at the local level?
- | How well does the program fit within emerging crime prevention frameworks at State and Federal levels (National Crime Prevention, State crime prevention structures)?
- | More generally, what are the implications from the program for the roles and responsibilities of other agencies and institutions, as set out in Table 2.3? For example, is there a need for advocacy at the State government level for legislative or policy change, and how can this be built into the operations of the program?

Most of these guidelines emerged explicitly from the program audit process, and guided the selection and analysis of the programs presented in Section 4. For example, the classification of programs was organised around:

- | special needs
- | targeting of risk factors
- | points of transition. The analysis of risk factors provides a good illustration of how programs may be assessed

In this respect, the *Interagency Schools as Community Centres Project* impressed as one which targeted multiple risk factors and which appeared to be creating ongoing positive change in the community. It is flexible, allowing for differences in communities (for example, variations in crime rates), and many ‘service arms’ can be developed, while in areas with existing services, it could act as a ‘link’. It allows for the introduction of a range of programs, such as *Parenting SA*, *Triple P*, *Anti-Bias Approach*, *Casual Ethnic Workers Pool*, *Cross Cultural Induction Program*, and many more. Any or all could be imported depending on local needs.

The more systematic analysis of risk and protective factors presented in Tables 4.3, 4.4 and 4.5 is particularly useful for identifying programs that target a range of risk and protective factors, and which might therefore be expected to be having a long term impact on crime and related problems.



The analysis also identified certain categories of risk factors that are largely untouched by existing programs. Two clear cases were (i) perinatal risk factors and (ii) factors related to the transition from primary to secondary education (in contrast to issues related to attachment to, and progress in, the primary years of school, which get a lot of attention).

With respect to the first gap, it appears that there is no specific point of contact for pregnant women — contact with professionals varies considerably as to when it commences and the frequency of contacts. Some providers and researchers recommend the establishment of a universal system of contact, in terms of time of contact and information provided.

With respect to the primary–secondary transition, the literature suggests that parenting programs and encouragement of parental involvement target mainly pre- and lower primary school children; surprisingly little is available for older children. This gap in provision is significant and potentially damaging, given that age of onset of offending, substance abuse and running away from home occurs around ages 13 to 14. Mentoring programs to assist especially those at risk of dropping out would help fill this gap (such as *M.E.W.S.*, described in Appendix 1, 6.3). Other programs should focus on parental mentoring — parents who had ‘survived’ children’s adolescence mentoring those experiencing it.

These examples illustrate how the various guidelines and principles may be applied in practice to identify both strengths and weaknesses (from a crime prevention perspective) in existing programs and services.

**RECOMMENDATION 15: EVALUATION: SET IT AS A PRIORITY AND ESTABLISH GUIDELINES FOR HOW AND WHEN IT SHOULD PROCEED, WITH ATTENTION TO CHANGES IN BEHAVIOURS, COST EFFECTIVENESS, MECHANISMS, AND CONTEXTS**

#### **CONTROVERSY RAGES**

All stakeholders in community interventions — funding agencies, practitioners, clients, community representatives, politicians, researchers, policy makers — agree that evaluation should be a priority. There agreement ends.

Disputes rage over such issues as how much evaluation should cost, who should do it, whether outcome evaluation is ever possible with community interventions, whether qualitative analyses permit inferences about the causal impact of programs, whether the emphasis should be on simple monitoring of implementation over time or on more complex processes, and indeed on whether ‘community programs’ are programs at all or collections of heterogeneous and disparate activities that change every day and can never be exactly reproduced. And this is just a sample of the debates that can be found in the literature.



There is currently in the literature a fierce controversy about how community based crime prevention programs should be evaluated. This controversy illustrates many critical evaluation issues, and is therefore deserving of special attention. One side in this debate espouses *quasi*-experimental designs involving all the usual features of random allocation (where practical), control groups, before and after measurement (preferably of multiple variables at multiple points in time pre- and post-implementation), and multivariate analysis to control for measured extraneous variables (Cook and Campbell, 1979; Farrington, 1997). The other side eschews control groups and most of the other paraphernalia of *quasi*-experimentation, espousing instead scientific realism. This side insists that ‘...outcomes unearthed in empirical investigation are intelligible only if we understand the underlying mechanisms which give rise to them and the contexts which sustain them’ (Pawson and Tilley, 1994: 292).

The debate has recently come to a head over the evaluation of a pilot developmental crime prevention program in the United Kingdom, to be funded by the Joseph Rowntree Foundation for about \$A2.5 million. In a paper commissioned by the Foundation, Farrington (1996) proposed that the time was ripe to mount a large scale community based crime prevention program that used the most promising prevention strategies to tackle the most important risk factors in particular communities (such as teenage mothers, child impulsiveness, and low school attainment). He recommended that the *Communities That Care* (CTC) model pioneered in the United States by Hawkins and Catalano (1992) be adopted for the pilot project, and the Joseph Rowntree Foundation accepted this recommendation.

In a subsequent paper, Farrington (1997) proposed an evaluation design based on the principles of Cook and Campbell (1979). In brief, he argued for three pairs of experimental and control communities, each pair drawn from the same area, in order to control threats to internal validity. The reason for more than one pair is so that an assessment can be made of the extent to which program effectiveness depends on community context, and also to establish the replicability of the model. He also assumed that a design based on more than three pairs would be too expensive.

Farrington proposed a number of other key design features:

- measures of key outcome variables (crime, delinquency, substance abuse and adolescent problem behaviour) should be taken in each community before and after implementation
- communities are probably large, well-defined housing estates containing at least one secondary school
- three year evaluation is needed: first year for before measures, one year for implementation, and one year post-implementation





- a hierarchy of outcomes should be established and measured (intermediate measures would include such things as school exclusion, or unemployment)
- risk and protective factors should be measured prior to implementation so that program strategies can be matched to community needs
- process evaluation should be conducted in the experimental communities
- cost benefit analysis should be carried out if possible
- experimental designs for evaluating the impacts of individual program components should be incorporated in the overall design

Pawson and Tilley (in press), advocates of scientific realism, have trenchantly criticised Farrington's design, arguing that it would not and could not produce valid or useful findings. The essence of their criticism is that community programs are not like Vitamin C pills that can be dispensed as unadulterated substances in measured doses: 'No two *CTC* initiatives will be remotely alike to be considered as the same "program"' (Pawson and Tilley: 12). Moreover, community context is not something to be eradicated by random allocation or matching, but rather something to be included as an integral aspect of evaluation: '*CTC* is all about how communities can galvanise change and an evaluation priority is thus to know which type of community can achieve these transformations' (Pawson and Tilley: 10).

Context/mechanism/outcome configurations are the culminating feature of realist inquiry. 'They are propositions stating what it is about a program which works for whom in what circumstances' (Pawson and Tilley: 11). Thus the realist evaluator makes hypotheses about contextual conditioning explicit and therefore central to the design and selection of the case studies. A theory of community change (Connell, Kubish, Schorr and Weiss, 1995) becomes central to the evaluation process in the realist model. For realists, social programs are theories incarnate, while the *quasi*-experimentalists view them as a set of fixed attributes to be converted into measurable variables.

Farrington (in press) has responded to Pawson and Tilley's criticisms. One key point he makes is that he assumed that the *CTC* program will be the same in all communities, but that the strategies to be implemented will differ according to measured risk factors. Another key point is his view of communities, which is that these are simply the settings for the program, with community variables having little or no causal effects. From his perspective, the primary question is whether or not *CTC* works; research on the 'active ingredients' is of secondary importance. 'Sometimes, Pawson and Tilley seem to be primarily concerned with documenting contexts and mechanisms, using qualitative, narrative and ethnographic methods, rather than with evaluating the effectiveness of a prevention program' (Farrington: 8).





#### COMPROMISE IS POSSIBLE

We take the view that there is considerable merit in both the *quasi*-experimental and scientific realist positions. Indeed, in practice the two models need not be in as much conflict as is implied by the polemical tone of some of the papers cited above.

It should be clear from earlier recommendations (for example, the discussion of area sensitive programs under Recommendation 3) that we agree absolutely that programs offered in one place may well not be suitable in another. Whether one wishes to make Farrington's distinction between programs and strategies will depend on the complexity of programs and their degree of fit with community needs. However, Pawson and Tilley's (1997) contention that no two *CTC* initiatives – and by implication, no two community interventions of any form – can ever be considered as the same 'program' seems far too extreme.

Our experience with even complex community interventions is that programs do maintain coherence, despite considerable variations in strategies and processes 'on the ground'. For example, Hauritz, Homel, McIlwain, Burrows and Townsley (in press) report an evaluation of the 'safety action' model for reducing violence in the central entertainment areas of four cities in Queensland. These authors were able to compare program effects using standardised outcomes measured before and after implementation, even though the local communities set priorities and determined strategies that fitted local needs. It was also possible to use one community as a comparison, not in the sense that 'nothing' was happening in that area, but in the sense that 'natural' or relatively uncoordinated activities were taking place (after a period of intense intervention – perhaps limiting its value as a strict 'control'). Thus the comparison was between three communities where a well-understood program with customised strategies and processes was implemented and one community where no systematic program was operating at that time.

Hauritz *et al* (in press) were also able to specify a 'theory of community change' and draw some conclusions about components of the program that had most impact. Indeed, a great deal could be concluded about mechanisms and contexts in the sense that Pawson and Tilley use the terms because extensive qualitative data were available and most aspects of implementation were continuously monitored.

We are of the view, therefore, that we can have our cake and eat it too. We advocate the use of most aspects of the *quasi*-experimental approach, including the use of comparison communities, and (multiple) standardised outcome variables measured before and after implementation. At the same time, we recognise the enormous value of an explicit theory of change, and the need to analyse context and mechanism in detail through the collection of extensive



qualitative and quantitative data. We are not comfortable with Farrington's (in press) assumption that communities are just the (passive) settings for programs, preferring instead Pawson and Tilley's (in press) view that '...it is not programs as such that work but the generative mechanisms that they release by way of providing reasons and resources to change behaviour' (Pawson and Tilley: 7). Data collection strategies must be developed in the light of this theoretical position.

#### GUIDELINES FOR EVALUATION

These guidelines are not exhaustive, but are designed to illumine key elements of the decision making process that must be followed when an evaluation design is planned. They cover aspects of the evaluation of both new and existing programs, and summarise some points already made.

One important underlying assumption is that not all existing services require rigorous evaluation. It may be better to spend a lot of money on evaluating one or two representatives of generic types (such as home visitation) than to spread the evaluation dollar so thinly that no programs are properly evaluated. 'Proper evaluation' entails, at a minimum, large samples followed up from before implementation to at least early adulthood (depending on the targeted age range). It also entails multiple measures (both quantitative and qualitative) of multiple outcomes at many points in the life course.

The first five points listed below could apply to any program, whether existing or new. The last six points were prepared with a formal demonstration project in mind, of the kind explored in more detail in the next section (Recommendation 16).

1. Evaluation should in general be informed by the 'scientific realist' school, which emphasises mechanisms and contexts as well as outcomes; by the 'theory of change' approach advocated by Connell and his colleagues, that emphasises adjusting theory, resources and outcomes based on ongoing results; and by classical *quasi*-experimental methods. This requires an extensive set of quantitative and qualitative measures of outcomes, program characteristics, participants and their degree of involvement, and community dynamics and settings.
2. Measurement of core outcomes, such as reductions in crime, must be non-negotiable. Whatever pathways are adopted to achieve these goals, and whatever intermediate outcomes emerge as part of the change process, at the end of the day we must be able to say whether or not crime has been reduced, and how and why. Sample sizes must be sufficiently large to ensure that important changes in core outcome variables attain statistical significance.



3. An outcomes hierarchy should include basic measures of implementation, monitored over time, moving through such levels as participation rates, participant satisfaction, behaviour change, and reduced crime and related problems.
4. 'Final' outcome measures should include crime and (depending on the program and the stages of the life course included in the evaluation) could include related problems such as substance abuse, non-normative school behaviour, bullying and other forms of aggression, and child abuse.
5. The type of model used by Sameroff and his colleagues (1993) should be employed, checking — when we come to evaluate whether what we have done has made a difference — both for changes in individuals and in circumstances (see Recommendation 5).
6. The great importance of control communities is recognised. However, as indicated earlier, controls should not be 'no treatment' controls — communities cannot be denied resources, particularly over a long time period. Therefore a better design is to compare carefully constructed packages designed to optimise outcomes with 'natural' mixes of 'undesigned' interventions. In this way the 'value added' component can be measured.
7. To facilitate conclusions about replicability and process, we should compare (say) three different mixes of interventions in three areas, with three control communities matched in terms of sociodemographics to the 'experimental' areas. A study based on a single pair of experimental and control communities should be avoided.
8. Evaluation and implementation must be preceded by systematic measurement of risk and protective factors in both experimental and control communities, and by an explicit formulation of the theory of change underlying the program.
9. Evaluation must begin before the intervention, be based on multiple methods of measuring multiple outcomes in an outcomes hierarchy, and continue for a sufficient period to ensure that long term effects can be demonstrated (perhaps 10–15 years or longer).
10. One way around the problem that funding is required for long periods to track long term outcomes is to combine long term tracking with shorter term segments (see Recommendation 4). When funding for intervention studies is short term, we can then take several short term chunks of a life course to check on whether the progressions and connections indicated by long term longitudinal studies can be used to design and evaluate briefer intervention studies.



11. A cost effectiveness analysis should be planned from the outset, and funded. Methods should ideally be based on those pioneered by Rand in the United States (Greenwood *et al*, 1996) (see Recommendation 4).

#### RECOMMENDATION 16: MOVE TOWARD DESIGNING A LOCAL COMMUNITY BASED DEMONSTRATION PROJECT

##### THE NEED FOR A LOCAL COMMUNITY BASED APPROACH<sup>1</sup>

For the reasons stated earlier in this section and in Section 1, it would be premature to attempt the detailed design of a demonstration project. Nevertheless, the general form that such a project should take is clear from the thrust of our recommendations in this section.

In brief, our analysis suggests that a useful way forward would be to explore: a neighbourhood or small area intervention targeting multiple risk and protective factors at multiple life phases and transition points. The focus should not only be on individual children and families but, more generally, on the functioning of both local and non local institutions, policies and aspects of social organisation that affect the quality of the local environment for children. The overall aim should be to create a more supportive, friendly and inclusive environment for children, young people and families that better promotes healthy, prosocial development.

The need for a local community based approach, incorporating specific prevention programs, is emphasised by overseas researchers and practitioners such as Farrington (1996), Bright (1997), and Hawkins and Catalano (1992). Farrington (1996), in the summary of the paper he prepared for the Joseph Rowntree Foundation in the United Kingdom, makes the case most clearly. He observes that on the basis of the (mainly US) evidence, prevention programs are best implemented as elements of a larger program targeted geographically on high crime areas. His conclusion is worth stating in full:

*The time is now ripe to mount a large-scale community based programme against crime that adopts the most promising prevention strategies to tackle risk factors that are problematic within particular communities. Such an approach would have similarities with public health programmes that seek to reduce illnesses such as coronary heart disease by tackling the known risk factors (smoking, a high-fat diet and lack of exercise, for instance). The programme's aim should be to promote community safety, prosocial behaviour and healthy development as well as to prevent drug misuse and crime. (1996: 4)*

1 Since the term 'community' could refer to the general public and to areas as large as a whole country, we generally use the term 'local community' or 'neighbourhood' in this section, although 'neighbourhood' has the disadvantage that it tends to be associated with urban environments and has different connotations in different countries. Useful alternative terms are 'local area' and 'locality', which can refer equally to urban and rural areas. However, the general term 'community' is so entrenched in the literature and in general thinking, and so often refers to local areas, that it is not possible (or perhaps desirable) to avoid its use altogether or constantly qualify it. Whatever term is used, what we have in mind in this section is a geographically based intervention in a small area in which there is at least a school and some families.



It is doubtful that a ‘large scale community based program’ could be mounted quickly in Australia, mainly because funding agencies and the political system are mostly oriented to short term, ‘quick fix’ initiatives that fit within the three year election cycle. Nevertheless, there is no reason why Australia could not move in several stages to such a community based demonstration project. Each stage could produce valuable short term outcomes (such as the demonstration that specific interventions can influence specific risk factors) while building, in a cumulative fashion, the foundations for a comprehensive community intervention.

We outline here what we consider to be the direction a community based project should take, and the steps that might be taken to reach the point of full implementation. We follow many of the ideas proposed for overseas projects, particularly some of the features of the proposed Rowntree intervention based on the Communities That Care model (Farrington, 1997). Our thoughts are, however, also firmly grounded in our understanding of the Australian context and in the themes and recommendations presented in this section.

In particular, we are sensitive to the danger that in proposing interventions designed to improve the social environment for children in local areas, we may be accused of accepting one of the myths about prevention that we have already rejected, namely the notion that communities can do it all (Myth 3 in Bright’s (1997) set of ‘old myths’ discussed under Recommendation 12). On the contrary, we propose that at the same time plans are being developed for local area interventions, explicit attention be given to the roles and responsibilities of government and non government agencies, the medical and public health establishments, employers, trade unions, the media, tertiary institutions, and other groups. Unless initiatives at the local level are supported by and coordinated with the policies and practices of these kinds of powerful institutions, there is every chance that the initiatives will fail, or achieve at best short term success.

#### STRENGTHENING COMMUNITIES AND FAMILIES: A PROPOSAL FOR A DEMONSTRATION PROJECT ON DEVELOPMENTAL CRIME PREVENTION

The key emphasis of our proposal is on the targeting of multiple risk and protective factors at multiple levels (the individual, the family, the immediate social group, and the larger community) and at multiple life phases and transition points in an individual’s development. This necessarily entails a whole of community intervention model that incorporates a range of programs and services, rather than an intervention built around a single program. It also entails a process of ‘community building’ that helps to create an inclusive, ‘child friendly’ or ‘family supportive’ environment that promotes the normal, prosocial development of children. This incorporates the identification of relevant community members, agencies and societal institutions from Table 2.3, and the development of strategies to implement the kinds of action plans described.



We suggest a primary focus on early in life interventions, but without excluding initiatives aimed at older children or their families. What happens to young children is frequently strongly influenced by what is happening to their older siblings. For example, a strong culture of opposition between adolescents and police will have considerable flow on effects.

Other major features of our proposal for a demonstration project include:

1. The use of a small number of small areas or neighbourhoods, preferably in different States, in order to enhance the external validity of the study and to better understand what works best in what kind of area. Farrington (1996) suggests three areas. There is a strong case for including both rural and urban areas, with at least one area containing a significant percentage of Aboriginals or Torres Strait Islanders.
2. The use of control or comparison areas each matched on key social and demographic characteristics with one of the intervention areas. This is, as indicated in the discussion of Recommendation 15 (Evaluation), a controversial proposal. We do not advocate ‘no treatment’ controls — even if such were possible — but rather areas that continue to receive ‘normal’ services and are even encouraged to agitate for more. The research design would measure the ‘value added’ component; that is, the enhanced benefits that are hypothesised to flow from an explicit community based intervention incorporating a coordinated array of interventions and community building techniques.
3. An emphasis on community involvement and ‘ownership’ of the project in each area. This emphasis will have to be held in tension with the input from a scientific advisory committee. Community ownership and optimum implementation of interventions could be promoted through the use of a community development approach such as the *Communities That Care* model developed in the United States. Community ownership means that the interventions will differ in each area and may become more distinct over time.
4. The use of community and agency partnerships that ensure that appropriate programs and services are directed simultaneously at a sufficient number of risk and protective factors present in the lives of children and their families to effect real change in developmental pathways.
5. The use as far as possible of existing agencies and services; new programs would only be introduced into an area if they were essential to target critical risk or protective factors that could not be influenced by existing agencies. The introduction of new programs, and the appraisal of existing services from a prevention point of view, should be guided by the audit of services in this report.





6. If possible, the location of project personnel and resources in a local childcare centre, preschool or school.
7. Careful planning of a mix of 'developmentally informed' interventions following the policy framework and themes developed in this report (Recommendations 1 to 15). Ideally, the steering committee and scientific advisory panel would work through the steps and recommendations in the report with local residents and professionals working in the area.
8. Analysis of the roles and responsibilities of agencies and institutions in the larger society, and the development of strategies to coordinate their policies and practices with the local area initiatives in order to maximise the chances of creating more child friendly environments at the local level (see Table 2.3).
9. Rigorous scientific design and evaluation, incorporating:
  - (a) the use of 'comparison areas' which would be matched on key social and demographic characteristics with the intervention areas
  - (b) the selection of intervention and comparison areas on the basis of Australian Bureau of Statistics and other data available for small areas
  - (c) the measurement of appropriate risk and protective factors in the six selected areas prior to the planning of the interventions, as part of the broader process of community appraisal
  - (d) multiple short term and long term outcome measures (including, in the long term, crime at both individual and local community levels) and repeated measurement of risk and protective factors over time
  - (e) detailed cost effectiveness analyses following the methods pioneered by the Rand Corporation in the US
  - (f) detailed qualitative analyses to track the complexities of implementation and community 'ownership' of the project and to evaluate the 'generative capacities' of each neighbourhood
  - (g) the use of the repeated measurements of risk and protective factors to keep the projects 'on track' in terms of the interventions that evolve in each area (communities must be challenged if, for example, they adopt strategies that fail to influence key risk or protective factors)
10. An initial planning phase spanning one year or 18 months for:
  - (a) pilot evaluation projects
  - (b) the development of baseline measures
  - (c) selecting the intervention and comparison areas
  - (d) carrying out the measurement of risk and protective factors



(e) selecting services and programs that could most appropriately influence those factors in each area

(f) exploring methods of ‘community mobilisation’

(g) setting the parameters for action at the wider societal level, using Table 2.3 as a guide

11. This initial phase should be followed by funding for a further three years for full implementation and initial evaluation. We assume that further funds could be attracted during this period to continue selected interventions (including booster shots) and to carry out longer term evaluation. Our proposals for the initial stage are described in more detail below.

As a first step in the demonstration project, we would need to know more about how existing community interventions and programs are being implemented and how much impact they are having on risk and protective factors before recommending the use of similar approaches later in the project. This would involve, in effect, an extension of the methods used in our audit of services to examine how selected programs and services are actually performing on the ground.

We propose that a small number of programs be selected that each appear to target at least two or three risk and protective factors, that have a strong community based orientation, and that (preferably) operate in many areas or could be easily resourced to extend their operations. Possible examples are the programs run as part of the *Interagency School Community Centres Pilot Project* in New South Wales (eg the *TUFF – Together for Under Fives and Families – Program* in Coonamble), the *Adopt A Cop Program* in Brewarrina, NSW, or the *HIPPY (Home Instruction Program for Preschool Youngsters)* Program facilitated by the Brotherhood of St Laurence in Victoria.

Key questions could include:

- How have these programs been implemented?
- What problems have been encountered?
- Are the risk and protective factors identified in the audit, or other important factors, actually being influenced?
- What new evaluation data are available?
- Could this program be incorporated in the demonstration project?
- Could the program be more effective with better coordination with the policies and practices of institutions in the larger society (Table 2.3)?



As a second step, or at the same time, the process of selecting areas for the demonstration project should commence. This will involve the examination of statistical information and then a preliminary analysis of needs and resources in areas that are likely candidates for inclusion in the demonstration project. This need not, initially, entail large scale surveys or other costly data collection methods. For example, preliminary scans of major risk factors and community resources could be carried out through interviews with key informants.

Our recommended third step involves piloting a small number of very small interventions in perhaps three or four of the areas selected at the second step. The kinds of things we have in mind have to do with improving access to or attendance at preschools and playgroups, or encouraging the development of local networks of parents with children too young for preschool (perhaps using the Baby Health Centre or community nurse as a reference point for contacts).

Although these sound very simple ideas, it is important to establish their feasibility in very disadvantaged areas where participation in groups and social networks is often very low. Such activities also have the advantage that they can provide important lessons in how to engage with community groups such as playgroups, for whom involvement in a crime prevention program might be a novel idea! Indeed, the question of how the project should be introduced and explained needs careful thought in the light of our earlier comments on the need to involve residents and avoid stigma.

Carrying out these simple steps has three major benefits, especially if an 'iterative process' is used whereby the sophistication of the interventions and the analyses is increased over two or three cycles, each of which builds on the results of the previous one. (As examples of what we mean by 'an iterative process', one could move from improving access to preschools to improving the capacities of staff to identify problems in the playground that require adult intervention, or one could move from analyses of risk and protective factors to analysis of program impact in the light of the longitudinal literature.)

The first benefit we envisage is that our knowledge about the short term impacts of simple interventions or of selected programs is increased, and these benefits can be reported in terms of performance indicators readily understood by the communities involved. This leads to the second benefit: the process of 'community mobilisation' could be commenced early through the provision of information to selected communities on how services or interventions in their areas could be better targeted or implemented to meet local needs. The third benefit is that we begin the task of developing the tools required for the implementation and evaluation of later stages of the demonstration project.



The detailed planning for the remainder of the demonstration project should build on the outcomes of these preliminary steps. To reiterate the key points, it will be essential to:

- finalise the selection of the intervention and comparison areas
- develop baseline measures of outcomes in an outcomes hierarchy
- carry out the initial measurement of risk and protective factors
- appraise the communities in terms of structure and resources
- select services and programs that could most appropriately influence risk and protective factors in each area
- explore appropriate methods of ‘community mobilisation’ and community development
- continue the development of strategies to coordinate what happens at the local level with the policies and practices of institutions in the larger society (Table 2.3)

As noted above, the community mobilisation and development process should be commenced early by disseminating information from the preliminary stages to selected communities and by encouraging them to consider the local implications of this information.

Much else, of course, would have to be settled — not least obtaining the highest levels of government agency commitment and cooperation in each location (see Point 7 above). One advantage of thorough preliminary work in the manner described is that it would provide both time to negotiate this political commitment and useful data with which to establish the case.

A further advantage is that even if, for some reason, it did not prove possible to continue with the later stages of the demonstration project, valuable data on the feasibility and impact of community based early intervention initiatives would have been obtained.



**TABLE 2.3**  
**RESPONSIBILITIES FOR THE PREVENTION OF CHILD MALTREATMENT AND JUVENILE CRIME, AND THE CREATION**  
**OF A MORE CHILD FRIENDLY ENVIRONMENT**

(Adapted from UK Children's Commission Inquiry, 1996 and NSW Child Protection Council, in press)

	ROLES AND RESPONSIBILITIES	NEEDS	ACTION PLAN	NOTE/COMMENT
<b>Children and young people</b>	<p>To take responsibility for decisions when they have sufficient understanding</p> <p>To tell a friend and/or trusted and reliable adult when they are unhappy or have concerns about themselves or friends</p>	<p>Adequate living conditions</p> <p>Basic physical care</p> <p>Affection and love</p> <p>Security</p> <p>Stimulation and learning</p> <p>Guidance</p> <p>Responsibility</p> <p>Independence</p> <p>Active promotion of self esteem</p> <p>Promotion of general emotional health</p>	<p>Research into children's thinking and their worlds</p> <p>Promotion of a greater understanding of children's needs by all adults</p> <p>Change culture surrounding children</p> <p>Personal and social education provision in schools from an early age</p> <p>Implement UN Convention on Children's Rights</p>	<p>Needs of individual children vary</p> <p>All adults need to learn how to listen to children and be aware of signs of abuse or neglect</p>
<b>Parents / carers</b>	<p>To have primary responsibility for the care of their children and meeting their needs</p> <p>To provide protection</p> <p>To seek help when things go wrong</p>	<p>Adequate living conditions</p> <p>Advice and information</p> <p>Support in times of stress</p> <p>Respite and relief from their caring role</p> <p>Learning and skills development</p> <p>Time for themselves</p> <p>Time for their children</p>	<p>The development of a State wide network of non stigmatising, accessible support services</p> <p>Parenting education to be available to all parents</p> <p>Education on alternatives to physical punishment</p> <p>Measures to tackle childhood poverty and discrimination</p>	<p>Family units take different forms with different needs</p> <p>Children's and parents' needs will differ and may conflict</p> <p>Parenting is a challenging job and at times difficult</p> <p>It is a lifetime commitment</p> <p>It affects future generations</p> <p>It is the 'only job for which no training is provided'</p>



	ROLES AND RESPONSIBILITIES	NEEDS	ACTION PLAN	NOTE/COMMENT
<b>Other family members</b>	<p>To provide support to parents/carers and their children</p> <p>To contribute as members of the family to the development of children</p>	<p>Understanding of children and parents and their needs</p> <p>Grandparents' rights in relation to children eg access</p> <p>Understanding who is important in the child's family network</p>	<p>Intergenerational support to be encouraged</p> <p>Support for parents of young children who are also caring for other dependants</p>	<p>Children value grandparents</p> <p>Parents often turn to their parents and other relatives for advice</p> <p>Other family members may not be in a position to offer support</p> <p>Parenting styles change between generations</p> <p>Other family members may be potential abusers</p>
<b>Neighbours and friends</b>	<p>To provide support and practical help to parents</p> <p>To be vigilant about the well being of all children</p> <p>If they have persistent concerns which are unresolved, to report them</p>	<p>Understanding of children's needs</p> <p>Knowledge of when to intervene</p> <p>Knowledge of to whom concerns should be reported</p> <p>Understanding who is important to the child</p>	<p>Change culture so that the care of children becomes everyone's responsibility</p> <p>Public education on the needs of children and what steps to take when there are concerns about a child</p> <p>Greater awareness of children's networks in the community</p>	<p>The 'professionalisation' of responses to child abuse may mean that neighbours are less willing to intervene</p> <p>Neighbours fear being accused of interfering and of 'getting it wrong'</p> <p>Unsympathetic responses from professionals have been reported by neighbours</p>





	ROLES AND RESPONSIBILITIES	NEEDS	ACTION PLAN	NOTE/COMMENT
<b>Schools</b>	<p>To provide safe and supportive environments and model positive interactions and relationships</p> <p>To encourage children's participation</p> <p>To identify learning and behavioural difficulties and children at risk of school failure</p> <p>To identify children at risk of abuse or neglect and respond in accordance with child protection procedures</p> <p>To prevent and respond to bullying</p> <p>To provide young people with skills which empower them</p> <p>To provide a focal point for local community activities involving children</p>	<p>All teachers need to be able to recognise early signs of school failure</p> <p>All teachers need an understanding of child abuse and protection procedures</p> <p>Teachers need a curriculum which focuses on relationship development</p> <p>Training and development for school staff especially in relation to managing behavioural problems</p>	<p>Provide special school performance programs for children at risk of failure and exclusion</p> <p>Provide programs for return of excluded children to education</p> <p>Programs to address bullying and conflict resolution</p> <p>Peer support programs and buddy systems</p> <p>Develop appropriate forums for children and young people to participate in decision making about school policies and practice</p> <p>Teacher training to cover child abuse</p> <p>Drug and alcohol education</p> <p>Parental involvement in deciding policies and practices in prevention education</p>	
<b>Housing</b>	<p>To ensure the provision of adequate family housing</p> <p>To provide emergency accommodation to homeless families and young people</p> <p>To provide refuges for victims of violence</p>	<p>Understanding of how housing provision is related to wider social provision</p>	<p>Increased provision of family housing</p> <p>Increased provision of accommodation for young people, especially those leaving care</p> <p>Provision of refuges/safe houses for runaways, many of whom have been abused</p>	<p>Homelessness has increased in recent years</p>



	ROLES AND RESPONSIBILITIES	NEEDS	ACTION PLAN	NOTE/COMMENT
<p><b>Leisure and recreation</b></p> <p>To provide recreational services, eg sport, swimming</p> <p>To provide safe play areas and spaces for children and young people</p> <p>To provide out of school and holiday schemes</p> <p>Understanding of child development and protection procedures</p> <p>Guidance on physical contact with children and young people</p>	<p>Out of school activities to be effectively regulated</p>	<p>Private and voluntary initiatives as well as those in the statutory sector need to be regulated</p>		
<p><b>Health services, general practitioners</b></p> <p>To provide primary health care in the community</p> <p>To provide advice on children's needs</p> <p>To make referrals to specialist services</p> <p>To participate in local prevention planning activities</p>	<p>Education on child development, children's needs and rights, child abuse and procedures</p>	<p>GPs to receive in-service training on child protection and mental health needs of children and young people</p>	<p>GP services are among the least stigmatising of all forms of provision and should be built on.</p>	



	<b>ROLES AND RESPONSIBILITIES</b>	<b>NEEDS</b>	<b>ACTION PLAN</b>	<b>NOTE/COMMENT</b>
<b>Community health and early childhood health services</b>	<p>To provide preventive health care, including the prevention of child abuse</p> <p>To promote positive parenting</p> <p>To run services for parents eg drop in centres; parent and toddler groups etc</p> <p>To undertake health checks and population profiling</p> <p>To provide treatment for victims of child abuse and neglect in accordance with local procedures, and make appropriate referrals</p> <p>To promote public health, including campaigning for improved services to meet identified needs</p>	<p>Health visiting services to be improved</p> <p>Effective resourcing of universal services to be addressed</p>	<p>Develop and fund health visiting as a universal service</p> <p>Home visiting schemes for vulnerable families to be developed</p> <p>Vulnerability of babies to abuse to be addressed</p>	<p>Early childhood health services are valued by the public and have the potential to form a central part of the prevention strategy</p>
<b>Prenatal and perinatal services</b>	<p>To provide antenatal care</p> <p>To provide education on parenting</p> <p>To undertake health checks</p> <p>To make child protection referrals</p> <p>To participate in local child protection procedures</p>	<p>Understanding of child abuse and child protection procedures</p>	<p>Home visits prior to birth to identify vulnerability to abuse</p> <p>Closer liaison between health and other professionals to be developed</p> <p>Relevant health workers to identify and refer/treat cases of postnatal depression</p>	
<b>Paediatricians</b>	<p>To provide a specialist child health service</p> <p>To advise and support non specialists on child health needs</p> <p>To access and diagnose child abuse</p>	<p>Training in diagnosis of abuse</p>	<p>Only experienced paediatricians to access and diagnose child abuse</p>	



	ROLES AND RESPONSIBILITIES	NEEDS	ACTION PLAN	NOTE/COMMENT
<b>Child and adolescent mental health services</b>	<p>To identify possible cases of child abuse</p> <p>To provide assessment of children's condition and needs</p> <p>To provide treatments to abused children and their families</p> <p>To provide assessment and treatment to abusers</p>	<p>Recognition of long term possible effects of abuse and harm</p>	<p>Treatment to be provided to all victims of abuse, at times when it is needed</p> <p>Training and appointment of child psychotherapists to be increased</p>	<p>Many children fail to receive the treatment they need</p>
<b>Adult and specialist services (eg drug and alcohol services, mental health)</b>	<p>To provide specialist services</p> <p>To make referral when there are child protection concerns relating to the parent</p> <p>To recognise the needs of children related to an adult being treated</p>	<p>Understanding of children's needs</p> <p>Understanding of child protection procedures</p>	<p>Adult services to address the needs of children of adult patients and to make appropriate referrals</p>	<p>Adult services may fail to recognise the needs of their patients' children</p> <p>Adult services should recognise the particular needs of adolescent patients</p>
<b>State departments of community services</b>	<p>To lead, in conjunction with health, on children's services planning and child abuse prevention</p> <p>To fund/provide family support</p> <p>To provide out-of-home care for children in need of care</p> <p>To ensure the maintenance of standards in services for vulnerable children</p>	<p>Understanding of child development and children's needs</p> <p>Understanding of families and how to work with them</p> <p>Resources to be allocated for family support</p> <p>Strategic planning and joint agency and professional working</p> <p>Staff development support and training</p> <p>Feedback from young people and families on their experience</p>	<p>Children's services planning to become an effective mechanism for developing preventive services</p> <p>Priority to be given to prevention</p> <p>Deployment of staff and resources to prevention</p> <p>Training and support needs of staff to be met</p> <p>Residential care to be developed as a positive option and to be rigorously regulated</p> <p>Staff training in promoting participative decision making by families and young people</p>	



	ROLES AND RESPONSIBILITIES	NEEDS	ACTION PLAN	NOTE/COMMENT
<p><b>Non government organisations</b></p>	<p>To provide support to children and families through a range of services</p>	<p><i>In relation to all parts of the non government sector:</i></p> <p>Improve coordination both within the sector and with statutory agencies</p>	<p><i>In relation to all parts of the non government sector:</i></p> <p>Organisations may be working independently or in partnership with other agencies</p>	
<p>1. Children and families organisations eg Barnardos, Burnside, Family Support Services; Centacare; Homestart</p>	<p>To refer to other agencies, as appropriate, including child protection concerns</p> <p>To campaign for improved provision of services</p> <p>To involve parents/children</p>	<p>NGOs to participate in children's service planning</p> <p>NGOs to ensure staff and volunteers have an understanding of child development, child abuse, child protection, and other risk and protective factors for juvenile crime</p>	<p>The sector is very varied, ranging from large organisations to small local groups</p> <p>Funding arrangements vary from own fundraising efforts to dependence on government funding procedures</p>	
<p>2. Meeting specialist needs: disability, health, housing, etc</p>	<p>To provide specialist services in response to special needs</p> <p>To refer to other agencies as appropriate, including child protection concerns</p> <p>To campaign for improved provision</p>	<p>Children's charities to consider the images of children which they use for fundraising purposes</p>	<p>The voluntary sector may have the capacity to develop innovative services</p>	<p>NGOs may be more accessible than government services</p>
<p>3. Peak and umbrella groups</p>	<p>To support service-providing organisations</p> <p>To provide advice and information</p> <p>To develop services</p> <p>May provide direct services</p> <p>To campaign for improved provision</p> <p>Understanding of children's needs and rights</p> <p>Understanding of child abuse and child protection procedures</p>	<p>In contract and marketplace culture, funding needs of smaller groups to be considered</p>		



	ROLES AND RESPONSIBILITIES	NEEDS	ACTION PLAN	NOTE/COMMENT
<p><b>Non government organisations</b> (cont)</p> <ul style="list-style-type: none"> <li>Effective staff and volunteer recruitment and selection</li> <li>Liaison with statutory and other agencies</li> <li>Ongoing training and development</li> <li>Knowledge of risk and protective factors for juvenile crime</li> <li>Ability to differentiate between children's and adults' needs</li> <li>Effective staff and volunteer recruitment and vetting provision</li> </ul>				
<p><b>Police</b></p> <ul style="list-style-type: none"> <li>To protect the community</li> <li>To apprehend offenders</li> <li>To promote more positive relationships with young people</li> <li>To investigate allegations of child abuse and offences against children</li> <li>To carry out crime prevention programs through a problem-oriented approach</li> </ul>	<ul style="list-style-type: none"> <li>Understanding of children's needs and rights</li> <li>Close liaison between police and other agencies is essential</li> <li>Police need to become more accessible to children and families</li> <li>Better use of data for prevention (eg data on repeat victims)</li> </ul>	<ul style="list-style-type: none"> <li>Police policy and practice to be consistent with those of other agencies</li> <li>Needs of children to underpin police response to child abuse and juvenile crime</li> <li>Increased use of formal and informal cautioning and other diversionary mechanisms</li> </ul>		



ROLES AND RESPONSIBILITIES		NEEDS	ACTION PLAN	NOTE/COMMENT
<b>Departments of Juvenile Justice</b>	To deal with offenders	Understanding of children's needs	To develop, trial, and evaluate intensive programs for 'at risk' offenders Jobs skill training for detainees Mentoring programs for young offenders To implement proven programs	Specific attention to needs of Indigenous and non-English speaking youth
<b>Legal system</b>	To implement the law To bring offenders to justice To protect the innocent defendant	Understanding of children's needs	Legal practices to become child friendly and supportive of families Family/Youth Conferencing In longer term, fundamental review of legal system to address how it can truly reflect children's needs and the UN Convention	The legal system is a prime example of how our culture can act against children's interests
<b>Employers</b>	To develop family-friendly employment practices To provide flexible working arrangements To make appropriate childcare provision To provide staff counselling	Understanding of children's needs Understanding of the benefits to employers of family-friendly policies Understanding the composition of their workforce and their family responsibilities	National policy for the promotion and implementation of family-friendly policies Introduction of policies by individual employers Create training and employment opportunities for young people	Employment practices and unemployment have a major impact on family life
<b>Trade unions</b>	To promote family-friendly employment policies and practices To oppose use of exploitative child labour To promote employment for young people	Understanding of children's needs and those of their parents	Promotion of family-friendly practices as part of overall pay and conditions	





	ROLES AND RESPONSIBILITIES	NEEDS	ACTION PLAN	NOTE/COMMENT
<b>Media</b> National, State and local; press; TV; radio; advertising	<p>To inform and educate</p> <p>To entertain responsibly</p> <p>To provide follow up advice and counselling</p> <p>To represent appropriately children and their interests</p>	<p>Accurate information on children and juvenile crime</p> <p>Information on services which support children, parents and families</p> <p>Staff covering child abuse may need support and counselling</p>	<p>Journalists' training to cover child abuse and crime</p> <p>Establishment of a proactive national organisation to provide informed comment/context on children's issues</p> <p>Media to have responsibility to consider the impact which coverage will have on individual children</p> <p>All professionals, especially social services, develop a proactive approach to media</p>	<p>Different parts of the media have different responses to children's issues, child abuse, and juvenile crime. While some respond positively and supportively there are many concerns about irresponsible coverage.</p>
<b>Tertiary institutions</b>	<p>To provide education on child abuse and juvenile crime prevention to students undertaking relevant tertiary courses</p> <p>To ensure that research is undertaken in the prevention of child abuse and neglect and juvenile crime</p>	<p>Curricula which equip students with information on children's needs and rights</p>	<p>The development of partnerships with tertiary institutions to ensure that students are equipped with the necessary pre-service training</p> <p>Coordinated research plans in the prevention of child abuse and neglect, and crime</p>	
<b>Childcare</b> Public, private and independent sectors	<p>To ensure that children's needs are identified and met within the service provided</p> <p>To understand the needs of children</p> <p>To understand child protection procedures</p> <p>To recruit effectively and vet all staff working with children</p>	<p>Understanding of children's needs and child protection procedures</p>	<p>Private sector services for children to be closely regulated</p> <p>Services to follow local child protection procedures</p> <p>Private sector needs to vet staff who work with children</p>	<p>There are concerns that the deregulation of services may lead to children being put at risk</p> <p>The independent sector needs to be involved in the development of children's services plans</p>



	ROLES AND RESPONSIBILITIES	NEEDS	ACTION PLAN	NOTE/COMMENT
<b>Childcare (cont)</b> Local government	<p>To take seriously needs of children and young people in local planning decisions</p> <p>To promote activities and develop facilities for children and young people in the local area</p> <p>To provide safe public spaces for children and young people</p>	<p>Understand the needs of children and young people</p>	<p>Consult with and involve children and young people in the design of recreational and public spaces</p> <p>Training for those working with children and young people to consider their needs and involvement</p>	
Commonwealth and State governments	<p>To provide, promote and ensure effective coordination mechanisms for children's services</p> <p>To consider the implications for children in the development of all policies and legislation</p> <p>To ensure that sufficient resources are available to meet children's needs</p> <p>To implement mechanisms across all areas of administration requiring the interests of children to be identified and taken into account in policy and decision making processes</p> <p>To take a lead in providing public education on the needs of children</p>	<p>A proper understanding of the overall needs of children and how they can be met</p> <p>An understanding of the needs of parents</p> <p>An understanding of the dynamics of the community</p>	<p>Develop mechanisms for children's participation in decision making processes</p> <p>Enact laws that will implement and reflect the UN Convention on the Rights of the Child</p> <p>Develop national public education to prevent child abuse and change the cultural framework for the way children are treated</p> <p>Appoint a Commissioner for Children in all States and at the Federal level</p>	<p>The needs of children are the responsibility of a number of different government departments. Coordinated planning is essential to ensure accessible services across all regions.</p>



## REFERENCES

Achenbach TM, Phares V and Howell CT (1990) 'Seven-year outcome of the Vermont intervention program for low-birthweight infants' in *Child Development* 61: (6) 1672–81.

American Psychological Association, Commission on Violence and Youth (1993) *Violence and youth: Psychology's response* vol 1. Washington, DC.

American Psychological Society (Human Capital Initiative) (1997) *Reducing violence: A research agenda APS Observer* October, Special Issue (Report 5).

Black-Gutman D and Hickson F (1996) 'The relationship between racial attitudes and social-cognitive development in children: An Australian study' in *Developmental Psychology* 32: 448–456.

Bor B, Anstey K, Najman J, Andersen M, O'Callaghan M and Williams G (in preparation) *From childhood aggression to adolescent crime: Predictors and prevention*.

Braithwaite J (1989) *Crime, shame, and reintegration*. Cambridge University Press: Melbourne.

Carrington K (1990) 'Feminist readings of female delinquency' in *Law in Context* 8: 7–24.

Cashmore J and Paxman M (1996) *Wards leaving care: A longitudinal study*. NSW Department of Community Services: Sydney.

Caspi A and Elder Jr GH (1988) 'Emergent family patterns: The intergenerational construction of problem behaviour and relationships' in RA Hine and J Stevenson-Hinde (eds) *Relationships within families: Mutual influences*. Oxford University Press: Oxford.

Catalano RF, Hawkins JD, Krenze C, Gillmore M, Morrison D, Well E and Abbott R (1993) 'Using research to guide culturally appropriate drug abuse prevention' in *Journal of Consulting and Clinical Psychology* 61: 804–811.

Champion L, Goodall G and Rutter M (in press) 'The relationship between behaviour problems in childhood and acute and chronic stressors in early adult life: A twenty year follow up of a sample of London school children' in *Psychological Medicine*.

Clarke RV (1997) *Situational crime prevention: Successful case studies (2nd Edition)*. Harrow and Heston: Albany, NY.



Clarke RV and Homel R (1997) 'A revised classification of situational crime prevention techniques' in SP Lab (ed.) *Crime Prevention at a Crossroads*. Anderson Publishing Co: Cincinnati Ohio.

Coie JD and Dodge KA (in press) 'The development of aggression and antisocial behaviour' in N Eisenberg (ed.) W Damon (Series Ed) *Handbook of child psychology: Vol 3 Social emotional and personality development*. Wiley: New York.

Coie JD, Watt NF, West SG, Hawkins JD, Joan RA, Markman HJ, Ramey SL, Shure MB and Long B (1993) 'The science of prevention: A conceptual framework and some directions for a national research program' in *American Psychologist* 48: 1013–1022.

Connell J, Kubish A, Schorr L and Weiss C (1995) *New approaches to evaluating community initiatives*. The Aspen Institute: New York.

Cook T and Campbell D (1979) *Quasi-experimentation*. Rand McNally: Chicago, IL.

Cowan PA, Cowan CP and Schulz MS (1996) 'Thinking about risk and resilience in families' in M Hetherington and EA Blechmer (eds) *Stress, coping, and resiliency in children and families*. Erlbaum: Mahwah, NJ.

Elder Jr GH (ed.) (1985) *Life course development: Trajectories and transitions*. Cornell University Press: New York.

Erikson E (1980) *Identity and the life cycle* (Reissue). Norton: New York.

Farrington DP (1986) 'Stepping stones to adult criminal careers' in D Olweus, J Block and MR Yarrow (eds) *Development of antisocial and prosocial behaviour*. Academic Press: New York.

Farrington DP (1991) 'Childhood aggression and adult violence: Early precursors and later life outcomes' in DJ Pepler and KH Rubin (eds) *The development and treatment of childhood aggression*. Erlbaum: Hillsdale NJ.

Farrington DP (1994) Early developmental prevention of juvenile delinquency *Criminal Behaviour and Mental Health* 4: 209–227.

Farrington DP (1996) *Understanding and preventing youth crime*. York Publishing Services for the Joseph Rowntree Foundation: York.

Farrington D (1997) 'Evaluating a community crime prevention program' in *Evaluation* 3: 157–173.

Farrington D (in press) 'Evaluating "Communities that care": Realistic scientific considerations' in *Evaluation*.

Furstenberg FF Jr, Brooks-Gunn J and Morgan SP (1987) 'Adolescent mothers and their children in later life' in *Family Planning Perspectives* 19: 142–151.



Garmezy N (1985) 'Broadening research on developmental risk' in WK Frankenburg, RN Emde and JW Sullivan (eds) *Early identification of children at risk: An international perspective*. Plenum: New York.

Garmezy N (1985) 'Stress-resistant children: The search for protective factors' in JE Stevenson (ed.) *Recent research in developmental psychopathology*. Pergamon: Oxford.

Gilley T and Taylor J (1996) *Unequal lives? Low income and the life chances of three year olds*. Brotherhood of St Lawrence: Melbourne.

Gilling D (1997) *Crime prevention: Theory, policy and politics*. University of London Press: London.

Gottfredsen DC (1986) 'An empirical test of school based intervention environmental and individual interventions to reduce the risk of delinquent behaviour' in *Criminology* 24: 705–731.

Gottfredson DC (1997) 'School based crime prevention' in *Preventing crime: What works, what doesn't work, what's promising? — A report to the United States Congress*. University of Maryland: Maryland, USA.

Gottfredson M and Hirschi R (1990) *A general theory of crime*. Stanford University Press: Stanford, CA.

Greenwood PW, Model KE, Rydell CP and Chiesa J (1996) *Diverting children from a life of crime: Measuring costs and benefits*. Rand Corporation Report (MR — 699–UCB/RC/IF).

Grusec JE and Goodnow JJ (1994) 'The impact of parental discipline methods on the child's internalisation of values' in *Developmental Psychology* 30: 4–19.

Guerra NG (1997) 'Intervening to prevent childhood aggression in the inner city' in J McCord (ed.) *Violence and childhood in the inner city*. Cambridge University Press: New York.

Hauritz M, Homel R, McIlwain G, Burrows T and Townsley M (in press) 'Reducing violence in licensed venues through community safety action projects: The Queensland experience' in *Contemporary Drug Problems*.

Hawkins DJ, Catalano RF, Morrison DM, O'Donnell J, Abbott RD and Day LE (1992) 'The Seattle social development project: Effects of the first four years on protective factors and problem behaviours' in J McCord and RE Tremblay (eds) *Preventing antisocial behaviour: interventions from birth through adolescence*. Guilford: New York.

Hawkins JD and Lishner DM 'Schooling and delinquency' in EH Johnson (ed.) *Handbook on crime and delinquency prevention*. Greenwood Press: New York.



- Hawkins JD, Von Cleve E and Catalano RF (1991) 'Reducing early childhood aggression: Results of a primary prevention program' in *Journal of the Academy of Child and Adolescent Psychiatry* 30: 208–217.
- Hinshaw SP, Lahey BB and Hart EL (1993) 'Issues of taxonomy and comorbidity in the development of conduct disorder' in *Development and Psychopathology* 5: 31–49.
- Hirschi T (1969) *Causes of delinquency*. University of California Press: Berkeley.
- Homel R and Mirrlees-Black C (1997) *Assault in Queensland*. Qld Criminal Justice Commission: Brisbane.
- Hope T (1995) 'Community crime prevention' in M Tonry and DP Farrington (eds) *Building a safe society strategic approach to crime prevention*. The University of Chicago Press: Chicago.
- Huesmann LR, Eron LD, Lefkowitz MM and Walder LO (1984) 'Stability of aggression over time and generations' in *Developmental Psychology* 20: 1129–1134.
- Jaffe P, Wolfe DA, Wilson S and Zak L (1986) 'Similarities in behavioural and social maladjustment among child victims and witnesses to family violence' in *American Journal of Orthopsychiatry* 56: 142–146.
- Jessor R and Jessor SL (1977) *Problem behaviour and psychological development: A longitudinal study of youth*. Academic Press: New York.
- Johnson DL (1988) 'Primary prevention of behaviour problems in young children: The Houston parent-child development centre' in RH Price, EL Cowen, RP Lorion and R Ramos-Mackay (eds) *14 ounces of prevention: A casebook for practitioners*. American Psychological Association: Washington DC.
- Jones MB and Offord DR (1989) 'Reduction of antisocial behaviour in poor children of nonschool skill-development' in *Journal of Child Psychology and Psychiatry* 30 (5) 737–750.
- Kazdin AE (1997) 'Conduct disorder across the life span' in SS Luthar, JA Burack, D Cicchetti and JR Weisz (eds) *Developmental Psychopathology: Perspectives on adjustment risk and disorder*. Cambridge: Cambridge.
- Kazdin AE, Siegel TC and Bass D (1992) 'Cognitive problem solving skills training and parent management training in the treatment of antisocial behaviour of children' in *Journal of Consulting and Clinical Psychology* 60 (5) 733–47.
- Keeping JD, Najman JM, Morrison J, Western JS, Andersen MJ and Williams GM (1989) 'A prospective longitudinal study of social psychological and obstetrical factors in pregnancy: response rates and demographic characteristics of the 8556 respondents' in *British Journal of Obstetrics and Gynaecology* 96: 289–297.





Kellam SG and Rebok GW (1992) 'Building developmental and etiological theory through epidemiologically based preventive intervention trials' in J McCord and RE Tremblay (eds) *Preventing antisocial behaviour: interventions from birth through adolescence*. Guilford: New York.

King A (1998) 'Income poverty since the early 1970s' in R Fincher and J Nieuwenhuysen (eds) *Australian poverty: Then and now*. Melbourne University Press: Melbourne.

Kolvin I, Miller JW, Fleeting M and Kolvin PA (1988) 'Social and parenting factors affecting criminal-offence rates: Findings from the Newcastle thousand family study (1947–1980)' in *British Journal of Psychiatry* 152: 80–90.

Lally JR, Magione PL and Honig AS (1988) 'The Syracuse University Family Development Research Program: Long-range impact on and early intervention with low income children and their families' in DR Powell (ed.) *Parent education as early childhood intervention*. Ablex Publishing Corporation: Norwood, New Jersey.

Landy S and Peters RD (1992) 'Toward an understanding of a developmental paradigm for aggressive conduct problems during the preschool years' in R Peters, RJ McMahon and VL Quinsey (eds) *Aggression and violence throughout the life span*. Sage Publications: Newbury Park, CA.

Levenstein P (1992) 'In the mother–child home program: Research methodology and the real world' in J McCord and RE Tremblay (eds) *Preventing antisocial behaviour: Interventions from birth through adolescence*. Guilford: New York.

Loeber R (1990) 'Development and risk factors of juvenile antisocial behaviour and delinquency' in *Clinical Psychology Review* 10: 1–41.

Loeber R and Dishion T (1983) 'Early predictors of male delinquency: A review' in *Psychological Bulletin* 93: 68–99.

Loeber R and Farrington DP (in press) *Serious and Violent Juvenile Offenders: Risk Factors and Successful Interventions*. Sage Publications: Thousand Oaks CA.

Loeber R, Wung P, Keenan K, Giroux B, Stouthamer-Loeber M, Van Kammen WB and Maughan B (1993) 'Developmental pathways in disruptive child behaviour' in *Development and Psychopathology* 5: 103–133.

Lösel F and Bliesener T (1994) 'Some high risk adolescents do not develop conduct problems: A study of protective factors' in *International Journal of Behavioural Development* 17(4) 753–777.

Maddahian E, Newcomb MD and Bentler PM (1988) 'Risk factors for substance use: ethnic differences among adolescents' in *Journal of Substance Abuse* 1: 11–23.





Massey DS and Denton NA (1993) *American apartheid: The making of an underclass*. Harvard University Press: Cambridge, MA.

Masten A and Garmezy N (1985) 'Risk vulnerability and protective factors in development psychopathology' in BB Lahey and AE Kazdin (eds) *Advances in clinical child psychology* vol 8. Plenum: New York.

Moffitt T (1993) 'Adolescence-limited and life course-persistent antisocial behaviour: A developmental taxonomy' in *Psychological Review* 100(4) 674–701.

Moffitt TE (1990) 'Juvenile delinquency and attention deficit disorder: Boys' developmental trajectories from age 3 to age 15' in *Child Development* 61: 893–910.

Moffitt TE and Harrington HL (1996) 'Delinquency: The natural history of antisocial behaviour' in PA Silva and WR Stanton (eds) *From child to adult: The Dunedin Multidisciplinary Health and Development Study*. Oxford University Press: Auckland.

Mrazek PJ and Haggerty R (eds) (1994) *Reducing risks for mental disorders: Frontiers for preventive intervention research*. National Academy Press: Washington DC.

Mukherjee S (1997) 'The dimensions of juvenile crime' in A Barowski and I O'Connor (eds) *Juvenile crime justice and corrections*. Longmans: Melbourne.

Najman JM, Behrens BC, Andersen M, Bor W, O'Callaghan M and Williams GM (1997) 'Impact of family type and family quality on child behaviour problems: A longitudinal study' in *Journal of the American Academy of Child and Adolescent Psychiatry* 36 (10) 1357–1365.

National Commission of Inquiry into the Prevention of Child Abuse (1996) *Childhood matters*. The Stationery Office: London.

NSW Attorney General's Department (1996) *Juvenile crime in New South Wales: A review of the literature*.

NSW Child Protection Council (1997) *A framework for building a child friendly society: Strategies for preventing child abuse and neglect*. NSW Child Protection Council: Sydney.

O'Donnell J, Hawkins JD and Abbott RD (1995) 'Predicting serious delinquency and substance abuse among aggressive boys' in *Journal of Consulting and Clinical Psychology* 63: 529–537.

Olds DL (1988) 'The prenatal/early infancy project' in RH Price, EL Cowen, RP Lorion and R Ramos-Mackay (eds) *14 ounces of prevention: A casebook for practitioners*. American Psychological Association: Washington DC.

Olweus D (1978) *Aggression in the schools: Bullies and their whipping boys*. Hemisphere: Washington DC.



Olweus D (1991) 'Bully/victim problems among schoolchildren: Basic facts and effects of a school based intervention program' in DJ Pepler and KH Rubin (eds) *The development and treatment of childhood aggression*. Erlbaum: Hillsdale, NJ.

Olweus D (1994) 'Bullying at school: long term outcomes for the victims and an effective school based intervention program' in LR Huesman (ed.) *Aggressive behaviour: Current perspectives*. Plenum Press: New York, NY.

Patterson GR (1996) 'Some alternatives to seven myths about treating families of antisocial children' in C Henricson (ed.) *Crime and the family*. Family Policy Studies Centre: London.

Patterson GR (1982) *Coercive family process*. Castalia: Eugene OR.

Patterson GR, Crosby L and Vuchinich S (1992) 'Predicting risk for early police arrest' in *Journal of Quantitative Criminology* 8: 333–355.

Patterson GR and Yoerger K (1993) 'Developmental models for delinquent behaviour' in S Hodgkins (ed.) *Crime and mental disorder*. Sage Publications: Newbury Park CA.

Patterson GR, Capaldi D and Bank L (1991) 'An early starter model for predicting delinquency' in DJ Pepler and KH Rubin (eds) *The development and treatment of childhood aggression*. Erlbaum: Hillsdale, NJ.

Pawson R and Tilley N (1994) What works in evaluation research? *British Journal of Criminology* 34: 291–306.

Pawson R and Tilley N (in press) 'Caring communities paradigm polemics design debates' in *Evaluation*.

Pierson DE (1988) 'The Brookline early education project' in RH Price, EL Cowen, RP Lorion and J Ramos-McKay (eds) *14 ounces of prevention: A casebook for practitioners*. American Psychological Association: Washington DC.

Pirani M (1994) 'High/Scope preschool curriculum' in C Henricson (ed.) *Crime and the Family*. Family Policies Study Centre: London.

Powlishta KK, Serbin LA, Doyle AB and White DR (1994) 'Gender ethnic and body type biases: The generality of prejudice in childhood' *Developmental Psychology* 30: 526–536.

Price RH, Cowen EL, Lorion RP and Ramos-McKay J (1988) 'Model prevention programs: Epilogue and future prospects' in RH Price, EL Cowen, RP Lorion and J Ramos-McKay (eds) *14 ounces of prevention: A casebook for practitioners*. American Psychological Association: Washington DC.



Quinton D, Rutter M and Gulliver L (1990) 'Continuities in psychiatric disorders from childhood to adulthood in the children of psychiatric patients' in LN Robins and M Rutter (eds) *Straight and devious pathways from childhood to adulthood*. Cambridge University Press: Cambridge.

Rigby K (1994) 'Psychosocial functioning in families of Australian adolescent school children involved in bully/victim problems' in *Journal of Family Therapy* 16: 173–187.

Rigby K and Black D (1993) 'Attitudes toward institutional authorities among Aboriginal school children in Australia' in *Journal of Social Psychology* 133: 845–852.

Robins L and Rutter M (eds) (1994) *Straight and devious paths from childhood to adulthood*. Wiley: Chichester, England.

Rotheram-Borus MJ (1988) 'Assertiveness training with children' in RH Price, EL Cowen, RP Lorion and J Ramos-McKay (eds) *14 ounces of prevention: A casebook for practitioners*. American Psychological Association: Washington DC.

Rutter M (1987) 'Psychosocial resilience and protective mechanisms' in *American Journal of Orthopsychiatry* 57: 316–331.

Rutter M and Smith D (eds) (1995) *Psychosocial disorders in young people: Time trends and their causes*. Wiley: Chichester.

Rutter M, Champion L, Quinton D, Maughan B and Pickles A (1996) 'Understanding individual differences in environmental-risk exposure' in P Moen, GH Elder Jr and K Luescher (eds) *Lives in context*. American Psychological Association: Washington DC.

Rutter M, Quinton D and Hill J (1990) 'Adult outcome of institution-reared children: Males and females compared' in L Robins and M Rutter (eds) *Straight and devious paths from childhood to adulthood*. Wiley: Chichester.

Sameroff AJ, Seifer R, Barocas R, Zax M and Greenspan S (1987) 'Intelligence quotient scores of 4-year-old children: Social and environmental risk factors' in *Pediatrics* 79: 343–350.

Sameroff A, Seifer R, Baldwin A and Baldwin C (1993) 'Stability of intelligence from preschool to adolescence: The influence of social and family risk factors' in *Child Development* 64: 80–97.

Sanders M R and Markie-Dadds C (1996) 'Triple P: A multilevel family intervention program for children with disruptive behaviour disorders' in P Cotton and H Jackson (eds) *Early intervention and prevention in mental health*. Australian Psychological Society: Melbourne.

Schwartz D, Dodge KA and Coie JD (1993) 'The emergence of chronic peer victimisation in boy's play groups' in *Child Development* 64: 1755–1772.



Schweinhart LL, Barnes HV and Weikart DP (1993) *Significant benefits: The high/scope perry preschool study through age 27*. High/Scope Press: Ypsilanti Mich.

Scott D (1995) 'Child protection: paradoxes of publicity policy and practice' in *Australian Journal of Social Issues* 30.

Secretariat National Aboriginal and Islander childcare (1996) *Proposed plan of action for the prevention of child abuse and neglect in Aboriginal communities*. Australian Government Publishing Service: Australia.

Seitz V (1990) 'Intervention programs for impoverished children: A comparison of educational and family support models' in *Annals of Child Development* vol 7 73–103.

Seitz V, Rosenbaum LK and Apfel NH (1985) 'Effects of family support intervention: A ten year follow up' in *Child Development* 56: 376–391.

Serbin LA, Schwartzman AE, Moskowitz DS and Ledingham JE (1991) 'Aggressive withdrawn and aggressive/withdrawn children in adolescence: Into the next generation' in DJ Pepler and KH Rubin (eds) *The development and treatment of childhood aggression*. Lawrence Erlbaum Associates: Hillsdale, New Jersey.

Sherman LW (1997a) 'Family-based prevention' in Department of Criminology and Criminal Justice University of Maryland *Crime prevention: What works, what doesn't work and what's promising*. College Park: Maryland.

Sherman LW (1997b) 'Thinking about crime prevention' in Department of Criminology and Criminal Justice, University of Maryland *Crime prevention: What works, what doesn't work and what's promising*. College Park: Maryland.

Shure MB and Spivack G (1988) 'Interpersonal cognitive problem solving' in RH Price, EL Cowen, RP Lorion and J Ramos-McKay (eds) *14 ounces of prevention: A casebook for practitioners*. American Psychological Association: Washington DC.

Silva PA and Stanton WR (eds) *From child to adult: The Dunedin multidisciplinary health and development study*. Oxford University Press: Auckland.

Singh BR (1991) 'Teaching methods for reducing prejudice and enhancing academic achievement for all children' in *Educational Studies* 17: 157–171.

Sokol-Katz J, Dunham R and Zimmerman R (1997) 'Family structure versus parental attachment in controlling adolescent deviant behaviour: A social control model' in *Adolescence* 32: 199–215.

Stephenson P and Smith D (1989) 'Bullying in the junior school' in DP Tattum and DA Lane (eds) *Bullying in schools*. Trentham: Stoke-on-Trent.



Tizard B (1991) 'Employed mothers and the care of young children' in A Phoenix, A Woollett and E Lloyd (eds) *Motherhood: Meanings, practices and ideologies*. Sage Publications: London.

Tomison AM (1997) *An audit of prevention programs in NSW* NSW Child Protection Council: Sydney.

Tremblay RE (1991) 'Aggression, prosocial behaviour and gender: Three magic words but no magic wand' in DJ Pepler and KH Rubin (eds) *The development and treatment of childhood aggression*. Lawrence Erlbaum Associates: New Jersey.

Tremblay RE and Craig WM (1995) 'Developmental crime prevention' in M Tonry and DP Farrington (eds) *Building a safer society: Strategic approaches to crime prevention*. The University of Chicago Press: Chicago.

Tremblay RE, Masse B, Perron D and Leblanc M (1992) 'Early disruptive behaviour, poor school achievement, delinquent behaviour, and delinquent personality: longitudinal analyses' in *Journal of Consulting and Clinical Psychology* 60: 64–72.

Tremblay RE, Pagani-Kurtz L, Mâsse LC, Vitaro F and Pihl RO (1995) 'A bimodal preventive intervention for disruptive kindergarten boys: Its impact through mid-adolescence' in *Journal of Consulting and Clinical Psychology* 63(4) 560–568.

Vimpani G, Frederico M, and Barclay L (1996) *An audit of home visitor programs and the development of an evaluation framework*. Report commissioned under the auspices of the National Child Protection Council by the Department of Health and Family Services: Canberra.

Vitaro F, Tremblay RE, Kerr M, Pagani L and Bukowski WM (1997) 'Disruptiveness friends' characteristics and delinquency in early adolescence: A test of two competing models of development' in *Child Development* 68: 676–689.

Vold GB and Bernard TJ (1986) *Theoretical criminology (Third Edition)*. Oxford University Press: New York.

Weathurburn D and Lind B (1997) *Social and economic stress, child neglect and juvenile delinquency*. NSW Bureau of Crime Statistics and Research: Sydney.

Webster-Stratton C and Hammond M (1997) 'Treating children with early-onset conduct problems: A comparison of child and parent training interventions' in *Journal of Consulting and Clinical Psychology* 65: 93–109.

Weikart DP and Schweinhart LJ (1992) 'High/Scope preschool program outcomes' in J McCord and RE Tremblay (eds) *Preventing antisocial behaviour: Interventions from birth through adolescence*. The Guilford Press: New York, America.



Werner EE and Smith RS (1982) *Vulnerable but invincible: A longitudinal study of resilient children and youth*. McGraw-Hill: New York.

Widom CS (1991) *The cycle of violence*. National Institute of Justice (NCJ 136607): Washington DC.

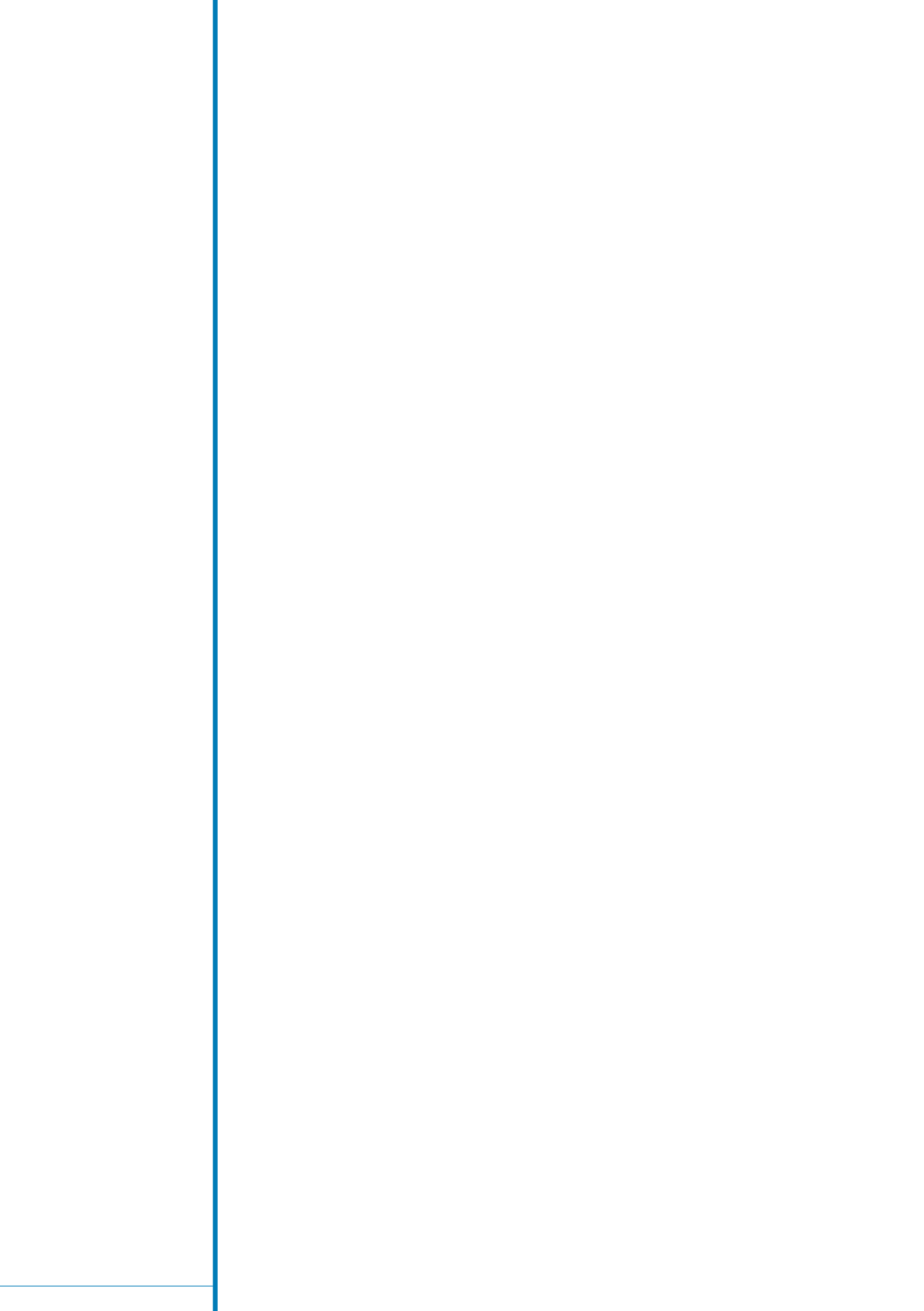
Wilson BJ and Gottman JM (1996) 'Attention — the shuttle between emotion and cognition; risk, resiliency, and physiological bases' in EM Hetherington and EA Blechman (eds) *Stress coping and resiliency in children and families*. Erlbaum: Mahwah NJ.

Wilson C and Dunne E (1997) *Factors identifiable from longitudinal child development studies in the prenatal and early childhood years (0–5) which lead to disadvantage in later life*. Report prepared for the Office of Families and Children, South Australia.

Wolfgang ME, Figlio RM and Sellin T (1972) *Delinquency in a birth cohort*. University of Chicago Press: Chicago.

Yoshikawa H (1994) 'Prevention as cumulative protection: Effects of early family support and education on chronic delinquency and its risks' in *Psychological Bulletin* 115: 1–26.

Zigler EF, Taussig C and Black K (1992) 'Early childhood intervention: A promising preventative for juvenile delinquency' in *American Psychologist* 997–1006.







SECTION 3

**SELECTED  
DEVELOPMENTAL  
STUDIES  
AND CONCEPTS**

In Sections 1 and 2 we introduced a number of developmental concepts, together with the kinds of studies on which they are based. Neither the concepts nor the studies, however, could be covered in any detail.

In this Section, we take a closer look at several concepts and at two kinds of studies (longitudinal studies and intervention studies), concentrating still on what is relevant to issues in preventive action but amplifying earlier comments and descriptions.

The Section begins by taking a concept that pervades both Sections: *the concept of life phases and transitions*. We ask how transitions differ from one another and we present a unifying picture of the ways in which particular kinds of preventive action may be relevant to the demands that various transitions make.

We then turn to *longitudinal studies*: studies that help identify the risk and protective factors that are related to the later emergence of behaviours classed as ‘offences’ or as ‘antisocial’. We offer a list of some of the most influential of these. The list, however, is only an opening point. What we wish to bring together are the several forms that risk factors and protective factors may take. Highlighted also are the two main ways by which longitudinal analyses seek to bring out the interconnections among risk factors, protective factors, and outcomes: by the construction of models and by the development of ideas about underlying processes. As in the previous Section, our goal is an integrative picture.

*Intervention studies* provide the focus for the third part of this Section. These test the relevance of proposals about risk and protective factors that emerge from longitudinal studies. Again, we list the main studies (these are studies where there has been some evaluation of outcomes). The list is more extensive than that offered for longitudinal studies, because intervention studies must be the primary base for any next move into taking preventive action. And again, the list is a starting point. We take the opportunity to bring out what these studies have yielded with regard to outcomes and to the possible processes that underlie the effects of intervention. We take the opportunity also to bring out the ways in which several of these studies have specified the components of the programs they offered. ‘Home visiting’, ‘family support’, ‘strategy coaching’: these may take a variety of forms. What we need to know are the ways in which some studies have moved towards specifying what those components involve.



The fourth and last part of this Section takes up a topic that has attracted both longitudinal and intervention studies, and that serves as a focus for considering in some depth the ways in which early events influence later events. This is the topic of child abuse and neglect.

#### DEVELOPMENTAL CONCEPTS: LIFE PHASES AND TRANSITIONS

We have used these concepts throughout Sections 1 and 2. To link them more fully and firmly to the analysis of preventive action, we now take a closer look at what these concepts involve. We do so first by clarifying the difference between ‘age’ and ‘life phase’, and then — at more length — asking how transitions differ from one another.

*Life phase* is a term used to distinguish one period of life from another. That distinction is often made in terms of chronological age. We refer to people, for example, as being 6, 16, or 60. The significance of age, however, often lies not in the actual number of years, as in the way society expects that people of various ages will be engaged in some types of activities rather than others, will spend most of their time in the company of some people rather than others, or will be subject to particular sources of authority.

The shift from preschool to primary school, for example, moves children into a time when we may expect to find most of them in a particular place, attempting a particular set of activities, and surrounded by people other than their family: surrounded by people who are fairly close in age to one another and who are expected to follow rules set down by someone known as ‘the teacher’. In some countries, this transition will be made by most children at ages 5–6 years, in others at ages 6–7. What matters, however, is not so much the chronological age as the change in demands and in one’s position in relation to others. In a word, what has happened is a change in ‘life phase’.

This is not to say that age no longer matters. What age does, however, is to alter the resources or strategies we have available when a transition is made. At the age of 4 or 5, for example, children have less capacity to understand why parents argue or divorce than they do when they are older, and the impact of those conditions may then become all the greater. At the age of 14 in most contemporary industrialised societies, most young women do not have any preparation for being a parent. They may be physiologically able to produce a child, but they lack the background knowledge that might make the move into this next phase easier.

Each life phase is seen as bounded by transition. *All transitions, however, are not alike*, and it is their differences that open the way for considering assistance or intervention. Below are some of the main differences that have been considered:



- *Some transitions are a matter of choice, others are not.* Up to a certain point, we may choose for ourselves, for example, whether or when we leave school at the minimum age, take a test for a driver's license, marry, have children. Every social group will have 'normative' ages for making these transitions: norms that give rise to comments along the lines that so-and-so is 'much too young to have children', is 'marrying late' or 'taking time to settle down'. There is, however, no legal requirement specifying that these transitions must be made.

In contrast, there is far less choice when it comes to whether we undertake some form of formal schooling. There may be room for negotiation about when this transition is made. There may also be room for negotiation about where it takes place (eg it is possible to be taught at home, by members of one's own family). The task, however, is not a matter for choice.

- *Some transitions we make solo, others we make in the company of others.* When a transition is 'normative', a group of people makes much the same transition at much the same time. In a sense, each person is surrounded by a convoy, creating the sense that one is 'in step' with others and providing the opportunity to observe or to ask about what needs to be done and how to manage.
- *Some transitions open up options, others reduce them. All of them, however, present new 'developmental tasks'.* For the new parent, those tasks or demands involve the task of balancing the demands of parenting with the need for sleep and the need to maintain some parts of a pre parenting life (time with a partner or with friends, leisure time or work time, some level of autonomy and privacy).  
For the new school child, some of the tasks are academic. Others are social. Somehow the new school child needs to make friends. Somehow he or she also needs to find ways of coping with actions that are unfriendly if not downright aggressive. And somehow he or she needs to come to terms with being treated in comparative terms: being compared by teachers or peers with a range of other children and found either 'ahead' or 'wanting'. Until a child goes to school, it has been said, neither the child nor the parent may realise that the child cannot sing or has 'two left feet'.
- *Some transitions we manage well, others we fumble.* Over time, we may also accumulate a backlog of successes and failures. These then contribute to a sense of confidence or determination, or to the feeling of uncertainty and anxiety. They contribute also to our being able to build up a large or a small variable repertoire of strategies for dealing with particular kinds of situations.



#### WHAT CONTRIBUTES TO THE SMOOTHNESS OR SUCCESS OF A TRANSITION?

Contributing is the extent to which the transition is a matter of choice. Contributing also is the extent to which a transition is made in convoy or solo, and the backlog of moods and strategies accumulated from past experiences.

*Relevant also, however, is the extent to which the social context provides assistance in making a transition.* That assistance may stem from several sources: from one's immediate or extended family, from peers, school teachers, healthcare workers, neighbours. It may be offered spontaneously or need to be asked for. It may come at little cost or great cost, either personally or financially.

Assistance also may take a variety of forms. Some of these are likely to be relevant to many transitions. Assistance that offers reassurance and the recognition that one's problem is not unique, for example, is likely to be useful at all transition points. Other forms of assistance or intervention may need to be tailored to the individual's particular needs, to the particular demands being faced. In these cases, what may be most useful is some specific coaching in the strategies that will reduce a difficulty or at least keep a problem from becoming progressively worse.

Is there a way in which we may draw together the probable effectiveness of different forms of assistance in relation to particular life phases and transition points? Table 3.1 presents a possible summary. It describes the usual distinctions among life phases, the shifts that occur in developmental tasks, risk factors likely to occur at particular times, and a set of potential links between kinds of assistance and particular life phases. Family support, for example, is proposed as a form of assistance that is relevant at all parts of a child's or a parent's life course. Strategy coaching, in contrast, is more likely to be called for on a less broad set of occasions.





TABLE 3.1

DEVELOPMENTAL PHASES AND TRANSITIONS: THE TASKS, RISK FACTORS AND PREVENTATIVE STRATEGIES AT EACH PHASE

DEVELOPMENTAL PHASE	DEVELOPMENTAL TASKS	RISK FACTORS	PREVENTATIVE STRATEGIES*
Prenatal/perinatal	Physical and neurological development	Parental substance abuse Adolescent pregnancy Inadequate prenatal care Birth injury Prematurity	Family support
<b>TRANSITION TO PARENTHOOD</b>			
Infancy	Affect regulation Attachment Developing autonomy Sense of self	Disturbances of attachment Inappropriate behaviour development Social isolation Inappropriate parenting	Parent training Early education
<b>TRANSITION TO PRESCHOOL</b>			
Preschool	Separation from mother Preparation for school Socialisation for transition Peer relationships	Inappropriate parenting Problem behaviours Peer difficulties Impulsivity and inattention	Child training Teacher training
<b>TRANSITION TO SCHOOL</b>			
School	Adaptation to school Peer relationships Experiences of success and failure	School failure Lack of parental monitoring Inconsistent discipline Peer rejection	Peer group training
<b>TRANSITION TO HIGH SCHOOL</b>			
Adolescence	Defining identity Growth of autonomy in a context of peer conformity Developing value system Intimate relationships	Teenage pregnancy Risk-taking behaviour Unemployment Antisocial peers Lack of parental support	Anti bullying programs Community support for youth in schools
<b>TRANSITION TO WORK AND ADULT RELATIONSHIPS</b>			
Adulthood	Adult roles and responsibilities	Unemployment Poverty Homelessness Social isolation	Social and economic development Building social networks

\* The preventative strategies are only examples of possible interventions. Other strategies at each phase are available, and many strategies (such as family support) are applicable at more than one phase.



## LONGITUDINAL STUDIES

This part summarises and comments on the evidence from longitudinal studies with regard to risk factors and protective factors. We begin by noting several major studies and by bringing together the diverse risk factors, and then the diverse protective factors, that have been identified. Identification, however, is a first step. The task that follows — one often taken up within longitudinal studies — is to bring out the ways in which these are interconnected with one another and with behavioural outcomes.

Several influential longitudinal studies are listed in Table 3.2. They have been the major sources for the identification of risk and protective factors for later delinquent or criminal activities.

TABLE 3.2  
EXAMPLES OF LONGITUDINAL STUDIES

STUDY	TARGET OF PREDICTION	SAMPLE	AGE AT COMMENCEMENT
Bloomington Longitudinal Study (Bates, Bayles, Bennett, Ridge and Brown, 1991)	Behaviour problems and social adjustment	168	6 months
Concordia Longitudinal High Risk Project (Serbin, Schwartzman, Moskowitz and Ledingham, 1991)	Psychosocial problems	2891	7, 10 and 13 yrs
Dunedin Multidisciplinary Study (Moffitt, 1990)	Health, development and behaviour	1037	infancy
Newcastle Thousand Family Study (Kolvin <i>et al</i> , 1988)	Health and development		infancy
Kauai Study (Werner, 1992)	Development	698	infancy
Cambridge Study in Delinquent Development (Farrington, 1995)	Criminal behaviour	411	8 years
Mater-University of Queensland Study of Pregnancy and its Outcomes (Keeping <i>et al</i> , 1989; Najman <i>et al</i> , 1997; Bor <i>et al</i> , in prep.)	Health, development and behaviour	8556	pregnancy

## THE NATURE OF RISK AND PROTECTIVE FACTORS

The factors suggested by longitudinal studies include genetic and biological characteristics of the child, family characteristics, stressful life events and community or cultural factors. Table 3.3 summarises the factors that have been linked to negative outcomes.





**TABLE 3.3**  
**RISK FACTORS ASSOCIATED WITH ANTISOCIAL AND CRIMINAL BEHAVIOUR**

R I S K F A C T O R S				
CHILD FACTORS	FAMILY FACTORS	SCHOOL CONTEXT	LIFE EVENTS	COMMUNITY AND CULTURAL FACTORS
prematurity low birth weight disability prenatal brain damage birth injury low intelligence difficult temperament chronic illness insecure attachment poor problem solving beliefs about aggression attributions poor social skills low self esteem lack of empathy alienation hyperactivity/disruptive behaviour impulsivity	<i>Parental characteristics:</i> teenage mothers single parents psychiatric disorder, especially depression substance abuse criminality antisocial models <i>Family environment:</i> family violence and disharmony marital discord disorganised negative interaction/social isolation large family size father absence long term parental unemployment <i>Parenting style:</i> poor supervision and monitoring of child discipline style (harsh or inconsistent) rejection of child abuse lack of warmth and affection low involvement in child's activities neglect	school failure normative beliefs about aggression deviant peer group bullying peer rejection poor attachment to school inadequate behaviour management	divorce and family break up war or natural disasters death of a family member	socioeconomic disadvantage population density and housing conditions urban area neighbourhood violence and crime cultural norms concerning violence as acceptable response to frustration media portrayal of violence lack of support services social or cultural discrimination

Note: the following factors have a cumulative effect on behaviour—the more risk factors experienced by a child, the greater the risk of antisocial and criminal behaviour.



Despite the suggestion that prediction of maladaptive behaviour is enhanced when protective factors are considered in addition to risk factors (O'Donnell, Hawkins and Abbott, 1995), few studies have been concerned with identifying the protective factors that act to inhibit criminal potential. Overall, the emphasis has been on risks and hazards.

The significance of protective factors, however, is underlined by the fact that predictions from risk factors are statements of probability. Although factors such as early troublesome behaviour are highly predictive of later offending, more than 50% of vulnerable individuals may not progress to such outcomes (Bor *et al*, in preparation; Loeber and Dishion, 1983). It is especially important then to identify protective factors and mechanisms that are likely to inhibit the development of antisocial behaviour and divert children to the pathways that lead towards positive outcomes. Preventive action cannot be solely directed toward the reduction of risk, especially when risk factors are difficult to modify.

As we noted in Section 2, a wide range of protective factors has been proposed on the basis of longitudinal studies (see especially Losel and Bliesener, 1994; O'Donnell *et al*, 1995; Werner, 1993). These have been brought together in Table 3.4.

#### INTERCONNECTIONS AMONG FACTORS, AND BETWEEN FACTORS AND OUTCOMES

We have concentrated so far on bringing together the many risk and protective factors that have been proposed and on ordering them along developmental lines; lines that should keep the choice of possible targets when it comes to intervention. The next task to be faced is one of describing the complex ways in which these factors are related to one another and to outcomes.

To take risk factors as a starting point, one source of complexity is the fact that many risk factors tend to cooccur and to be interrelated. It then becomes difficult, but necessary, to tease out the effects of any single variable. For instance, family breakdown has been associated with juvenile delinquency (Farrington, 1994). But family breakdown is also associated with other factors such as conflict, lowered income, and parent absence. Which of these associated factors carries the most weight? In Farrington's study, the most important predictor turned out to be marital conflict.



**TABLE 3.4**  
**PROTECTIVE FACTORS ASSOCIATED WITH ANTISOCIAL AND CRIMINAL BEHAVIOUR**

P R O T E C T I V E F A C T O R S				
CHILD FACTORS	FAMILY FACTORS	SCHOOL CONTEXT	LIFE EVENTS	COMMUNITY AND CULTURAL FACTORS
social competence social skills above average intelligence attachment to family empathy problem solving optimism school achievement easy temperament internal locus of control moral beliefs values self related cognitions good coping style	supportive caring parents family harmony more than two years between siblings responsibility for chores or required helpfulness secure and stable family supportive relationship with other adult small family size strong family norms and morality	positive school climate prosocial peer group responsibility and required helpfulness sense of belonging/ bonding opportunities for some success at school and recognition of achievement school norms re violence	meeting significant person moving to new area opportunities at critical turning points or major life transitions	access to support services community networking attachment to the community participation in church or other community group community/cultural norms against violence a strong cultural identity and ethnic pride

Note: the following factors have a cumulative effect on behaviour – the more protective factors experienced by a child, the lower the risk of antisocial and criminal behaviour.



Also contributing to the complexity is the fact that risk factors operate cumulatively, with some factors contributing to chains of risk. Direct linear relationships are seldom discovered. Some variables influence outcomes through their impact on other factors. For instance, early behaviour problems may contribute to school failure, and school failure then increases the risk of delinquency (Hawkins and Lishner, 1987).

To add one more source of complexity, it may be, as we note in Section 2 the interaction or combination of risk factors that is critical. For instance, Farrington (1993) found that parental criminality was a risk factor for delinquency only if combined with low social status. Early separation from a parent was a risk factor for boys from average or high income families, but a protective factor for those from families with low incomes. Children with difficult temperaments may only be vulnerable for delinquency when they live in particular contexts, such as unsupportive and disorganised families (Werner and Smith, 1992).

How can we then begin to deal with these multiple interconnections?

#### **Interconnections by way of underlying processes**

One way to create order among the many possibilities is to package risk and protective factors in terms of their impact on a smaller set of underlying processes or mediators.

We noted in Section 2 that there exists a variety of proposals as to what these mediating factors are. They do, nonetheless, form a smaller set than the set of separate risk and protective factors.

A number of proposals, for example, share the notion that the impact of risk factors on child outcomes occurs by way of effects on cognitive factors: principally on the nature of attention. Farrington (1994), for example, suggests that large family size may increase the likelihood of criminal behaviour through the process of reduced parental attention and monitoring for individual children. For children themselves, Wilson and Gottman (1996) have highlighted an impact on changes in attention as the result of trauma such as abuse, exposure to family violence, or harsh and inconsistent discipline. Under any circumstances, this type of argument runs, we cannot pay attention to everything. Attention has to be selective. Under stress, it becomes even more so. People, as we indicated in Section 2, become so caught up in being alert for danger, so focused on surviving from moment to moment, that no energy or attention can be given to forward planning or to noticing that some other ways of living might be possible.

Other potential mechanisms are more social/emotional in style. These include the strength of attachment to family (eg Seitz *et al*, 1985) or degree of engagement with school and of 'bonding' with that type of social unit (eg Hirschi, 1969). All of us, the underlying argument runs, feel the need to belong to some kind of social group. All of us feel the need to be cared for and respected by someone.

When those needs are met by social groups that do not endorse the values of staying within the law or achieving in what most authorities regard as an acceptable fashion, it is unlikely that children will turn out to live by those values.



In related fashion, when those needs are not met by the usual social groups (eg family, school), then it becomes likely that children will look for groups that do meet their needs or will act in ways that express their anger, anxiety, ambivalence, or resistance to the messages of those they see as not having their interests at heart. The same increased likelihood, of course, is true also for adults.

In short, packaging risk and protective factors in terms of their impact on a smaller set of underlying mechanisms is one way of reducing the very large set of risk and protective factors that emerge from longitudinal studies. The challenge then becomes one of measuring directly what are thought to be the underlying mechanisms (they are often inferred after the first wave of data has emerged) and of verifying that they are indeed responsible for the links between risk/protective factors and outcomes. As we shall see, that verification task is what prevention studies are expected to undertake.

Are there some particular examples that we can point to of promising attempts to bring together processes, risk/protective factors, and life phases? The example we draw attention to comes from proposals by Moffitt (eg Moffitt, 1993), based on the Dunedin longitudinal study.

Moffitt (1993) starts from an important distinction between life course persistent criminality and adolescence limited offending. She then proceeds to concentrate on the second type of offending and to ask what specific processes, and what particular risk and protective factors are likely to account for this age-linked offending.

To start with processes, Moffitt (1993) suggests three that underlie adolescence limited offending:

1. *Conflict between biological maturity and social immaturity.* Although teenagers are maturing earlier, their social maturity increasingly is delayed. They generally do not experience independent living until much later, producing conflict that is expressed in offences that symbolise adult privileges or demonstrate autonomy from parental control (for instance, vandalism, car theft and substance abuse).
2. *Modelling.* Adolescents view and seek to emulate deviant models (such as the life course persistent offenders who have already begun offending at an earlier age). These models exhibit the status, power, and reputations that most adolescents long for.
3. *Social reinforcement.* When adolescents engage in offending they receive social satisfaction from the adult roles they assume. For instance, offences such as under age drinking mimic adult privileges.



These age related processes may then be linked to several risk and protective factors. Moffitt (1993) specifies several that are linked to the processes she proposes. Combining her suggestions with those from the analyses, the set of risk factors for adolescence limited offending might be as follows:

- contact with deviant peer group
- low self esteem (which creates vulnerability to peer group influence and status seeking), feelings of powerlessness, lack of responsibility, and economic disadvantages which encourage striving for adult privileges
- early maturity (especially for girls)
- delinquent older siblings as models

Possible protective factors for adolescence related offending may be:

- belonging to cultural or religious groups in which adolescents are given adult privileges and responsibilities
- family assignment of responsibility
- school assignment of responsibility
- part time employment (which reduces economic hardship and provides adult role models)
- reduced opportunities for contact with deviant peer group (eg through close family ties or through geographical isolation)
- lack of peer group acceptance due to personal characteristics (such as timidity or inhibition)
- late physical maturity
- strong values and morals, feelings of empathy with others
- high self esteem and a personal sense of control

That kind of listing is tentative. What we wish to underline by it, however, is the need to consider risk and protective factors as being phase linked rather than as static or constant, and as process linked rather than having some purely statistical connection to an outcome. The challenge in future studies and analyses — highlighted by longitudinal studies but relevant also to intervention attempts — is to work from and toward some integrated picture rather than isolated parts of what is essentially an interwoven whole.

#### **Interconnections by way of models for pathways**

The ideal within analyses of any kind of development (both positive and negative moods or behaviours) is that one will be able to set up some easily understandable models that will serve several purposes. They will show how risk and protective factors are related to one another and to outcomes, and how these interconnections are likely to vary from one life phase to another.



That ideal is still not met. One of the particular difficulties has to do with the second part of the ideal: creating a developmental or dynamic view of risk and protective factors. These factors are not the same from one part of the life course to another. Even if they are the same, their impact is likely to vary from one time to another. The essence of development is that individuals and their contexts are constantly changing, both in themselves and in the way they influence one another (Kazdin, 1997).

There are by now several pathway models that have been offered. For Section 2, we took one from the literature that brought out the ways in which risk factors can accumulate from one life phase to another. For other pictures of pathways, one may turn to Patterson (1996), to Tremblay and Craig (1995), or to Yoshikawa (1994). The summary picture offered by Tremblay and Craig (1995) is especially helpful when it comes to planning interventions at particular parts of the life course, because it shows the number of studies that have in fact established some particular links in a possible chain. Figure 1.1 (see p. 11) also represents a first attempt to put both risk and protective factors into a 'phase related path'.

#### SOME CLOSING COMMENTS ON LONGITUDINAL STUDIES

It will be clear by now that longitudinal studies have yielded a great deal of information about risk and protective factors. They have also sparked a number of interesting proposals about the processes or mechanisms that may account for how it is that the risk or protective factors encountered at one time influence what emerges at later times.

There are nonetheless several limitations to current longitudinal studies of delinquency or crime that need to be noted:

- there are relatively few studies tracing development from early childhood to adulthood
- few research projects have involved both longitudinal and intervention programs

Most longitudinal studies give little attention to *individual or group differences* in pathways and relevant factors. Subgroups for which the relevant risk and protective factors might not be the same as for the general population tend to be overlooked.

The last of these limitations has already been pointed to in Section 2, but needs to be underlined once more. Because crime is differentially distributed among subgroups, however, it is a matter of concern that the pathways of particular subgroups are not singled out for special attention. We may not be able to generalise from one to another.





Females provide one example. The developmental course of behaviours such as aggression and the differential effects of intervention programs suggest that there are different pathways to delinquency for girls and boys (Tremblay *et al*, 1992). Yet girls are often under represented in studies or rated against norms for the whole group. The lack of attention appears to result from the fact that, in comparison with males, females display fewer of the externalising behaviours that are blatant violations of community expectations, including criminal offences. However, as Tremblay (1991: 75) points out, ‘the less intense, less disruptive, conduct disordered girls quickly become mothers who start a new generation of highly disruptive conduct disordered boys’.

Indigenous or minority ethnic groups also have been overlooked. To start with, the finding that intervention programs frequently have limited effects for minority group children (Hawkins *et al*, 1991; Coie, Underwood and Lochman, 1991) provides a further basis for suggesting that different factors and processes are operating for such groups. No single intervention can then be expected to produce positive outcomes for all individuals or subgroups.

In addition, children from minority groups may be particularly exposed to some specific risk factors: factors related, for example to racism, group powerlessness and the conflicting demands of different cultures (SNAICC, 1996). Discrimination against children from minority groups may also involve responses that produce particular chains of risk. Teachers, for example, praise ethnic minority children less frequently, less contingently and less enthusiastically (Fleischner and Van Acker, 1990). Such behaviours may then affect children’s self esteem and classroom functioning and thus, in chain like fashion, decrease the likelihood that they will see school performance as a way out of disadvantage.

#### PREVENTION STUDIES

Preventive interventions have been directed at different points in people’s developmental histories with a view to altering the pathways to offending or other negative outcomes. They often involve eliminating or modifying risk factors at that point, or introducing protective factors that might change the pathways by which the person’s life proceeds from that point.

A number of early intervention and preventive programs in Australia and elsewhere, variously known as family support, early intervention and home visiting programs, provide a range of information, advice and support services to families at the neighbourhood/community level. Many of these programs are ‘early’ in two senses: they aim to identify and address problems and stresses before the problems fully develop, and they focus on the earliest stages of children’s lives (the pre- and post natal period). They may be universal



(available to all parents or sometimes all first time parents), or more specifically targeted towards particular social or demographic groups (such as young single mothers, teenage mothers, or parents experiencing stress and isolation).

Parenting education and advice is generally a key component, but such programs may also link families to an array of formal supports and other local services.

While there is a wide variety of these programs, relatively few have been subjected to systematic evaluation. The studies presented in this section have been evaluated and provide pointers to the impact of attempts to modify risk factors and augment protective factors, and the components that appear to be most effective. They also offer ways to test our understanding of the processes that influence developmental pathways.

The specific desired outcomes of these prevention programs have ranged from antisocial and aggressive behaviour to child abuse and neglect, and school failure. Although a number did not specifically aim to prevent criminality, their findings have direct relevance to the prevention of criminality because they addressed common risk factors such as family isolation, teenage parenthood, inadequate parenting, and attachment difficulties. In some cases, therefore, the prevention programs had unexpected benefits by producing positive changes in areas of functioning beyond those areas that were specifically targeted. In the most notable instance of this effect, a program that aimed to improve cognitive functioning and reduce school failure (*the Perry Preschool Program*) showed a positive and unexpected impact on later offending and other problem behaviours.

Unfortunately, many intervention programs do not evaluate program success over a sufficiently wide range of outcomes or a sufficiently lengthy period for such effects to become apparent. Other methodological limitations of prevention programs include the absence of control groups or non-randomised allocation to control groups, small sample sizes, high attrition rates, and the lack of multiple treatment groups. Methodological improvements such as these would enable conclusions to be drawn about the influence of particular factors and processes.

Table 3.5 shows the main features of a number of selected prevention programs that have been systematically evaluated, and the main findings of those evaluations. The strategies involved in these programs vary from short term single method approaches to intensive longer term programs comprising several different components. The programs are divided into those that commence prenatally or in infancy, those which target the preschool years, and those that are implemented in the early years of schooling.



**TABLE 3.5**  
SUMMARY OF MAJOR PREVENTION PROGRAM EVALUATIONS

PROGRAM	LEVEL	FOCUS/OUTCOME	DEVEL. PHASE	PARTICIPANTS	C	R	DURATION	CONTENT	OUTCOMES
Elmira Prenatal/Early Infancy Project (Olds, 1988)	T	Developmental problems	Prenatal/Infancy	400 first time young, singleand/or low SES mothers	Yes	Yes	2 years	Family support	Improved pregnancy outcomes, better parenting skills At age 4: higher maternal employment, fewer subsequent pregnancies, more widely spaced pregnancies, more mothers returned to education, less abuse/neglect.
Syracuse Family Development Research Program (Lally, Magione and Honig, 1988)	T	Cognitive	Prenatal/infancy	108 low income families	Yes	No	5 years	Family support Early education	Initial cognitive gains not maintained 10 year follow up (children aged 13–16): lower delinquency, better school attendance and performance for girls.
Yale Child Welfare Research Project (Provence and Naylor, 1983)	T	Family stress and coping	Prenatal/Infancy	18 children in high risk environment	Yes	No	3 years	Family support Early education	At age 12: mothers more self sufficient, better educated, fewer children. Children higher school attendance, fewer special services (boys), less aggression/antisocial behaviour, no effects on IQ maintained.
Houston Parent–Child Development Program (Johnson, 1988)	T	School performance Behaviour problems	Early childhood (ages 1–3)	1 y.o. low income Mexican-American 8 cohorts (x 100)	Yes	Yes	2 years	Family support Parent training Early education	Following program: mothers more positive interactions, more stimulating home environment; children small increase in intellectual ability. Follow ups when children aged 4–7 years and 8–11 years: controls had more behaviour problems, were less emotionally sensitive/considerate, required more special services. Program families higher socioeconomic status and higher aspirations for children's education/career.



PROGRAM	LEVEL	FOCUS OUTCOME	DEVEL. PHASE	PARTICIPANTS	C	R	DURATION	CONTENT	OUTCOMES
Perry Preschool Program (Weikart and Schweinhart, 1992)	T	Cognitive	Preschool	58 disadvantaged 3-4 year olds	Yes	Yes	1-2 years	Family support (teacher visits) Early education	Intellectual gains not maintained, but higher school achievement, higher rates of literacy and employment, less offending (especially fewer arrests) and antisocial behaviour, less welfare dependency (follow up to age 27).
Oregon Social Learning Centre (Bank, Patterson and Reid, 1987)	T	Antisocial behaviour	Early childhood and primary years	Various ages to pre-adolescence	Yes	Yes	17-19	Parent training sessions	Short term programs were ineffective. At one year follow up: child behaviours and parental child-rearing methods improved.
Montreal Prevention Project (Tremblay, Pagani-Kurtz, Masse, Vitaro and Plhl, 1995)	I	Antisocial behaviour	Early primary	250 disruptive boys aged 7-9 yrs	Yes	Yes	2 years	Parent training Child training	At age 12: lower delinquency, less antisocial behaviour, higher school achievement.
Seattle Social Development Project (Hawkins, Catalano, Morrison, O'Donnell, Abbott and Day, 1992)	U	Antisocial behaviour	Early primary	500 Grade 1 children	Yes	Yes	2 years	Parent training Child training Teacher training	After program, teachers rated intervention group as less aggressive. 5th grade: experimental group less delinquent behaviour, better family communication and parent management, higher attachment to school.
School Bullying Program — Norway (Olweus, 1991)	U	School bullying	Primary	All children in grades 1-9 (age 8-16), all schools	No	No	2 years	Child training Parent info School mgmt	2 year follow up: bullying reduced 50%, antisocial behaviour reduced, lower rates of offending (theft, vandalism, truancy), more positive attitudes towards school and school work.

- C Control group included in program design.
- R Randomised design: At recruitment families were randomly allocated to treatment and non treatment groups. Because the two groups were assumed to be equivalent initially, later differences between the groups could be attributed to program effects.
- U Universal: Program offered to general population or group.
- T Targeted: Participants were chosen on the basis of membership of a group judged to be at increased risk.
- I Indicated: Participants were selected because they displayed behaviours that were precursors to aggressive/offending outcomes.



#### PROGRAMS BEGINNING IN INFANCY

Methods	Home visitation — support/parent training/access resources Day care or play group.
Aims	Improve parenting skills, prevent abuse/neglect, increase cognitive ability in child.
Level of prevention	Mostly targeted (based on group characteristics that increase risk).

Most programs focusing on interventions in infancy commenced during the prenatal period or soon after childbirth. For most, the basic component was home visitation provided by either professionals and paraprofessionals (eg nurses, social workers) or volunteers (eg experienced mothers with some training). The main aim was to provide support and information on an individualised basis, tailored to specific family needs.

A major focus of most programs has been the provision of information about health, nutrition and safety, and monitoring children's developmental progress. As well as increasing knowledge of child development, some programs have provided direct coaching in parent-child interaction or play. As well as home visits, some programs have included community based activities such as play groups or quality daycare as a major program component.

The *Elmira Prenatal/Early Infancy Project* (Olds, 1988) involved biweekly home visits by a nurse who provided prenatal care, baby health care, and assistance with linking to other services. Four hundred first time mothers who were young (under 19 years), poor and/or single were targeted in this project. To avoid the stigma that the program was for poor or potentially abusive parents, first time mothers who had none of the listed risk factors were included. This had the additional benefit of providing information about whether program effects were greater for those at higher risk. Evaluations when the children were 4 years old showed many positive program effects: reductions in abuse and neglect, better home environment, increased use of services and social supports, and fewer emergency room visits and accidents. For the group of mothers with all three risk factors (young, single and poor), there was a 75% reduction in the incidence of abuse/neglect (ie 4% compared with 19% in the non-home visitation group).

Economically disadvantaged women were visited weekly from pregnancy onwards to provide information and support in the *Syracuse Family Development Research Program* (Lally, Magione and Honig, 1988). Daycare was provided for their children until they were 5 years of age. At age 15, program children were found to have significantly lower rates of delinquency (2% charged with offences compared with 17% in a control group selected when the children were aged 3). (This program is described in further detail at the end of this section.)



A program at the *Houston Parent-Child Development Center* with low income Mexican-American families began when the children were 12 months old (Johnson, 1988). Family support, parent training (in which mothers were taught ways of dealing with problem behaviours), and 2 years of daycare were provided for families. Follow up evaluations when some of the children in the 8 cohorts were aged 4 to 7 years showed that a group of boys not receiving the treatment displayed more problem behaviours such as destructiveness, overactivity, and negative attention seeking, as well as less emotional sensitivity. Later evaluations when the children were in Grades 2 to 5 (ie 5 to 8 years after program completion) found that non treatment children were significantly more restless, impulsive, obstinate, and disruptive, and that they were more likely to be involved in fights. These children were also more hostile and less considerate than intervention children.

The *Yale Child Welfare Research Project* (Provence and Naylor, 1983; Seitz *et al*, 1985) offered family support and early education to 18 infants and their families in high risk environments. At 10 years, the children displayed less aggression and antisocial behaviour, as well as higher school attendance and a reduction in the need of boys for special services. This program suffered two major limitations. Firstly, the sample size was very small (18 children from 17 families) and secondly, intervention families were volunteers whose higher motivation may have contributed to the improvements compared with the non randomly assigned matched controls.

#### **Outcomes of programs commencing in infancy**

Both short term and longer term effects are associated with intervention programs beginning prenatally or in infancy. These include cognitive gains, better school attendance and behaviour, less disruptive and impulsive behaviours, and lower rates of delinquency.

Short term cognitive gains have been produced by a number of programs including *Project Care* (Wasik, Ramey and Bryant, 1990), the *Yale Child Welfare Project* (Seitz *et al*, 1985), the *Brookline Early Education Project* (Pierson, 1988) and the *Perry Preschool Program* (Weikart and Schweinhart, 1992). Although these gains were not maintained, there were other long term benefits such as better school attendance, higher literacy and the reduced need for special services.

Few programs commencing in infancy or the first few years have collected data on delinquency outcomes in adolescence. One exception is the *Syracuse Family Development Research Program* (Lally, Magione and Honig, 1988) which found that children in the program had significantly lower rates of delinquency at age 15 than those who did not participate.





Better behavioural outcomes were also found for program children at the Houston Parent–Child Development Centre (Johnson, 1988) who displayed fewer impulsive, disruptive and aggressive behaviours in middle childhood following intervention specifically aimed at the prevention of behaviour problems when they were aged from one to three years.

The benefits of early intervention programs are seen not only in improved child competence, but also in improved family functioning. Mothers of program children display improved parenting skills, and are more likely to return to education and employment, to have fewer and more widely spaced pregnancies, and to be less dependent on welfare (Olds, 1988; Provenance and Naylor, 1983; Seitz *et al*, 1985).

There are mixed findings from programs that have included the goal of preventing child abuse and neglect. While the 2 year *Elmira Project* (Olds, 1988) resulted in lower rates of abuse and neglect among program families, the shorter (6 month) *Child Parent Enrichment Project* (Barth, 1991) found no differences in child abuse for program and control families five years later, suggesting the need for programs with longer duration. Both this intervention and *Project Good Start* (Willett, Ayoub and Robinson, 1991) found that program success was greatest for families who initially had less serious problems. It is important to keep in mind, however, that the families participating in the program may be subject to greater scrutiny and may be more likely therefore to come to the attention of the authorities for abuse and neglect.

### Processes

One underlying process that may be responsible for improved functioning in intervention families is the sense of control over their lives which programs encourage in families. Arguing from absence, Olds (1988) suggested that the decreasing sense of control experienced by mothers in the non-intervention group was responsible for their increased rate of child abuse.

Another important process through which interventions may produce positive outcomes is by increasing parents' involvement in their children's development. In the *Brookline Early Education Project* (Pierson, 1988), parents initiated twice as many contacts with their child's teacher. In addition, higher parental expectations and aspirations for their children's education and employment may provide a link to improvements in children's school performance and attendance (Johnson, 1988).

### Effective components of programs commencing in infancy

The most successful intervention programs in infancy appear to have the following characteristics:

- multiple components including both family support and early education/daycare, for example, programs offering only family support often have demonstrated only partial success (eg Booth, Spieker, Barnard and Morisset, 1992)





- | duration of at least 2 years
- | begin prenatally, for example, programs that commenced during pregnancy included components focused on improving pregnancy outcomes, and avoided the stigma of programs for ‘failed’ parents (Olds, 1988)
- | include home visits as the major component

### **What does family support involve?**

*The Syracuse Family Development Research Program (Lally et al, 1988)*

Family support was the key intervention component in this program, with the provision of childcare as a supplementary feature.

Home visitation was conducted by paraprofessionals, often from similar backgrounds to the program participants. Known as Child Development Trainers (CDTs), they had the role of a knowledgeable friend, adviser and advocate. All CDTs attended weekly training sessions which included case reviews and group problem solving. Intensive annual two week training programs were conducted for all program staff, including cooks, bus drivers and secretaries.

During weekly home visits, CDTs performed ten activities that are important features of home visitations.

#### *Home Visitors:*

- | Taught families Piagetian sensorimotor games, language interactions and learning tasks appropriate to each child’s developmental level. Assisted parents to make these learning games part of loving interactions during daily routines.
- | Provided nutrition information, explanations, and demonstrations for families.
- | Modelled interactions that facilitate children’s involvement and enjoyment in cognitive and language activities.
- | Offered positive support and encouragement to the mother as she carried out a given activity with her child. The mother, rather than the child, was the focus of the home visitor’s attention and teaching.
- | Enhanced mothers’ ability to observe their children’s development and to devise their own appropriate learning games and activities.
- | Developed friendly working relations with personnel in service agencies and served as a liaison person between the family and community support services (such as pediatric clinics, food stamp programs, and legal counselling services).
- | Facilitated family members in taking an active role in their child’s development, by helping families learn to find and use neighbourhood resources and learning environments, such as libraries, supermarkets and parks.



- Responded positively and actively to the parent's need to fulfil her aspirations for herself. It was expected that parental feelings of self confidence and self competence generated as the mother undertook a job or job training or further schooling would be reflected in more secure and positive relations between parents and child.
- Encouraged the mother to take an active role in the child's classroom and school, when a child was ready to enter public school. Mothers were given specific practice in learning how to make and maintain contacts with school personnel (and how to access classroom interactions) so that the parents could continue to be positive educational agents and advocates for their children in the public school system.

#### PRESCHOOL PROGRAMS

**Methods** Parent training, quality preschool education, child skills training.

**Aims** Improve parent skills, provide cognitive enrichment and skills training for child.

**Level of prevention** More likely to be indicated (ie, child has displayed some precursors).

The preschool intervention programs included in this section have either focused directly on improving child behaviour or have had significant effects on subsequent behaviour. The reason for targeting children displaying precursors of problems during the preschool years is that they are at increased risk, firstly of abuse by their parents and also for delinquency and other negative outcomes (such as truancy, substance abuse, teen pregnancy, deviant peer relationships or peer rejection).

The goal of the *Perry Preschool Program* was to enhance intellectual development and subsequent school achievement in disadvantaged 3 and 4 year old children (Weikart and Schweinhart, 1992). A daily preschool program was provided in addition to weekly home visits by teachers. The aims were to 'encourage children in effective decision making, self discipline (setting and achieving goals), working effectively with others and recognising their views, self-expression, reasoning, having an enquiring spirit and in understanding and accepting people's differences' (Paranee, 1994: 72). (Further details of this program are provided at the end of this section.)

Although cognitive gains for children in the program were, like those beginning in infancy, not maintained, the program participants' school achievement and behaviour were significantly better than those of control children. They were more likely to graduate from high school and continue to further education.



By age 27, they had higher incomes and were more likely to be home owners. The impact of the preschool program on later offending was impressive: at age 15, program children had lower self reported offending; at age 19, they were less likely to have been arrested; and at age 27, the control group had twice the number of arrests.

Parent training programs have also addressed oppositional and aggressive behaviour of preschoolers. For instance, the *Positive Parenting Program (Triple P)* (Sanders, 1997) and the *Regional Intervention Program* (Strain, Steele, Ellis and Timm, 1982) have demonstrated success in modifying child behaviours and improving parent-child interactions. Some programs have been even more successful when parent training was supplemented with child training. Webster-Stratton and Hammond (1997) compared parent training, child training, and a combination of both methods with conduct disordered. After one year, later child behaviour was most improved in the combined method group.

Child focused programs to teach preschoolers problem solving skills have demonstrated some success in enhancing both problem solving and prosocial behaviours. For instance, the *Interpersonal Cognitive Problem Solving Program* (Shure and Spivack, 1988) targeted preschool children in a low socioeconomic urban area. The four month program included thinking and talking about problem solving, identifying feelings, and strategies for problem solving. One and two years later, children in the program who had not previously displayed behaviour problems were less likely to develop problems than control group children as they moved through the early grades of primary school. However, other studies (eg Rickel and Lampi, 1981) have had less success with this training program.

### **Outcomes of preschool programs**

The effects of preschool programs frequently have extended beyond the initial intervention goals. In addition to improvements in school performance, the Perry Preschool intervention led to many other positive outcomes including higher income, home ownership and lower offending rates (Weikart and Schweinhart, 1992).

Parent training programs have demonstrated their effectiveness in reducing child behaviour problems (Sanders, 1996; Shure and Spivack, 1988; Webster-Stratton and Hammond, 1997) and improving parental skills in monitoring and disciplining their children (Levenstein, 1992; Strain *et al*, 1982).

### **Processes**

One underlying factor accounting for the positive impact of preschool education on later behaviour problems and offending may be the higher self esteem children experience as a result of their enhanced school performance.

Key mechanisms contributing to the success of parenting programs include improved monitoring and supervision of children, more consistent parental responses to child misbehaviour, and reduced family stress. It seems likely that programs that provide parents with effective management strategies, and alleviate their feelings of guilt and helplessness, create a sense of parenting competence which may be a key underlying factor in program effectiveness.



### Effective components of preschool programs

The two key components of preschool programs appear to be cognitive enrichment in quality preschool programs that encourage child initiated learning and responsibility, as well as family involvement, and the combination of child training with parenting programs. While parent training programs may be effective on their own, their effectiveness seems to be enhanced if they are combined with child training.

### What does early education involve?

*The Perry Preschool Program* (Schweinhart, Barnes and Weikart, 1993)

The key intervention component in the *Perry Preschool Program* was the provision of a quality preschool experience. Teachers used a framework of active learning experiences in their interactions with the children.

The preschool personnel were trained teachers with at least one black teacher involved. Classes were conducted every weekday morning for two hours in groups with an average of 5–6 children per teacher. Teachers visited the children's homes weekly to encourage parental involvement and to implement the preschool curriculum at home.

There were 10 categories of key experiences: creative representation, language and literacy, social relations and personal initiative, movement, music, classification (recognising similarities and differences), number, space and time. Within each category there were several specific learning experiences. For instance, the category of social relations and personal initiative included:

- | making and expressing choices, plans and decisions
- | solving problems encountered in play
- | taking care of one's own needs
- | expressing feelings in words
- | participating in group routines
- | being sensitive to the feelings, interests and needs of others
- | building relationships with children and adults
- | creating and experiencing collaborative play
- | dealing with social conflict (Schweinhart *et al*, 1993: 35–36)

Emphasis was placed on children engaging in activities that involved making choices, solving problems and taking responsibility in an environment that provided a consistent daily routine.



#### PROGRAMS IN THE EARLY PRIMARY SCHOOL YEARS

- Methods** Child skills training, parent and teacher training in behaviour management.
- Aims** To modify problem behaviours, improve social skills, enhance school achievement, cognitive skills and problem solving ability, increase bonding to family, school and community, decrease bullying.
- Level of prevention** Mostly indicated.

Programs implemented in the early years of primary school have demonstrated considerable success in modifying behaviour problems and preventing the development of later antisocial or criminal behaviour.

In the *Montreal Prevention Project*, boys identified by their preschool teachers as the most disruptive learned social skills and self control strategies (Tremblay *et al*, 1995). Their parents received training in monitoring behaviours, using effective discipline, and encouraging prosocial behaviour. Evaluations at age 12 showed that boys in the program were achieving more highly at school and displaying less antisocial behaviour (eg fighting) than the non intervention group. Self reported delinquent behaviour (eg burglary and theft) was significantly lower and the differences between program and non intervention boys increased with time (from ages 10 to 12).

Instead of targeting an indicated group, the *Seattle Social Development Project* (Hawkins *et al*, 1991, 1992) provided a universal program of teacher training and supervision, child training in cognitive problem solving, peer group sessions and parent training for effective behaviour management. The focus was Grade 1 children. There was an underlying belief that offending would be discouraged in children who established strong bonds with their families, schools and communities. Following the program, teachers rated children as less aggressive, although this effect was only apparent for white children. Subsequent evaluations when the children were beginning fifth grade showed that fewer experimental children reported alcohol use or delinquent behaviour. In addition, program children displayed greater attachment to school and their parents demonstrated better management skills, greater involvement in their children's development and more effective family communication.

At the *Oregon Social Learning Centre* (Bank *et al*, 1987), parent training programs were used to modify inappropriate child rearing methods (specifically coercive transactions) which are related to antisocial behaviour in children. Patterson suggested that parents and children interact in a sequence of coercive exchanges which develop into seriously disruptive behaviours. Thus the focus of this



intervention was on the parent–child relationship. Parents were taught to notice and monitor child behaviours, to apply consistent and effective forms of discipline and to resolve conflict. Short term evaluations have demonstrated that parenting style improved and child aggression was reduced following the program and that the effects were maintained for up to a year.

A number of reported studies present short term evaluations of successful modification of child behaviour problems. For instance, in the *Baltimore Prevention Trials* (Kellam and Rebok, 1992) and in a study reported by Rotheram-Borus (1988), effective social skills training programs were found to reduce aggressive behaviour. Since such programs seldom provide evaluations beyond program completion, their impact on later antisocial behaviour and offending is unknown.

In a school based, universal program in Norway the problem of bullying was addressed through large scale programs that included students, teachers and parents (Olweus, 1991). The emphasis was on increasing awareness and active concern about bullying through the provision of information and advice for teachers, parents and students; creating a positive school climate characterised by warmth, support, consistency and clear rules for behaviour; implementing a system of monitoring and surveillance of students; applying appropriate non hostile sanctions for unacceptable behaviour; and providing support and protection for the victims of bullying. Evaluations have demonstrated reductions in bullying (by 50%) and antisocial behaviour, as well as more positive attitudes to school and academic work. Rates of offending (theft, vandalism and truancy) have also been lowered.

#### **Outcomes of programs in early primary years**

Prevention programs implemented in the early primary school years have demonstrated numerous positive effects on both behaviour and school performance. In the school context, interventions have produced higher school achievement (Kellam and Rebok, 1992; Tremblay *et al*, 1995), greater attachment to school (Hawkins *et al*, 1992) and reductions in school bullying (Olweus, 1991).

Improvements in behaviour have included less antisocial behaviour (Bank *et al*, 1987; Kellam and Rebok, 1992; Olweus, 1991; Tremblay *et al*, 1995) and lower self reported delinquency (Hawkins *et al*, 1992; Tremblay *et al*, 1995).

Programs have also led to improvements in parental management (Bank *et al*, 1987; Hawkins *et al*, 1992) and more positive family communication (Hawkins *et al*, 1992).

#### **Processes**

The attachment or degree of involvement children experience in their homes, schools and communities may be an important mechanism contributing to positive behavioural changes in the early primary years. Other processes that may contribute to successful interventions at this phase include parental monitoring, changing attitudes (for instance, towards bullying) and parental feelings of competence.





### **Effective components of early primary programs**

The key component of effective interventions targeting children in the early primary years appears to be the need to address the multiple contexts which influence children, including the key people in their lives — parents and teachers, and possibly other community members. Targeting only one of these is likely to have limited and short term success if the findings of a recreation program for poor urban children is any guide. Jones and Offord (1989) taught children skills in a recreation program which produced moderate increases in children's self esteem and lower offending rates. There were no effects either on school performance or home behaviour and the initial program gains were not maintained.

### **What does parent training involve?**

*The Oregon Social Learning Centre (Bank et al, 1987)*

The key intervention component at the Oregon Social Learning Centre was parent training, provided by trained therapists. In a graduated training program, parents were trained to:

- learn to observe and track their children's behaviour
- use a daily point chart to monitor desired behaviours
- allow their child to choose a reward from the reinforcement menu after a criterion number of points was earned
- follow a schedule of negative reinforcement in which inappropriate behaviour was followed by time out for children aged 3–12 years, or removal of privileges and work assignments for older children
- learn skills for problem solving and negotiation within the family system

Parent training programs face a number of difficulties such as client resistance and a lack of parental motivation or energy to follow methods consistently.

### **CONCLUSIONS AND INSIGHTS FROM PREVENTION STUDIES**

Just as there are no primary causes of criminal behaviour, there are also no single solutions. Different methods are appropriate for different groups and different developmental phases of the life course. The most effective interventions focused on the child's early life generally seem to be those which offer combinations of methods across different contexts. The strongest, most durable effects appear to result from programs that have been implemented early in developmental pathways and have lasted several years.

Although the programs reviewed in this report are different from one another in many ways, the most effective interventions share certain essential elements identified by Price, Cowen, Lorion and McKay (1988).





Effective early interventions:

- are designed to divert pathways and produce long term effects
- are guided by an understanding of risk and protective factors in particular groups
- are aimed at providing support and skills to individuals and families
- aim to strengthen existing supports in families, schools and communities
- rigorously evaluate their progress
- demonstrate that prevention does work

Program teams that have reflected on their experiences of intervention produce particular insights which are valuable for planning future prevention programs:

- *Goals.* Pierson (1988) stresses that a clear statement of goals is essential for the program to be directed away from individual priorities and understandings.
- *Participants.* To avoid stigma, programs should be offered to all families in a certain area while at the same time making special attempts to reach families most in need of services (Pierson, 1988).
- *Program content and timing.* Lally *et al* (1988) propose that programs need to be more dynamic, adapting to the changing needs of families. In particular, they need to plan carefully for transition times when individuals are more often vulnerable. Instead of ending abruptly, interventions should plan to provide ongoing programs or to offer links with other services such as schools so that gains can be maintained (Lally *et al*, 1988). Pierson (1988) suggests that the basic need is for a health component in all programs.
- *Respect for family needs and values.* Programs should always promote family self reliance (Pierson, 1988) and be sensitive to the needs of minority cultures (Price *et al*, 1988). Programs should also encourage families to determine what components best suit their own needs.
- *Cost effectiveness.* More expensive program components should be reserved for certain families. For instance, home visitation might be offered only to families who are unable or unwilling to attend centre based support services (Pierson, 1988).
- *Program staff.* Program personnel should represent the program population in race and gender. Although qualifications are important, the personal life experience of service providers should also be considered (Olds, 1988). Staff require ongoing training, good supervision and support, and the experience of cooperative team work (Pierson, 1988). Wherever possible, staff from existing services and agencies as well as informal community organisations should be involved (Lally *et al*, 1988).



- *Flexibility and accessibility.* This is important to ensure a high uptake of services. One of the advantages of home visiting arrangements is their ease of access and the fact that they allow parents to feel more at ease on their ‘home ground’.
- *Links to other services.* The ability to connect families to the outside world of services and supports appears to be critical. Few programs can provide the full range of services that a particular child or family needs. It is essential that program staff are able to identify problems and link families with appropriate specialist health, welfare or other community services. This means that the effectiveness of programs depends upon having other supportive services to which the program can link children and families. It is also important that these programs and the families involved are embedded into the wider community, and to ‘allow families to go beyond their recipient role’ (Scott, 1997: 16).
- *Evaluation.* Multiple measures, sources and times of evaluation should be part of every prevention program.
- *Funding and commitment.* Most importantly, intervention programs require an allocation of sufficient funds for the support and development of families in quality programs, as well as a commitment to the view that families are important.

#### ROLE OF CHILD ABUSE AND NEGLECT

The relationship between child abuse and neglect and juvenile offending has been referred to at several points in this report in relation to the general concern with the effect of early experience on later offending. The discussion below provides greater attention to the evidence for that relationship and to its implications for crime prevention. The evidence comes from several types of studies in addition to the longitudinal and intervention studies outlined in the earlier part of this Section. They include ecologic studies (Bertolli, Morgensten and Sorenson, 1995), cross-sectional studies, and those which take a particular focus on children moving from the child protection to the criminal justice system.

#### ECOLOGIC STUDIES

These are studies in which the analysis is based on regional statistics and averages rather than on individual children or families. While these studies do not infer causality and they are limited to the extent to which they can make predictions about individuals within those regions, they can provide useful information about overall levels of risk and they can guide research about the factors that should be explored at the individual or family level (Bertolli *et al*, 1995; Salmelainen, 1996).



Typically, these studies have shown increased rates of child abuse and neglect for communities in which there is a higher proportion of sole parents, low income families, substance abuse, and other forms of economic and social stress, indicating the importance of the ‘social fabric’ which surrounds families (Garbarino and Sherman, 1980; Garbarino and Kostelny, 1994; Hashima and Amato, 1994; Weatherburn and Lind, 1997). This social fabric includes the resources available in the local area. Garbarino and Kostelny (1992), for example, found that in neighbourhoods which had a higher than expected rate of child abuse and neglect (compared with other neighbourhoods of similar socioeconomic status), people had little positive things to say about the physical design and spaces in the area, whereas those in neighbourhoods which had a lower than expected rate of abuse were positive about the neighbourhood, saying it was a decent though poor area.

One study outlined earlier (Section 2) also provides evidence directly relevant to the effect of early experience on juvenile offending. Weatherburn and Lind (1997) found that postcode areas with higher rates of reported child neglect (and also abuse) had higher rates of juvenile offending. Indeed, neglect by itself was a better predictor of juvenile participation in crime than economic and social stress (poverty, single parenthood, crowded living conditions) and a more powerful predictor than abuse. Their analysis also suggested that ‘poverty, single parent families and crowded dwellings affect the level of juvenile participation in crime mainly by increasing the rate of child neglect’ (1997: vii). The implications of their findings for crime prevention were clearly stated, indicating that:

*...assuming other factors remained unchanged, an increase of 1,000 additional neglected children would result in an additional 256 juveniles involved in crime. Alternatively, and again assuming other factors remained unchanged, an increase of 1,000 additional poor families would result in an additional 141 juveniles involved in crime. (Weatherburn and Lind, 1997: viii).*

#### CROSS-SECTIONAL STUDIES

A number of studies have used various methods to test the association between child abuse and neglect and later offending at the individual level. One method involves selecting a group of individuals who experienced maltreatment in childhood, matching them with a group of individuals who did not, and investigating the relative occurrence of later offending in both groups. Using official child protection agency records and law enforcement agency records, Widom (1989) and Maxfield and Widom (1996) found that children with substantiated records of physical abuse and neglect were more likely than matched controls to have been arrested for non traffic offences — either as a juvenile or as an adult — than controls matched on age, race, social class and



gender. Gender and race were more significant factors in later criminality than child abuse and neglect, however, with nearly two thirds of abused and neglected males and two thirds of abused and neglected African-Americans being arrested for non traffic offences compared with 55% and 46% respectively for the matched control group.

These studies used official records, but other studies have used self report measures of delinquency, either by themselves or to supplement official records. Smith and Thornberry's analysis (1995), for example, used both self reported offending by adolescents and records of arrests by the police. Like Widom (1989) and Maxfield and Widom (1996), Smith and Thornberry's analysis tested the relationship between officially defined and recorded maltreatment and delinquency, including arrest records which occurred only after the age of 12 years and maltreatment which occurred only under 12, so that it was clear that the maltreatment preceded apprehension for offending.

The remaining studies (see Table 3.6) were not concerned with officially defined and recorded maltreatment, but used instead a variety of measures of parental support or rejection, supervision or monitoring, and discipline, to investigate the relationship between parental 'adequacy' (rather than substantiated abuse or neglect) and later offending.



**TABLE 3.6**  
**STUDIES OF THE RELATIONSHIP BETWEEN PARENTAL BEHAVIOUR, CHILD ABUSE AND NEGLECT AND LATER OFFENDING**

STUDY	SAMPLE	OUTCOMES
	CHILD MALTREATMENT	
Widom (1989); Maxfield and Widom (1996)	908 substantiated cases of child abuse and neglect with controls matched for age, race, gender etc	Abused or neglected children more likely than controls to be arrested as juvenile or adult for non traffic offences
Smith and Thornberry (1995)	1,000 children from Rochester Youth Development Study	Maltreatment before age of 12 yrs (official records) increased likelihood of official delinquency, self reported moderate and violent delinquency
PARENTAL SUPPORT / SUPERVISION		
McCord (1983)	232 families pre WW2	Highest rates of delinquency among children of 'rejecting' parents: 50 % had conviction/s  cf 23 % with 'neglecting' parents, 11 % with 'loving' parents
Loeber and Stouthamer- Loeber (1986)	Meta-analysis of other studies	Parent-child involvement, supervision, discipline, parental rejection best predictors among family factors of juvenile conduct problems and delinquency
Simons, Roberston and Downs (1989)	300 adolescents from drug and alcohol program and randomly selected from community	Significant relationship between parental rejection and self reported delinquency even after controlling for family conflict, religion, organisation and parental control
Thornberry <i>et al</i> (1991)	Panel study of 987 students	Strength of students' attachment to parents inversely related to delinquency
Larzelere and Patterson (1990)	206 male high school students	Level of parental monitoring and consistency of discipline predicted official and self reported delinquency
Weintraub and Gold (1991)	1,395 11-18 year olds	Parental monitoring predicted delinquency after controlling for delinquency of friends, presence of parents, parental affection
Barnes and Farrell (1992)	699 families with adolescent children	Parental support and monitoring predicted adolescent drug taking, deviance and school misconduct after controlling for age, gender, race, SES, family structure



STUDY	SAMPLE	OUTCOMES
<b>PARENTAL SUPPORT / SUPERVISION</b>		
Mak (1994)	793 high school students in Canberra	Adolescents' perceived maternal and paternal rejection predicted self reported deviant behaviour and offences
Johnson <i>et al</i> (1995)	601 families	Low parental support increased likelihood of adolescent deviant behaviour and criminal offences
<b>PARENTAL DISCIPLINE / PUNISHMENT</b>		
Larzelere (1986)	1,139 parents with child 3 to 17 living at home	Children more physically and verbally aggressive to parents and siblings if subjected to more frequent physical punishment
Straus (1991)	385 college students	Students who were hit by parents more likely than others not hit to report assaulting non family member and stealing
Vissing, Straus, Gelles, and Harrop (1991); Straus (1994)	3,346 parents with child under 18 living at home (second National Violence Survey)	Self reported verbal aggression by parents more strongly related to child's aggression and delinquency reported by parents than parental physical aggression; likelihood of delinquency increased by more severe marital violence

Because the studies summarised in Table 3.6 were largely cross-sectional studies, inferring causality is problematic, but the findings show considerable consistency across studies and across the different types of studies despite the methodological limitations of each type. The overall conclusion is 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.

This conclusion is also consistent with the findings of another body of studies (not included in Table 3.6) which indicate that children subjected to severe physical punishment are more aggressive and manifest more behaviour problems than other children (Becker, 1964; McCord, 1991; Dodge, Bates and Pettit, 1990; Eron, Walder and Lefkowitz, 1963; Feschbach, 1970; Maccoby and Martin, 1983; Martin, 1975; Olweus, 1980; Parke and Slaby, 1983; Straus, 1991). In his review of the literature, Martin (1975: 510) cited a number of studies which found a correlation between 'harsh, punitive, power-assertive punishment' and aggression in delinquent adolescent males (8 studies); in delinquent adolescent females (3 studies); in pre-adolescent children (8 studies), and in preschool children (6 studies).



These studies also, however, point to the need for greater concern about neglect, inadequate supervision and verbal aggression, and the stronger link to later offending for neglect than for abuse (Maxfield and Widom, 1996; Vissing *et al*, 1991; Weatherburn and Lind, 1997). Although abuse in its various forms clearly has detrimental effects on children, the evidence indicates that poor parental support, rejection, and lack of supervision are linked to later offending. Despite this, neglect is often overlooked because it is difficult to define, its effects are insidious rather than obvious, and because it is more strongly linked to poverty and more difficult to intervene and change (Dubowitz, 1994).

#### INVOLVEMENT OF CHILDREN IN CARE IN THE JUVENILE JUSTICE SYSTEM

Statistics and information relating to children in care and their disproportionate involvement in the juvenile justice system also indicates a link between child abuse and neglect and later offending. To take some local data, in New South Wales, for example, children under wardship orders are much more likely to come into contact with the juvenile justice system and to be admitted to detention centres than non wards (Cashmore and Paxman, 1996; Community Services Commission, 1996). In 1993–94, males were 13 times more likely and females 35 times more likely to be admitted to a detention centre if they were wards than if they were not (Community Services Commission, 1996).

It is important, however, to be clear about the reasons. Children in need of care or in wardship are more likely to come to the notice of the police and the juvenile justice system as a result of instability in their out-of-home placements, because of homelessness and the need to commit crimes (fare evasion, theft, break and enter) to survive, because of their exposure to deviant peer groups in refuges, and because they are less likely than other children and young people to have access to appropriate advocates who can prevent the escalation of the consequences for minor infringements. Stability of placements in out-of-home care is particularly significant for the life course of children in care (Cashmore and Paxman, 1996) and their later involvement in crime. Widom (1992), for example, found that it was not being placed outside their home that made a difference to the likelihood of children in care being involved in crime, but the stability and number of their placements. 'Children who moved three or more times had significantly higher arrest rates (almost twice as high) for all types of criminal behaviours — juvenile, adult, and violent — than children who moved less than three times' (1992: 5).

Once they are in the juvenile justice system, wards and other children in care are also likely to receive more punitive treatment because of their status. They are more likely to be refused bail because of the lack of appropriate supervised accommodation, because of their lack of community ties and support from their families, and because it seems that magistrates assume, perhaps with some justification, that they are safer in custody than on the streets (Community Services Commission, 1996).





#### PATHWAYS FROM ABUSE AND NEGLECT TO OFFENDING

The findings of the various studies linking child abuse and neglect, parental support and supervision, and discipline to later offending point to a number of possible pathways to offending and to the risk and protective factors involved, consistent with or adding to the earlier discussion.

Perhaps the most obvious, and the one most commonly used in relation to aggression and violence, is the modelling of aggression, criminal behaviour or inappropriate behaviour (Bandura, 1973). As we have seen, children subjected to physical and verbal aggression have been shown to be more aggressive towards their parents and peers, and to be more likely to be charged with non traffic offences. There is also increasing evidence of the damaging effects of children being exposed to family violence without being directly subjected to it (Jaffe, Wolfe and Wilson, 1990; Straus, 1994). When children and young people in turn act aggressively towards their parents and siblings, they are more likely to be turned out of their homes and to become homeless and then to engage in crime as a means of survival or as part of a deviant peer group.

The 'cycle of violence' hypothesis (Widom, 1989, 1992) is a specific example of a pathway from abuse to later offending, suggesting that a childhood history of abuse and neglect increases the likelihood of later offending, particularly violent offending. While Widom and others have found some support for this hypothesis, it is also important to caution against over generalisations because gender and race are more powerful predictors of later offending than a history of abuse and neglect, and the majority of abused and neglected children do not go on to abuse their own children or to commit offences. As Zingraff *et al* (1994) pointed out, it is also likely that children and young people trying to escape maltreatment are more likely to come to the notice of the police and child welfare authorities and then to become involved in the criminal justice system.

In addition, seeing or hearing violence in the family that is directed at others (such as the mother, as in domestic violence) has adverse psychological consequences that could increase the risks of future offending or victimisation (Garbarino, Kostelny and Dubrow, 1991; UNICEF International Child Development Centre, 1997). In terms of maltreatment directly involving children, neglect was almost as strong a predictor of violent offending as physical abuse, and neglect, inadequate supervision and support, and verbal aggression have been found to be more significant than abuse in several studies. Poverty, and social and economic stress have also been found to be more closely related to neglect than to abuse, and some have suggested that the effects of these forms of stress are mediated *via* the effects of neglect and poor parental supervision and support, allowing children to have access to a deviant peer group and be influenced by them (Simons *et al*, 1989, 1991; Salmeleinen, 1996).



As we have seen from the range of studies reported here, there are many risk factors associated with the development of offending, and multiple pathways to that outcome. Child abuse and neglect, and other forms of inadequate parenting provide some of those, and many of the social and familial factors associated with child abuse and neglect have also been identified as risk factors for later offending. These include inadequate parenting, attachment problems, erratic and harsh discipline, parental substance abuse, spousal violence, poverty, unemployment, and so on. Indeed, three of Farrington's seven risk factors for chronic offending are also risk factors for child abuse and neglect:

- socioeconomic deprivation including low income, poor housing, large family size and unemployment
- antisocial parents and siblings
- poor parental supervision and harsh and erratic child rearing behaviour

This means that preventing child abuse is likely to have direct benefits in preventing juvenile crime and probably youth suicide and other societal 'disorders'. It also means, as Weatherburn and Lind (1997) pointed out, 'that agencies responsible for the health, education and welfare of children may actually be much better placed to deliver programs designed to prevent juvenile involvement in crime than those who are gatekeepers to the juvenile justice system' (1997: 48). The implication from these studies is succinctly summarised by Maxfield and Widom (1996):

*The people of interest to health care professionals as victims of child abuse or neglect are at a greater risk of later attracting the attention of justice professionals as offenders. Seen in this light, the diagnosis and treatment of abuse and neglect can be viewed as a form of crime prevention (1996: 395).*



## REFERENCES

- Bandura A (1973) *Aggression: A social learning analysis*. Prentice Hall: Englewood Cliffs NJ.
- Bank L, Patterson GR and Reid JB (1987) 'Delinquency prevention through training parents in family management' in *The Behavior Analyst 10*: 75–82.
- Barnes GM and Farrell MP (1992) 'Parental support as predictors of adolescent drinking, delinquency, and related problems behaviours' in *Journal of Marriage and the Family 54*: 763–776.
- Barth R (1991) 'An experimental evaluation of in-home child abuse prevention services' in *Child Abuse and Neglect 15*: 363–375.
- Bates JE, Bayles K, Bennett DS, Ridge B and Brown MM (1991) 'Origins of externalizing behaviour problems at eight years of age' in DJ Pepler and KH Rubin (eds) *The development and treatment of childhood aggression*. Lawrence Erlbaum Associates: Hillsdale, New Jersey.
- Becker WC (1964) 'Consequences of different kinds of parental discipline' in ML Hoffman and LW Hoffman (eds) *Review of Child Development Research*. Russell Sage: New York.
- Bertolli J, Morgensten H and Sorenson SB (1995) 'Estimating the occurrence of child maltreatment and risk-factor effects: Benefits of a mixed-design strategy in epidemiologic research' in *Child Abuse and Neglect 19*: 1007–1016.
- Booth CL, Spieker SJ, Barnard KE and Morisset CE (1992) 'Infants at risk: The role of preventive intervention in deflecting a maladaptive developmental trajectory' in McCord J and Tremblay RE (eds) *Preventing antisocial behaviour: Interventions from birth through adolescence*. The Guilford Press: New York.
- Bor B, Anstey K, Najman J, Andersen M, O'Callaghan M and Williams G (in preparation) *From childhood aggression to adolescent crime: Predictors and prevention*.
- Bright J (1994) 'The role of preschool and primary education' in C Henricson (ed.) *Crime and the Family Conference*. Family Policies Study Centre: London.
- Cashmore J and Paxman M (1996) *Wards leaving care: A longitudinal study*. NSW Department of Community Services: Sydney.
- Caspi A, Henry B, McGee RO, Moffitt TE and Silva PA (1995) 'Temperamental origins of child and adolescent behaviour problems: From age three to age fifteen' in *Child Development 66*: 55–68.



Coie JD, Underwood M. and Lochman JE (1991) 'Programmatic intervention with aggressive children in the school setting' in DJ Pepler and KH Rubin (eds) *The development and treatment of childhood aggression*. Lawrence Erlbaum Associates: Hillsdale, New Jersey.

Community Services Commission (1996) *The drift of children in care into the juvenile justice system: Turning victims into criminals*. Sydney.

Dodge KA, Bates JE and Pettit GS (1990) 'Mechanisms in the cycle of violence' in *Science* 250: 1678–1683.

Dubowitz H (1994) 'Neglecting the neglect of neglect' in *Journal of Interpersonal Violence* 9: 556–560.

Eron L, Walder LO and Lefkowitz MM (1971) *Learning of aggression in children*. Little, Brown: Boston.

Farrington DP (1993) 'Childhood origins of teenage antisocial behaviour and adult social dysfunction' in *Journal of the Royal Society of Medicine* 86: 13–17.

Farrington DP (1995) 'The development of offending and antisocial behaviour from childhood: Key findings from the Cambridge study in delinquent development' in *Journal of Child Psychology and Psychiatry* 36 929–964.

Farrington DP (1994) 'Early developmental prevention of juvenile delinquency' in *Criminal Behaviour and Mental Health* 4 209–227.

Feschbach S (1970) Aggression, in Mussen PH (ed.) *Carmichael's Manual of Child Psychology* (3rd ed.) John Wiley and Sons: New York.

Garbarino J, Kostelny K and Dubrow N (1991) *No place to be a child: Growing up in a war zone*. Lexington Books: Lexington, MA.

Garbarino J and Kostelny K (1992) 'Child maltreatment as a community problem' in *Child Abuse and Neglect* 16: 455–464.

Garbarino J and Sherman (1980) 'High risk neighbourhoods and high risk families: The human ecology of child maltreatment' in *Child Development* 51: 188–198.

Guerra NG, Huesmann LR, Tolan PH, Acker RV and Eron LD (1995) 'Stressful events and individual beliefs as correlates of economic disadvantage and aggression among urban children' in *Journal of Consulting and Clinical Psychology* 63(4) 518–528.

Guerra N G 1997) 'Intervening to prevent childhood aggression in the inner city' in J McCord (ed.) *Violence and childhood in the inner city*. Cambridge University Press: Cambridge.

Hashima PY and Amato PR (1994) 'Poverty, social support, and parental behaviour' in *Child Development* 65: 394–403.



Hawkins DJ, Catalano RF, Morrison DM, O'Donnell J, Abbott RD and Day LE (1992) 'The Seattle social development project: Effects of the first four years on protective factors and problem behaviours' in J McCord and RE Tremblay (eds) *Preventing antisocial behaviour: interventions from birth through adolescence*. The Guilford Press: New York, America.

Hawkins JD and Lishner DM 'Schooling and delinquency' in EH Johnson (ed.) *Handbook on crime and delinquency prevention*. Greenwood Press: New York.

Hawkins JD, Von Cleve E and Catalano RF (1991) 'Reducing early childhood aggression: Results of a primary prevention program' in *Journal of the Academy of Child and Adolescent Psychiatry* 30 (2) 208–217.

Henry B, Caspi A, Moffitt T and Silva P (1996) 'Temperamental and familial predictors of violent and nonviolent criminal convictions: Age 3 to age 18' in *Developmental Psychology*, 32 (4) 614–623.

Henry B, Moffitt T, Robins L, Earls F and Silva P (1993) 'Early familial predictors of child and adolescent antisocial behaviour: Who are the mother of delinquents?' in *Criminal Behaviour and Mental Health* 3: 97–118.

Hirschi T (1969) *Causes of delinquency*. University of California Press: California.

Jaffe PG, Wolfe DA and Wilson SK (1990) 'Children of battered women' in *Developmental Clinical Psychology and Psychiatry* 21.

Johnson DL (1988) 'Primary prevention of behaviour problems in young children: The Houston parent-child development centre' in RH Price, EL Cowen, RP Lorion and R Ramos-Mackay (eds) *14 ounces of prevention: A case book for practitioners*. American Psychological Association: Washington DC.

Johnson RA, Su SS, Gerstein DR, Shin HC and Hoffmann JP (1995) 'Parental influences on deviant behaviour in early adolescence: A logistic response analysis of age- and gender-differentiated effects' in *Journal of Quantitative Criminology* 11: 167–193.

Jones MB and Offord DR (1989) 'Reduction of antisocial behaviour in poor children of nonschool skill-development' in *Journal of Child Psychology and Psychiatry* 30(5) 737–750.

Kazdin AE (1997) 'Conduct disorder across the life span' in SS Luthar, JA Burack, D Cicchetti and JR Weisz (eds) *Developmental psychopathology: Perspectives on adjustment, risk, and disorder*. Cambridge University Press: Cambridge.



Keeping JD, Najman JM, Morrison J, Western JS, Andersen MJ and Williams GM (1989) 'A prospective longitudinal study of social, psychological and obstetrical factors in pregnancy: response rates and demographic characteristics of the 8,556 respondents' in *British Journal of Obstetrics and Gynaecology* 96: 289–297.

Kellam SG and Rebok GW (1992) 'Building developmental and etiological theory through epidemiologically based preventive intervention trials' in J McCord and RE Tremblay (eds) *Preventing antisocial behaviour: Interventions from birth through adolescence*. The Guilford Press: New York, America.

Kolvin I, Miller JW, Fleeting M and Kolvin PA (1988) 'Social and parenting factors affecting criminal-offence rates: Findings from the Newcastle thousand family study (1947–1980)' in *British Journal of Psychiatry* 152 80–90.

Larzelere RE (1986) 'Moderate spanking: Model or deterrent of children's aggression in the family?' in *Journal of Family Violence* 1: 27–36.

Larzelere RE and Patterson GR (1990) 'Parental management: Mediator of the effects of socioeconomic status on early delinquency' in *Criminology* 2: 301–323.

Lösel F and Bliesener T (1994) 'Some high risk adolescents do not develop conduct problems: A study of protective factors' in *International Journal of Behavioural Development* 17(4) 753–777.

Lally JR, Magione PL and Honig AS (1988) 'The Syracuse University Family Development Research Program: Long-range impact on and early intervention with low income children and their families' in DR Powell (ed.) *Parent education as early childhood intervention: Emerging directions in theory, research and practice*. Ablex Publishing Corporation: Norwood, New Jersey.

Levenstein P (1992) 'The mother–child home program: Research methodology and the real world' in J McCord and RE Tremblay (eds) *Preventing antisocial behaviour: Interventions from birth through adolescence*. The Guilford Press: New York, America.

Loeber R and Dishion T (1983) 'Early predictors of male delinquency: A review' in *Psychological Bulletin* 93: 68–99.

Loeber R and Stouthamer-Loeber M (1986) 'Family factors as correlates and predictors of juvenile conduct problems and delinquency' in M Tonry and M Morris (eds) *Crime and justice: An annual review of research* 7: 29–149.

Lösel F and Bliesener T (1994) 'Some high risk adolescents do not develop conduct problems: A study of protective factors' in *International Journal of Behavioural Development* 17(4) 753–777.





Maccoby EE and Martin JA (1983) 'Socialisation in the context of the family: Parent-child interaction' in Hetherington EM (ed.) Mussen PH (Series ed.) *Handbook of child psychology: Vol 4. Socialisation, personality, and social development*. Wiley: New York.

McCord J (1983) 'A forty year perspective on effects of child abuse and neglect' in *Child Abuse and Neglect* 7: 265-279.

Mak AS (1994) 'Parental neglect and overprotection as risk factors in delinquency' in *Australian Journal of Psychology* 46: 107-111.

Maxfield MG and Widom CS (1996) 'The cycle of violence: Revisited six years later' in *Archives of Pediatric and Adolescent Medicine* 150: 390-395.

Martin B (1975) 'Parent-child relations' in Horowitz FD (ed.) *Review of child development research* vol 4. University of Chicago Press: Chicago.

Moffitt T (1993) 'Adolescence-limited and life course-persistent antisocial behaviour: A developmental taxonomy' in *Psychological Review* 100(4) 674-701.

Moffitt TE (1990) 'Juvenile delinquency and attention deficit disorder: Boys' developmental trajectories from age 3 to age 15' in *Child Development* 61: 893-910.

Najman JM, Behrens BC, Andersen M, Bor W, O'Callaghan M and Williams GM (1997) 'Impact of family type and family quality on child behaviour problems: A longitudinal study' in *Journal of the American Academy of Child and Adolescent Psychiatry* 36 (10) 1357-1365.

O'Donnell J, Hawkins JD and Abbott RD (1995) 'Predicting serious delinquency and substance abuse among aggressive boys' in *Journal of Consulting and Clinical Psychology* 63(4) 529-537.

Olds DL (1988) 'The prenatal/early infancy project' in RH Price, EL Cowen, RP Lorion and R Ramos-Mackay (eds) *14 ounces of prevention: A case book for practitioners*. American Psychological Association: Washington DC.

Olweus D (1991) 'Bully/victim problems among schoolchildren: Basic facts and effects of a school based intervention program' in DJ Pepler and KH Rubin (eds) *The development and treatment of childhood aggression*. Lawrence Erlbaum Associates: Hillsdale, New Jersey.

Parke RD and Slaby RG (1983) 'The development of aggression' in PH Mussen (ed.) *Handbook of child psychology: Volume 4, Socialisation, personality, and social development*. Wiley: New York.

Pierson DE (1988) 'The Brookline early education project' in RH Price, EL Cowen, RP Lorion and R Ramos-Mackay (eds) *14 ounces of prevention: A case book for practitioners*. American Psychological Association: Washington DC.





Pirani M (1994) 'High/Scope, preschool curriculum' in C Henricson (ed.) *Crime and the Family Conference*. Family Policies Study Centre: London.

Price RH, Cowen EL, Lorion RP and Ramos-McKay J (1988) 'Model prevention programs: Epilogue and future prospects' in RH Price, EL Cowen, RP Lorion and R Ramos-Mackay (eds) *14 ounces of prevention: A case book for practitioners*. American Psychological Association: Washington DC.

Provence S and Naylor A (1983) *Working with disadvantaged parents and children: Scientific issues and practice*. Yale University Press: New Haven.

Rickel AU and Lampi L (1981) 'A two-year follow up study of a preventive mental health program for preschoolers' in *Journal of Abnormal Child Psychology* 9: 455-464.

Rotheram-Borus MJ (1988) 'Assertiveness training with children' in RH Price, EL Cowen, RP Lorion and R Ramos-Mackay (eds) *14 ounces of prevention: A case book for practitioners*. American Psychological Association: Washington DC.

Salmelainen P (1996) 'Child neglect: Its causes and its role in delinquency' in *Crime and Justice Bulletin* No. 33.

Sanders MR and Markie-Dadds C (1996) 'Triple P: A multilevel family intervention program for children with disruptive behaviour disorders' in P Cotton and H Jackson (eds) *Early intervention and prevention: Mental health applications of clinical psychology*. Australian Psychological Society: Melbourne.

Schwartz IM, Rendon JA and Hsieh CM (1994) 'Is child maltreatment a leading cause of delinquency?' in *Child Welfare* 73: 639-655.

Schweinhart LJ, Barnes HV and Weikart DP (1993) *Significant benefits: The High/Scope Perry preschool study through age 27*. High/Scope Press: Ypsilanti, Michigan.

Secretariat National Aboriginal and Islander Childcare (1996) *Proposed plan of action for the prevention of child abuse and neglect in Aboriginal communities*. Australian Government Publishing Service: Australia.

Seitz V, Rosenbaum LK and Apfel NH (1985) 'Effects of family support intervention: A ten year follow up' in *Child Development* 56: 376-391.

Serbin LA, Schwartzman AE, Moskowitz DS and Ledingham JE (1991) 'Aggressive, withdrawn and aggressive/withdrawn children in adolescence: Into the next generation' in DJ Pepler and KH Rubin *The development and treatment of childhood aggression*. Lawrence Erlbaum Associates: Hillsdale, New Jersey.

Shure MB and Spivack G (1988) 'Interpersonal cognitive problem solving' in RH Price, EL Cowen, RP Lorion and R Ramos-Mackay (eds) *14 ounces of prevention: A case book for practitioners*. American Psychological Association: Washington DC.



Silver L, Dublin C and Lourie R (1989) 'Does violence breed violence? Severe parental punishment and delinquency, a developmental theory' in *Journal of Clinical Child Psychiatry* 5: 404–407.

Simons RL, Roberston JF and Downs WR (1989) 'The nature of the association between parental rejection and delinquent behaviour' in *Journal of Youth and Adolescence* 18: 297–310.

Smith C and Thornberry TP (1995) 'The relationship between childhood maltreatment and adolescent involvement in delinquency' in *Criminology* 33: 451–481.

Strain PS, Steele P, Ellis T and Timm MA (1982) 'Long term effects of oppositional child treatment with mothers as therapists and therapist trainers' in *Journal of Applied Behaviour Analysis* 15: 163–169.

Straus MA (1991) 'Discipline and deviance: Physical punishment of children and violence and other crime in adulthood' in *Social Problems* 38: 133–154.

Straus MA (1994) *Beating the devil out of them: Corporal punishment in American families*. Lexington: New York.

Thornberry TP, Lizotte, AJ, Krohn MD, Farnworth M and Jang SJ (1991) 'Testing interactional theory: An examination of reciprocal causal relationships among family, school, and delinquency: Rochester youth development study' in *The Journal of Criminal Law and Criminology* 82: 3–33.

Tremblay RE (1991) 'Aggression, prosocial behaviour and gender: Three magic words but no magic wand' in DJ Pepler and KH Rubin (eds) *The development and treatment of childhood aggression*. Lawrence Erlbaum Associates: New Jersey.

Tremblay RE, Masse B, Perron D and Leblanc M (1992) 'Early disruptive behaviour, poor school achievement, delinquent behaviour, and delinquent personality: longitudinal analyses' in *Journal of Consulting and Clinical Psychology* 60(1) 64–72.

Tremblay RE, Pagani-Kurtz L, Mâsse LC, Vitaro F and Pihl RO (1995) 'A bimodal preventive intervention for disruptive kindergarten boys: Its impact through mid-adolescence' in *Journal of Consulting and Clinical Psychology* 63(4) 560–568.

UNICEF International Child Development Centre (1997) 'Children and Violence' in *Innocenti Digest No. 2*. Florence, Italy.

Vissing YM, Straus MA, Gelles RJ and Harrop JW (1991) 'Verbal aggression by parents and psychosocial problems of children' in *Child Abuse and Neglect* 15: 223–238.



Wasik BH, Ramey CT and Bryant DM (1990) 'A longitudinal study of two early intervention strategies: Project CARE' in *Child Development* 61: 1682–1696.

Weatherburn D and Lind B (1997) *Social and economic stress, child neglect and juvenile delinquency*. NSW Bureau of Crime Statistics and Research: Sydney.

Webster-Stratton C and Hammond M (1997) 'Treating children with early-onset conduct problems: A comparison of child and parent training interventions' in *Journal of Consulting and Clinical Psychology* 65 (1) 93–109.

Weikart DP and Schweinhart LJ (1992) 'High/Scope preschool program outcomes' in J McCord and RE Tremblay (eds) *Preventing antisocial behaviour: Interventions from birth through adolescence*. The Guilford Press: New York, America.

Weintraub KJ and Gold M (1991) 'Monitoring and delinquency' in *Criminal Behaviour and Mental Health* 1: 268–281.

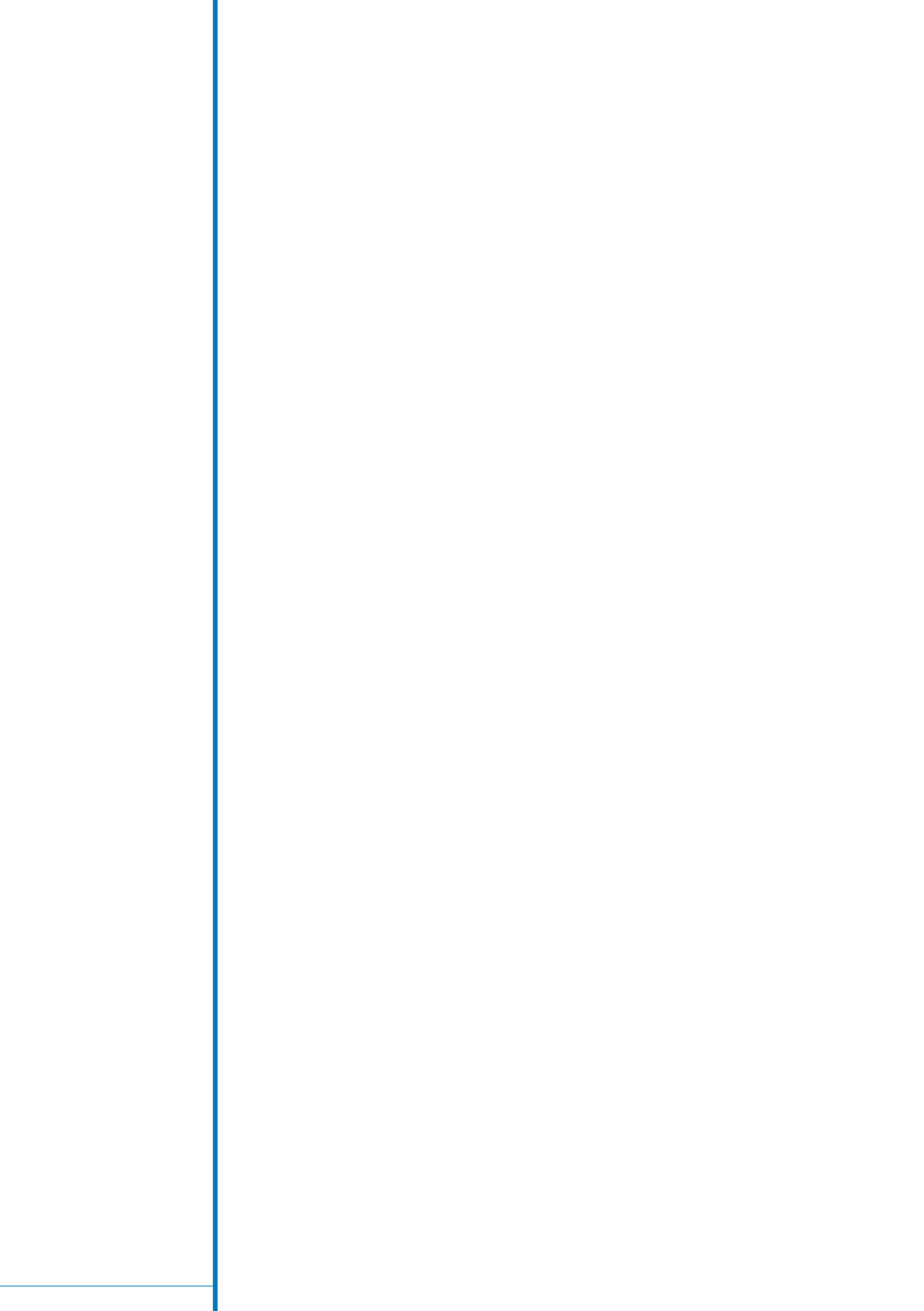
Werner EE and Smith RS (1992) *Overcoming the odds*. Cornwall University Press: Ithaca.

Widom CS (1989) 'The cycle of violence' in *Science* 244: 160–166.

Widom CS (1989) 'The cycle of violence' in *National Institute of Justice: Research in Brief*. US Department of Justice: Washington DC.

Willett JB, Ayoub C C and Robinson D R (1991) 'Using growth modelling to examine systematic differences in growth: An example of change in the functioning of families at risk of maladaptive parenting, child abuse or neglect' in *Journal of Consulting and Clinical Psychology* 59(1) 38–47.

Zingraff MT, Leiter J, Myers KA and Johnsen MC (1993) 'Child maltreatment and youthful problem behaviour' in *Criminology* 31: 173–202.



SECTION 4

**AUDIT AND ANALYSIS  
OF AUSTRALIAN  
SERVICES  
AND PROGRAMS**



Sustained efforts to improve security are generally lured more by the promise of positive achievements than by the arrest or avoidance of unwanted conditions. While community members sometimes join forces to prevent perceptively harmful developments or situations, such attempts at negation are usually short term. The far more common pattern is for community organisations to form around what are seen as positive goals, whether they relate to individuals or to the community as a whole.

It is, therefore, not at all surprising that services designed for children and their families would not identify the prevention of crime as an objective. These kinds of programs are designed to improve the lives of young people and to deal with immediate health, education and welfare problems, not to inhibit the development of criminal propensities in the client populations. For the record, it should be noted that the audit of early intervention services reported in this section failed to uncover any service which had as a specific goal the prevention of crime through the implementation of early intervention or development strategies. However, it is clear from the scientific literature summarised in Section 3 that many programs and services 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 intention.

In the light of the crime prevention consequences of services primarily intended to foster positive developments in children, it is realistically possible to claim that there are over ten thousand early intervention programs operating in Australia. Given that number, the main tasks of the present audit have been to select and study a somewhat arbitrary but hopefully representative sample of 46 of the programs (or program groups) in order to gain an understanding of their varying purposes, methods and impacts on the lives of children, and to identify ways in which existing programs might be explicitly harnessed in future guided efforts to effect early interventions in order to prevent crime. The latter aim entails the associated issues of:

- ways of improving the coordination of services
- clarifying and explicating the goals of services
- identifying areas in which there is a dearth of programs, against the background of risk and protective factors highlighted in earlier sections of the report (see especially Tables 3.3 and 3.4 respectively)

The choice of method for conducting the audit was influenced by two major characteristics of the field, namely its *diversity* and *fragmentation*. We begin by noting the implications of these characteristics for the conduct of the audit. That discussion is followed by a detailing of the way in which the audit interviews with service representatives were conducted. In choosing programs to illustrate





service types, an effort has been made to select in such a way as to clearly show the diversity within the areas investigated. However, it must be emphasised that choices were not based on analysis of national audits — such do not exist — and therefore reliance on key figures in this field was necessary. The strategy of attempting to match Australian programs and services with existing overseas programs with proven records, or to match them with models suggested by experts, was also employed.

Results from the audit and analysis of selected services are reported in four ways. First, the special needs of Indigenous peoples and peoples from non-English speaking backgrounds are outlined, and the implications of these needs for the development and delivery of services are explored. This is followed by a discussion of issues related to the implementation of services, such as the pivotal role of childcare centres and preschools, and the problem of the ‘missing parent’. The 46 programs are then classified and analysed in terms of the risk and protective factors that they address. Finally, details of the goals, structure, content and impact of the 46 programs or program groupings are summarised in Appendix 1.

#### LOCATING EARLY INTERVENTION PROGRAMS

Consultations with key actors in the field, combined with signposts for action established in discussions with project team members, confirmed the need for a methodology to suit the diversity and fragmentation of the field. Discussions with the Executive Officer of the *Family Support Services Association*, for example, confirmed the lack of any meaningful data in the area. It is encouraging that the first step has been taken to rectify this situation with the recent compilation of a list of some 350 family support services Australia wide (Australian Institute of Health and Welfare, 1997). However, no comprehensive information was available as to the precise nature of services offered, with the only indication being that services tended to develop programs to suit local needs. Similarly, in the crucial area of provision of preschool and childcare services, no national data exist as to the number of preschool places available, let alone the fine detail of programs offered to children.

This gap in official data prompted two methodological strategies:

- a reliance on directions for investigation suggested by service providers
- unless otherwise indicated, a decision to visit services local to the researcher (ie near Sydney), on the assumption that these services would be similar in key characteristics to those further afield

The degree of fragmentation within the field in relation to data and administration necessitated the use of a range of techniques to gather basic information about programs and services.





The first technique, a blanket cover of government and service related organisations, was instituted in the first week of the project. A letter was prepared, based on information provided by NCAVAC, outlining the nature of the project and areas of interest in relation to programs and services. Letters and NCAVAC brochures were sent to directors of Commonwealth, State and Territory departments of community services, education and health; to all State councils of social service; to State and Territory ethnic organisations, and to the Aboriginal and Torres Strait Islander Commission. A flyer was prepared, again based on NCAVAC material, and inserted in the Australian Council of Social Service (ACOSS) Journal *Impact* (September 1997); this reached 1,050 subscribers nationwide.

Responses to this blanket cover were varied and sometimes unexpected. The latter included a number of responses to the ACOSS flyer from people who acknowledged that their agency's services were clearly outside the project brief but who submitted details anyway. A number of respondents simply made contact to express keen interest in the project, and some asked for updates on the progress of the project. The overall response to the ACOSS flyer was in the range of 45 agencies or programs.

Though the response was smaller than anticipated, it proved fruitful in its byproductss and ongoing usefulness. An example of this is the response of the Chief Executive Officer of the Offenders Aid and Rehabilitation Services of South Australia Inc. In addition to opening up an area of research and service provision not already on the agenda of the project and providing information about his own service, this officer offered contact names and numbers of Outcare in Western Australia, of the Victorian Association for the Care and Rehabilitation of Prisoners, of Children of Prisoners, and CRC Justice in New South Wales. He also recommended the *Report into children of imprisoned parents* published in July 1997 by the Standing Committee on Social Issues of the Parliament of New South Wales, which provided for the team a clear insight into risk and protective factors associated with parental criminality in the Australian context. This 'snowball' effect of one response was typical of those received from the ACOSS flyer.

Responses to letters to official organisations were equally mixed. They ranged from short letters indicating no such programs or services (eg 'I am not aware of any programs funded by ATSIC which meet the criteria you have described', 'There are no programs currently in receipt of funds from the Intervention Support Program (ISP) [of the NSW Department of Training and Education Coordination] specifically for Indigenous People and People from non-English Speaking Backgrounds') to lengthy documents with considerable detail of programs or services. Education departments were most prompt in their replies and provided considerable detail of programs developed and administered by them. This included programs such as *APEEL*, *Child Protection Education* and *A Fair Go For All* administered by the NSW Department of School Education, and *Programs of Access and Support for Aboriginal Students* run by the Education Department of Western Australia.



Interesting features of these official responses included an emphasis on Aboriginal programs, with little or no comment on programs for people of non-English speaking backgrounds. Follow up investigations revealed this as a relatively accurate reflection of the situation of the field. According to departmental officers, people from non-English speaking backgrounds tend to be catered for within mainstream programs. Another feature of interest, but at that stage not surprising, were reasons for lack of response. As mentioned, education departments generally responded well in relation to programs developed and administered by them, but community services and health departments were less forthcoming. When contacted, the reason given was lack of data on program/service content in relation to programs funded by departments. As one official commented: 'Programs operate at arm's length from the department'. This applied also to childcare centres, preschools and family day care.

The second information gathering technique was direct consultation with key actors in the field. Discussions varied in duration but typically lasted at least one hour, and involved a brief presentation based on the NCAVAC project brief. Participants in this stage of the research expressed keen interest in the project, with many showing a detailed awareness of the issues and displaying a willingness to discuss them at length and provide advice as to directions. Those interviewed included representatives of 13 leading organisations in the field, as well as individuals with a wealth of practice experience.

Those interviewed are listed below:

- the Deputy National Director of the Australian Early Childhood Association (a peak organisation for children in childcare — in preschools, long day care, family day care and occasional care — and whose membership includes preschool teachers, academics, children's service organisations and advocates for children)
- the President, Aboriginal Education Consultative Group and member of the Executive Committee of the Council for Aboriginal Reconciliation
- the Director, Aboriginal Early Childhood Services Support Unit (a unit of policy development and support for early childhood services for Aboriginal children)
- the President of the Australian Early Intervention Association (an organisation of professionals and parents involved with children who have disabilities)
- Director of the Centre for Children of the Benevolent Society (the Centre provides support for mothers referred during and after pregnancy)
- the Association Manager of the Association of Children's Welfare Agencies (a not-for-profit, incorporated association which the peak social welfare agency supporting non government child and family organisations)



- | the Director of Home-Start United Kingdom and Chair of The International Initiative: Rebuilding Families From Within (*Home-Start* is a home visiting program)
- | the Chief Executive Officer of the Family Support Services Association of New South Wales (a peak body providing representation in such areas as policy development, advocacy and role training)
- | Program Manager, Social Justice and Research, Burnside Head Office (an organisation primarily concerned with children at risk of abuse and providing care for those unable to live with their families)
- | researchers from the Brotherhood of St Laurence in Victoria (authors of *Access for growth: Services for mothers and babies* [Gilley, 1993] and *Unequal lives? Low income and the life chances of three year olds*)
- | the Australian Institute of Family Studies
- | the Deputy Director, Ethnic childcare, Family and Community Services Cooperative Ltd (an organisation established in the late 1970's by ethnic groups to develop childcare centres and family services for their communities)
- | the Coordinator, National Secretariat, Good Beginnings (*Good Beginnings* is a pilot home visiting program of the Federal Government which aims to establish strategies of best practice in home visiting and support for families)
- | the Director General of the Department of Juvenile Justice of New South Wales and the Manager of the Policy, Research and Planning Unit of that Department (the Department conducts extensive research in the areas of juvenile crime, recidivism, and issues of over representation)
- | participants in the First National Home Visiting Conference (this conference was held in late August and the list of participants, representing not only home visiting but family support and children's services, was made available to the project)

#### INTERVIEWS WITH SERVICE PROVIDERS

The interview schedule for the audit of programs, though requiring adaptation for the separate areas of research, was based on the requirements set out in the NCAVAC brief, on overseas studies, and on information considered crucial for the development of recommendations in this area. The interview schedule centred on the following headings and explanatory details:

1. Program name, contact details and location.
2. Program goal: change in child behaviour, in parent behaviour, in community. (*Note: sometimes this was not explicitly stated and had to be drawn out in conversation.*)
3. Program description: overview of activities carried out.



4. Funding and facilitating.
5. How and where program delivered: outreach, home based, centre based.
6. Focus of program: child focused, parent focused, family focused, community focused, peer focused, comprehensive multiservice.
7. Client demographics: low socioeconomic status, children at risk of being placed in care, Aboriginal, non-English speaking background, children with disabilities.
8. Method of 'recruiting' clients: word of mouth, referral, open door policy, voluntary or mandatory.
9. Intensity of service and duration: regular, on call, follow up.
10. Theoretical grounding or philosophy underpinning practice: family therapy, psychological theory.
11. Risk factors/protective factors targeted: child, family, school, life events/transitions, community and cultural factors.
12. Measurement of outcomes: formal evaluation, anecdotal evaluation, short term and/or long term follow up.
13. Program start date: long established, recent, pilot, reason for establishment.
14. History of program: development, changes, reasons for changes and/or refining of service.
15. Links: links with overseas programs, links with Australian programs.

In general, service providers were willing to participate, devote time to interviews, and provide detailed information and, where necessary, follow up data. Interviews and follow up with services varied considerably in terms of time allocation, with some providing written material clearly setting out the information required and others requiring more detailed interviews and follow ups.

#### THE DIVERSITY AND FRAGMENTATION OF SERVICES

Some 6,100 childcare centres operate in Australia; over 5,500 preschools, including mobile services, cater for an unknown number of children. There are no national figures on the number of preschool places because of problems of comparability of data between different jurisdictions (Australian Institute of Health and Welfare, 1997: 109). No records exist of which centres operate special programs, with preliminary research indicating that development of special enrichment programs is serendipitous and often dependent on the particular staff dynamics within a centre. Numbers and kinds of parenting programs, home visiting programs, and family support programs revealed similar diversity and range, with what was to become a familiar pattern in this area — lack of national data which would enable us to pinpoint those that would fit an 'early intervention/crime prevention' framework.



Over and above the generalist childcare and parenting/support services is a layer of specialist services that may also play a role in crime prevention. These specialist programs include:

- | services for families with children with disabilities
- | services and programs for Aboriginal families and children
- | services for families and children of non-English speaking background
- | support services for children of prisoners
- | anti-violence and support services and strategies for gay and lesbian communities
- | services with child protection components

Diversity within this field extends to the level of individual categories. For example, home visiting programs such as *Home-Start* and *Good Beginnings* differ considerably in character. In general, family support services evolve to suit the needs in local neighbourhoods.

As has been noted several times, the 'early intervention field' displays considerable fragmentation as well as diversity. This is due to historical factors impinging on lines of development, differing administrative and funding bodies, varying degrees of involvement of the three levels of government (Commonwealth, State/Territory and local), different philosophical and theoretical underpinnings, and lack of national and/or State databases regarding services.

A byproduct of this fragmentation is a lack of cross fertilisation in the field. Another serious consequence is that services have difficulty providing for the special needs of some children, such as those from single parent families, those with a disability, or those from non-English speaking or Indigenous populations. (Australian Institute of Health and Welfare, 1997: 123)



## AUSTRALIA'S SPECIAL POPULATION MIX

### ABORIGINAL PEOPLE

Aboriginal people are over represented in the justice system and under represented in the education system. They are not a homogenous group — they themselves are vocal about this point. These, and other factors unique to Aboriginal people, contribute to the need to give particular attention to provision of programs and services that they might utilise.

There was strong support in *Aboriginal communities* for:

- Aboriginal control and administration of services
- detailed consultation with Aboriginal communities on issues relating to family and children's services
- facilitating access to education and childcare
- Aboriginal workers for Aboriginal clients
- the introduction of innovative practices in mainstream services in order to increase provision
- extended family responsibility for care of children (with a tendency by Aboriginal women not to use childcare/preschools)
- the view that the stolen generation had wide ranging impacts on family life and on behaviour due to the loss of culturally appropriate parenting skills
- identifying and dealing with the special needs of children with a parent in prison

#### **Aboriginal control**

The recognition of Aboriginal people as a distinct but varied cultural group, with the right to retain their own heritage, customs, languages and institutions underpins the notion of how services should be provided for Aboriginal people, as described by those involved with service provision. Programs currently in the development stage are grounded firmly in notions of culturally appropriate systems of delivery of services. Examples of such programs include: the *Early Intervention Program for Aboriginal Families and Aboriginal Parenting Materials* in West Australia, *Parent Easy Guides for Aboriginal People* in South Australia; and the *Education Program for Aboriginal Parents/Carers and Adolescent Parents* in Queensland (see Program 1.10 in Appendix 1).

#### **Access to education**

A goal of all Aboriginal services is to facilitate access to education. Thus most services have transport programs, nutritional programs and transition programs. Costs are kept low (50c–\$1 per day) and a child does not lose a place if a carer cannot afford to pay. In Aboriginal services, the children (and not the parents as in mainstream programs) are regarded as the clients. Access is also promoted through the inclusion of strong cultural components within the program and by encouraging parents and the community to participate at all levels. In these ways the risk factor, *poor attachment to school*, is addressed.



### Aboriginal workers

Service providers emphasised the importance of Aboriginal workers for Aboriginal clients. In an evaluation of the Family Fun Reading Program in Coonamble, it was stated:

*Two Aboriginal childcarers were used, which seemed to help attendance. Aboriginal attendance dropped off when one Aboriginal carer left to have a baby. The other carer didn't want to continue without her and once again it was necessary to find another carer. (Coordinator's Report, 1997).*

### Care of children

Some providers spoke of a dilemma in regard to childcare/preschool. Even in places where childcare is accessible, there is a tendency by Aboriginal women not to use it but instead to call on the extended family for care of children. Some providers suggest the advantage of centre based care for children, as respite for families, as a 'socialising' agent and also to develop cognitive skills. Aboriginal children may 'fall behind' their non Aboriginal companions who have had the benefits of preschool, a matter of potential concern because *school failure* is a risk factor associated with criminal behaviour (Table 3.3).

### The stolen generation

The need to acknowledge the wide ranging impacts of the stolen generation on family life and on behaviour was emphasised by a number of service providers. A whole generation was removed and this generation, males and females, lost the opportunity to learn culturally appropriate parenting skills. Lez Morgan (1994) of the Aboriginal Medical Service Cooperative Service Ltd of NSW outlines the disruption to family life:

*The policy of assimilation and the removal of innocent children from loving families to be incarcerated in state institutions dealt a massive blow to the strong tradition of family care and community law, resulting in the disempowerment of Aboriginal families and their communities, and a devastating loss of self confidence in parenting. Several risk factors were entailed: insecure attachment, diminished social skills, low self esteem and alienation were among the consequences.*

### Children of prisoners

The *Report into children of imprisoned parents* (Standing Committee on Social Issues, 1997) included considerable comment from interested parties. In their submission, the Children of Prisoners Support Group identified the special needs of children of Aboriginal parents (20% of the Support Group's referrals are Aboriginal people, with a large majority of these being parents from country areas). The submission highlights the very real danger of inducing depression in children separated from imprisoned parents, especially mothers, thereby increasing the risk of delinquent behaviour.





The accumulated factors which lead to juvenile crime are not easily teased out and it is rarely possible to trace back along the pathway to any one factor. However, it seems likely that one of the factors contributing to the over representation of Aboriginal people in the criminal justice system is the profound impact of the removal of children on family and community structures. The impact flows to later generations as a result of the continued breakdown of family structures due to incarceration.

#### PEOPLE FROM NON-ENGLISH SPEAKING BACKGROUNDS

People from some non-English speaking backgrounds (NESB) tend to be over represented in the justice system. There are significant differences within subgroups — for example, data from the Department of Juvenile Justice in New South Wales indicates differences in crime types for juvenile offenders of Pacific Island background (predominantly violent crimes) and those from Indo-Chinese background (predominantly break and enter). Within subgroups there is also, as in the Aboriginal community, a lack of homogeneity.

In *Child protection education* issued by the Student Welfare Directorate of the NSW Department of School Education (1997), attention is drawn to the need to understand the special needs of NESB students, particularly related to the disclosure of information about possible abuse and other matters identified in Section 3 as risk factors associated with criminal behaviour. However, the approach to providing a cultural link within the education process was approached differently by particular groups within the NESB community. At the Laotian Childcare Centre in Sydney where, at the time of this audit (late 1997) all children were from an Indo-Chinese background, the Director spoke of this situation not being desirable given the need for later integration in primary and secondary schools. The need for understanding and acceptance was repeated constantly in further consultations with service providers in the multicultural community.

The development of the innovative *Casual Ethnic Workers Pool* in New South Wales (Program 2.2 in Appendix 1) was widely regarded as an ideal model for breaking down barriers and for dealing with oppositional behaviour. The concept of working with the *peers* of a child from an ethnic background to introduce and promote to them elements of that child's culture, such as cooking, dance and story, was regarded as a more fruitful pathway to understanding than, for example, working on a one to one basis on the child's difficulties with Australian cultural issues or developing specialist services for children of a particular ethnic background. This approach could well provide a first inoculation for children from 'different' cultural backgrounds against an important risk factor identified in Section 3, namely, *peer rejection*.

The emphasis of those NESB service providers who were consulted was thus on building bridges of understanding, access and acceptance.



## ISSUES RELATING TO IMPLEMENTATION OF PROGRAMS AND SERVICES

### THE EMERGENCE OF LOCAL PARTNERSHIPS

Research reviewed in Sections 2 and 3 indicates the importance of targeting early, targeting multiple pathways, and developing partnerships for funding and support. A feature of Australian implementation is the emergence of partnerships in major innovative programs in a number of States. As a model for such a strategy, the *Interagency Schools as Community Centres Pilot Project* in NSW emerged.

Briefly, the Interagency Schools as Community Centres Pilot Project (Program 9.4 in Appendix 1) involves the development of schools as community centres by locating a facilitator in a local primary school from which a wide range of projects are developed, based on the identification of specific local needs through a process of community consultation. Funding for the employment of the facilitators comes from the collaborating government departments, School Education, Health, and Community Services. Other funding results from submissions for grants and fundraising in the local area. Initiatives developed by the Interagency projects are detailed in Appendix 1.

Preliminary results from the first year follow up show significant positive behavioural changes.

### THE PIVOTAL ROLE OF CHILDCARE CENTRES AND PRESCHOOLS

The development of such innovative programs raises questions in relation to where, how and when to intervene. Facilitators for the interagency pilot projects are located at primary schools. However, some service providers recommended that a better location for such child and family centred community development would be childcare/preschool centres. The arguments for this ranged over a number of issues, crucial to the early intervention/developmental approach to crime prevention.

A number of service providers commented on the key role already played by many childcare centres in family life in the 0–5 age range and the potential for other centres to adopt this role, not only for those who attend the centres but for the wider community. In attempting to establish a comprehensive approach to early intervention, childcare centres appear well suited according to Directors, given:

- the widespread use of such services
- the intimate linking of parent, staff and child at crucial developmental phases
- the wide distribution of services and their location in neighbourhoods
- the fact that mothers now often bypass Baby Health Centres, thus making childcare centres the first point of contact
- the already common use of centres as locations for parenting education



In addition, there is evidence that the school environment is a significant and not always positive developmental influence in its own right. For example, Guerra *et al* (1995) state:

*Aggression increases strikingly at the beginning of children's school careers, suggesting that the school environment itself may be promoting aggression ...particularly for boys.*

This evidence reinforces the need to locate resources in childcare centres or preschools in order that behavioural problems may be targeted in an environment in which most families feel comfortable and which is as supportive as possible. Workers in these centres are in a good position to reduce risk factors such as poor parenting and school failure, and enhance protective factors such as good parenting and school success. They are also in an ideal position to influence the very significant transition to school.

In summary, the childcare/preschool context provides a coherent, acceptable and supportive environment for programs that have multiple components and are multicontextual.

#### THE PROBLEM OF THE MISSING PARENT

The 'missing parent' was raised as a potential barrier to participations in programs, and it was noted that the return of women to the workforce becomes more likely as children get older (Australian Institute of Health and Welfare, 1997). This provides a further argument for locating early intervention programs in preschools or childcare centres rather than in schools. In the early childhood years, parents are more likely to be physically present in the preschool environment than they are in primary schools. In primary schools, parental 'loitering' is not particularly encouraged. In preschools, parents tend to spend more time dropping off and picking up, and anecdotal evidence suggests that fathers share this task.

Thus it appears that there is more 'space' for the development and strengthening of the crucial link between school and family in preschool years than in later schooling. Targeting major resources towards the preschool phase and introducing a range of programs at this level has the potential to put in place a significant foundation of protective factors which can be built on later. Developing good parenting 'habits' in the earliest years and encouraging involvement sets the pattern for continued involvement in primary and secondary years. Moreover, promoting familiarity with community, educational and health services in the earliest years may have significant benefits for enabling parents to continue their role in fostering the health and well being of their children.



#### THE TREND TO STRONGER EVALUATION

Though a wide range of programs covering some dozen areas of provision were examined, a somewhat surprising finding was that the development of processes of evaluation has not been viewed as a priority in most family and children's services. Evaluation processes tended to be internal, somewhat *ad hoc*, with a short term focus, and resulted in minor changes to programs. An underlying assumption may have been that 'family support', 'childcare', and 'parenting education' are essentially good in themselves, and therefore there is no need for evaluation.

However, this lack of emphasis on evaluation tends to be associated more with long established programs and, perhaps prompted by this factor, recently established programs frequently include a strong evaluation component. Evaluations of two recent programs illustrate the great value of this trend.

*Early Intervention for Children at Risk of Conduct Disorder/Behaviour Problem* (Program 5.2, Appendix 1). A three year early intervention research project has been initiated by the Psychology Department of the Royal Children's Hospital in Melbourne. The research targets preschool children and their families and is funded by the Victorian Health Promotion Foundation. The aim of the project is to assess the long term effects of a parenting program and a pre-reading skills program on the behaviour of preschool children, particularly those children at risk of behaviour problems/conduct disorders. The project involves some 300 families and is located in five kindergartens in West Melbourne, a low socioeconomic area with many families from non-English speaking backgrounds.

Different levels of intervention are factored into the project so that specific processes may ultimately be inferred from the evaluation data. Of the 300 families involved, some receive no programs; some receive parenting programs only; some receive pre-reading skills programs; while others receive both parenting and pre-reading skills programs. The parenting program was administered over a six week period in 1996 and involved four group sessions and two individual sessions. Children were involved in the pre-reading skills program, a program based on phonemic understanding, over a 12 week period in terms three and four in 1996.

Preliminary results from the first year follow up show significant positive behavioural changes.

*Fun Family Reading Program* (Program 5.4 in Appendix 1). In July 1995, the facilitator at the Coonamble Interagency Project commenced community consultations in the area which quickly identified *family literacy* as a major concern for agencies providing services to families of young children. A senior staff member of Macquarie Health services estimated that Coonamble experienced a functional adult literacy rate of between 30% and 40%.



A program was designed with a view to providing children with a greater opportunity to develop their literacy and numeracy skills before school entry, using as a basis the involvement of parents in pre-literacy and literacy based activities. Further aims of the program included strengthening parent–child relationships in families to assist in preventing child abuse and neglect; the enhancement of children’s educational and life potential; and the empowering of parents so that they would be in the position to further develop both their own literacy skills and those of their children.

Program evaluation revealed the following:

- None of the participants had significantly low levels of literacy, rather they had a low awareness of the importance of literacy and of reading to their children. When surveyed at the beginning of the course, none of the mothers read daily to their children and all children watched more than four hours of television per day.
- At the beginning of the course, none of the participants were library users. All became library members and were encouraged to borrow weekly.
- Of the parents participating in the 1996 course, three now work weekly at the Coonamble Primary School as volunteers in class reading programs.
- The timing of the course — 9.30 am to 11.00 am on Fridays — did not suit families. This was changed to 10.30 am to noon for the second session of the course and it was found to suit families better.
- Many parents commented that their children now remember that Friday is ‘library day’.
- Attendance was not consistent with the evaluation process, revealing that if one mother could not attend, then her friend was unlikely to attend.
- Two Aboriginal childcarers were employed during the second session of the course which seemed to increase attendance by Aboriginal women — of 11 enrolled, 5 were Aboriginal. However, Aboriginal attendance dropped off when one of the Aboriginal carers left and the other did not want to continue without her. A list of alternative carers is now kept by the Coordinator so that alternatives can quickly be found if employed carers are unavailable.

At the end of each course, parents were asked to comment as to whether the course had led to changes in the way they interact with their children at home:

*I now point to the words and ask what the pictures are and I read more to her and I’m buying more books.*

*More reading, less television. I find myself asking more questions about the books I read to my children. We also sing songs and read more nursery rhymes.*



*We love to read more together and it has brought her out of her shyness more.*

*...he wants to read now, loves playing with the children, not as shy, knows his colours, shapes a little better. Loves to come to the library now, before he was scared. Very happy we came.*

#### A CONCERN WITH WIDER INTERRELATED POLICY ISSUES

The existence of such innovative developments as the *Anti-Bias Approach in Early Childhood* (Program 2.3 in Appendix 1) suggests potential benefits for society at large, given the philosophy of tolerance and acceptance which underpins this approach. However, such preschool/early childhood enrichment programs are available only to specific socioeconomic groups if affordable, quality childcare is not available across the board.

Service providers in preschools and childcare centres suggested that changes to Government policy on child care can have unintended consequences concerning the number of children in care and days available for such care. Though no evidence is available regarding the effects of day to day changes in childcare locations, with accompanying changes in patterns and routines for the child, theoretical considerations on attachment suggest that changes in the principal carer are likely to impact negatively on the child. Directors also commented on a number of cases where women have moved out of the labour market (this shift in labour market participation is likely to exacerbate one of the key crime risk factors, that is, poverty and low socioeconomic status, particularly significant for sole parent families).

These examples illustrate that service providers are actively engaged in the process of analysing the roles and responsibilities for the prevention of child maltreatment and juvenile crime at the many levels described in Table 2.3, although they have not in most cases made the explicit link to crime prevention. Service providers are acutely aware from direct experience that broad policy changes at the Federal level can have a profound impact on the way services are delivered at the local level and on the capacities of local communities to care for children.





#### GAPS IN THE PROVISION OF SERVICES

Discussions with service providers and key figures in the field revealed concerns about gaps in provision and the potential effects of such gaps on families and children.

An early childhood health sister, working in an inner city area, drew attention to *mothers on methadone*, women struggling in difficult conditions to develop parenting skills and finding the process of attachment difficult. The sister remarked on the sporadic attendance of these mothers at early childhood health centres, with the pattern being a first appointment kept shortly after the baby's birth but with little or no follow up attendance in the following months or years. The sister believed that assistance for such mothers would be better located with workers in methadone programs, since linking early childhood health assistance into a location the women attended each day would make the service more accessible.

An experienced worker in the field of disability drew attention to the plight of *siblings of children with disabilities*. She described these children as often becoming silent and withdrawn as the attention of family, friends, neighbours and workers focused on issues related to the child with disabilities. Anecdotal evidence prompted her to describe the siblings as 'time bombs ready to explode', and she related a number of cases where children in this situation ran away from home as teenagers, or became even more isolated and withdrawn. The worker extended her concern to siblings of juvenile offenders and siblings of children with behavioural problems — any situation, in fact, in which one child in the family commands family attention, resources and energy.

Early childhood health sisters expressed concern about *post natal depression* in mothers, suggesting that the incidence is as high as 15%. Concern was expressed about the lack of a universal program of support and care for these mothers and their children and families. The present pattern of treatment was *ad hoc*, according to workers, with early diagnosis and treatment depending on chance meetings with workers or doctors, as well as on the ability of the mother to pay for treatment. Health sisters described this area as one of major concern, given its occurrence at the crucial bonding and attachment period and also considering the potential impacts on family relationships at an already stressful period.

A recent report compiled by the Forum of Non Government Agencies (FONGA, 1997) stated that 'there are no services for *gay and lesbian young people* despite the issues that arise for them within their families, schools and mainstream services'. Aware of the issues for these young people, an attempt is being made by the gay and lesbian community to breakdown oppositional behaviour towards their members. The *Lesbian and Gay Anti-Violence Project* aims to develop campaigns which will reduce the level of involvement of young people in violence against lesbians and gays by contributing to a social climate which encourages and supports young people to take a stand against anti-lesbian and homophobic violence. It also aims to create environments that allow young people to make a choice not to participate in violence.





#### CLASSIFICATION OF THE PROGRAMS SELECTED FOR ANALYSIS

The classification system developed for this project is based partly on that favoured by the Australian Institute of Health and Welfare (AIHW) for family support services, that is, the categories of Counselling, Development of Family/Household Management Skills, and Community Development and Support (AIHW, 1997). Added to this grouping are programs for preschool children and their families; programs which are either school based or are for school age children; and a series of specialist early intervention programs — for Aboriginal people, for people from non-English speaking backgrounds, for children of offenders, and for children with disabilities.

This categorisation system provides a clear link to risk factors (child risk factors, family risk factors, risk factors in the school context, stressful life events and transitions, and community and cultural factors), and thus permits linking with overseas studies and research. It also permits examination in a coherent way of the development of programs emphasising protective factors. The links between the sample of services surveyed and risk and protective factors are drawn in the Overview.

It is important to emphasise that many programs not included in the sample of 46 were of very high quality. Impressive programs were omitted purely for pragmatic reasons, such as a shortage of time and resources for the analysis, or because other programs already included in the sample addressed the same range of risk and protective factors. It is also a consequence of our methodology that the sample is in no respects a statistically rigorous *random sample* of the population of early intervention programs in Australia. The sample may be *representative* in the ways we have described, but these features do not permit easy generalisations about the whole early intervention field.

While details concerning the 46 programs subjected to intensive analysis will be important in planning Stage 2 of the present project (the demonstration project), the level of information contained in our data base is excessive for present purposes. What is required is a summary of such features as goals, structure, duration/intensity, funding, content and outcomes, together with an overview of the key risk and protective factors addressed by the programs, using the review in Section 3 as a guide. This summary, essentially an abbreviated data base, is presented in Appendix 1.

The programs included in Appendix 1 are listed on the next page, within the broad categories described above.



## OVERVIEW OF SELECTED PROGRAMS: RISK AND PROTECTIVE FACTORS TARGETED

The 46 programs or program groupings subjected to detailed study and classified in terms of the foregoing system have been analysed from the point of view of the emphasis placed by the service providers on the risk and protective factors identified in the literature review. As was to be expected, two services reported having rather more open ended, developmental aims, rather than an emphasis on correcting things that have gone awry in life. The remaining 44 programs had components that at least included a focus on the identified risk factors, ranging from an attempt to overcome or abate the influence of one factor, to a concern, in two cases, to try to deal with six specific risk factors. The average number of risk factors targeted for the program was 2.4.

### PROGRAMS SUMMARISED IN APPENDIX 1

#### A. SPECIAL NEEDS PROGRAMS

- 1 PROGRAMS FOR ABORIGINALS/TORRES STRAIT ISLANDERS
  - 1.1 Aboriginal Early Childhood Services Support Unit (AECSSU)
  - 1.2 Adolescent parents
  - 1.3 Aboriginal and Islander Childcare Agencies (AICCAs)
  - 1.4 Casino Aboriginal Intensive Family Based Services
  - 1.5 Cross Cultural Induction Program for Teachers
  - 1.6 Murawina Aboriginal Long Daycare
  - 1.7 Remote Areas Aboriginal/Torres Strait Islander childcare (RAATSIC)
  - 1.8 Early intervention programs run by the WA Education Department:
    - Aboriginal Support Network
    - Early Childhood: an intervention program
    - Program Support Network
    - Aboriginal Studies Curriculum
    - Staying Healthy Curriculum
  - 1.9 Adopt A Cop
  - 1.10 In development stage:
    - Western Australia*
      - Early Intervention Program for Aboriginal Families
      - Aboriginal Parenting Materials
    - South Australia*
      - Parent Easy Guides for Aboriginal People
    - Queensland*
      - Education Program for Aboriginal Parents/Carers
- 2 PROGRAMS FOR PEOPLE OF NON-ENGLISH SPEAKING BACKGROUNDS
  - 2.1 Ethnic childcare, Family and Community Services Cooperative Ltd
  - 2.2 Casual Ethnic Workers Pool
  - 2.3 The Anti-Bias Approach in Early Childhood
  - 2.4 Amigos Preschool and childcare Centre
  - 2.5 Vattana Neighbourhood Childcare Centre
  - 2.6 Styles Street Children's Community Long Day Care Centre
  - 2.7 Supplementary Services Program



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## A. SPECIAL NEEDS PROGRAMS – CONTINUED

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- 3 PROGRAMS FOR CHILDREN/FAMILIES OF OFFENDERS
  - 3.1 Programs by non government organisations offering aid to families of offenders:
    - Children of Prisoners Support Group Coop Ltd (COPSG)
    - O.A.R.S (Offenders Aid and Rehabilitation Services of SA Inc.)
    - Outcare Inc.
    - CRC Justice Support Incorporated
    - Victorian Association for the Care and Rehabilitation of Offenders (VACRO)
- 4 PROGRAMS FOR CHILDREN WITH DISABILITIES
  - 4.1 Special needs subsidy scheme
  - 4.2 The Early Intervention Coordination Project

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## B. CHILDREN AND FAMILY SERVICES

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- 5 PRESCHOOL ENRICHMENT PROGRAM, LITERACY FOR FAMILIES, LEARNING TOGETHER
    - 5.1 Home Instruction Program for Preschool Youngsters (HIPPY)
    - 5.2 Early Intervention for Children at Risk of Conduct Disorder / Behaviour Disorders
    - 5.3 Parents as Teachers
    - 5.4 Fun Family Reading Program
    - 5.5 Parents and Children Learning Together
  - 6 SCHOOL BASED/SCHOOL AGE BEHAVIOURAL PROGRAMS
    - 6.1 Child Protection Education
    - 6.2 A Fair Go For All
    - 6.3 M.E.W.S. (Marist Educational Welfare Services)
    - 6.4 Creative Times
    - 6.5 A Partnership for Encouraging Effective Learning (APEEL)
    - 6.6 The P.E.A.C.E Pack
    - 6.7 Future Parents Program
  - 7 FAMILY COUNSELLING PROGRAMS
    - 7.1 Families First Victoria
    - 7.2 Centacare Early Intervention Program
    - 7.3 Burnside
  - 8 DEVELOPMENT OF FAMILY/HOUSEHOLD MANAGEMENT SKILLS
    - 8.1 Parenting SA
    - 8.2 Triple P (Positive Parenting Program)
    - 8.3 Home-Start Australia
    - 8.4 Holdsworth Family Support Services
    - 8.5 Early Childhood Health Services
    - 8.6 Perth Positive Parenting Program Demonstration Program
  - 9 COMMUNITY/COMMUNITY CENTRE BASED DEVELOPMENT AND SUPPORT
    - 9.1 Good Beginnings
    - 9.2 TUFF (Together for Under Fives and Families)
    - 9.3 Connect Redfern
    - 9.4 The Interagency Schools as Community Centres Pilot Project
    - 9.5 Curran Interagency Schools as Community Centres Pilot Project
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**TABLE 4.1**  
**NUMBER OF RISK FACTORS ADDRESSED BY THE 46 PROGRAMS**

NUMBER OF RISK FACTORS	NUMBER OF PROGRAMS
0	2
1	12
2	13
3	9
4	6
5	1
6	2
7	1
<b>Total</b>	<b>46</b>

Table 4.2 shows the relative frequency with which specific risk factors were targeted by the services which have been assessed. Since the services which have been studied were not randomly selected, the results can only be regarded as very broadly indicative of the situation. Community based factors like socioeconomic status have not been included because they were so generally applicable — almost all of the services paid particular attention to low socioeconomic status areas — and because the data were not adequate to warrant differentiations between the services.

The analysis focuses on risk factors manifested at the levels of children, families, the school, stressful life events and transitions, and community and cultural factors. Even taking account of the caveats that have been mentioned, certain emphases and omissions are quite noticeable. Among the child risk factors, low self esteem and disability received considerable attention, whereas birth defects and perinatal complications received comparatively little attention. At the level of the family, poor supervision and monitoring of child was easily the factor to receive most attention, particularly if a comparatively large number of more general references to importing parenting skills are included in this category. Also prominent among the aims of the different programs were dealing with social isolation, conflict and disharmony, and disorganised families. Within the school context, the focus was clearly upon facilitating school attachment and preventing school failure.



**TABLE 4.2**  
**FREQUENCY OF EMPHASIS ON SPECIFIC RISK FACTORS**

<b>CHILD RISK FACTORS</b>			
prematurity	0	poor problem solving	0
low birth weight	2	beliefs about aggression	3
disability	7	attributions	1
prenatal brain damage	0	poor social skills	3
birth injury	0	low self esteem	11
low intelligence	1	lack of empathy	0
difficult temperament	2	alienation	1
chronic illness	1	hyperactivity/disruptive behaviour	2
insecure attachment	1	impulsivity	0
<b>FAMILY RISK FACTORS</b>			
<b>Parental characteristics</b>			
teenage mothers	1	substance abuse	0
single parents	2	criminality	0
psychiatric disorders (esp. depression)	1	antisocial models	2
<b>Family environment</b>			
family violence and disharmony	6	large family size	0
marital discord	2	father absence	1
disorganised	5	long term parental unemployment	0
negative interaction/social isolation	5		
<b>Parenting style</b>			
poor supervision and monitoring of child	15	abuse	5
discipline style (harsh or inconsistent)	1	lack of warmth and affection	0
rejection of child	3	low involvement in child's activities	6
		neglect	0
<b>RISK FACTORS IN THE SCHOOL CONTEXT</b>			
school failure	6	peer rejection	0
normative beliefs about aggression	0	poor attachment to school	11
deviant peer group	0	inadequate behaviour management	0
bullying	0		
<b>STRESSFUL LIFE EVENTS AND TRANSITIONS</b>			
divorce and family break up	0	death of family member	0
war or natural disasters	0		
<b>COMMUNITY AND CULTURAL FACTORS</b>			
socioeconomic disadvantage	0	media portrayal of violence	0
population density and housing conditions	0	cultural norms re: violence as acceptable response to frustration	3
urban area	0	lack of support services	0
neighbourhood violence and crime	0	social or cultural discrimination	4



The aims of the programs reviewed in detail were half as likely again to be expressed in terms of combating risk factors as in terms of developing protective factors (ratio of 114:79). Table 4.3 indicates that child factors (promoting school achievement — 12 programs; developing social competence — 10 programs; social skills — 4 programs; easy temperament — 4 programs), *family factors* (especially supportive, caring parents and family harmony), and *school factors* (sense of belonging/bonding), were the protective factors emphasised. Four of the 5 ‘opportunities at critical turning points or major life transitions’ mentioned in the tabulation of protective factors (Table 3.4) referred to schooling. Broadly speaking, these emphases were the reverse side of the stress placed on the risk factors of poor self esteem, deficiencies in parenting style, and poor attachment to school.

TABLE 4.3  
FREQUENCY OF EMPHASIS ON SPECIFIC PROTECTIVE FACTORS

CHILD FACTORS			
social competence	10	school achievement	12
social skills	4	easy temperament	4
above average intelligence	0	internal locus of control	0
attachment to family	0	moral beliefs	0
empathy	0	values	0
problem solving	0	self related cognitions	0
optimism	0	good coping style	0
FAMILY FACTORS			
supportive caring parents	15	supportive relationship with other adult	5
family harmony	5	small family size	0
more than two years between siblings	0	strong family norms and morality	0
responsibility for chores or required helpfulness	0	secure and stable family	1
SCHOOL FACTORS			
positive school climate	0	opportunities for some success at school and recognition of achievement	0
prosocial peer group	2	school norms re: violence	1
responsibility and required helpfulness	0		
sense of belonging/bonding	10		
LIFE EVENTS			
meeting significant person	0	opportunities at critical turning points or major life transitions	5
moving to new area	0		
COMMUNITY AND CULTURAL FACTORS			
access to support services	1	participation in church or other community group	0
community networking	0	community/cultural norms against violence	0
attachment to the community	1	a strong cultural identify and ethnic pride	5



To what extent did the audited services focus on a specific phase in the lives of children and their families, or sustain assistance to help them as they faced further transitions? The area of service in which attention was most obviously sustained was assistance rendered to Aboriginal children and families. For example, Aboriginal children were under less pressure to make the transition to primary school at age 5, organisations like the *Aboriginal Early Childhood Services Support Unit* (Program 1.8) facilitating that progression over a much longer than usual time span.

Another example of continuity of service beyond a particular period of adjustment or difficulty is provided by *Aboriginal and Islander childcare Agencies* (Program 1.3). They assist Aboriginal children going into care, and once a placement has been effected they maintain links between the child, his or her family, and the carers. On the other hand, *Casino Aboriginal Intensive Family Based Services* (Program 1.4) has highlighted the shortcomings of providing family support over a period of 2 to 5 months, even though care might be offered on a 7-day-week basis. After the period of assistance has passed, families have frequently been observed to drift back into difficulties. Therefore, the organisation is seeking funding to provide ongoing but somewhat less intensive services to families.

A general community organisation catering to the needs of children and young adults is *Adopt A Cop* (Program 1.9). This organisation attempts to sustain care over the period 0–24 years, because it is aware that there are recurrent needs requiring different strategies for different age groups (consistent with Recommendation 6 in Section 2). However, the major limitation is, once again, scarcity of resources. The *Commonwealth Supplementary Service* also attempts to span the greater part of childhood. Its aim is to facilitate the inclusion of children aged 0–12 years who have additional needs into mainstream children's services. The NSW based *Children of Prisoners Support Group* (Program 3.1) works with families before the sentencing of the offender, during the period of incarceration, and post-release. A Queensland organisation, *Future Parents Program* (Program 6.7), in a direct way provides selected young people with experiences which it is believed will encourage the satisfactory resolution of a later transition. The early experience of childcare is designed to help young people thought to be in danger of later abusing or neglecting their children, to be able to handle parenting more successfully.

With regard to differentiated responses to a particular problem, namely, aggressive behaviour, the most that can be said is that the relevant programs included in the audit focused on different groups. For example, school bullying is targeted by *P.E.A.C.E. Pack* (Program 6.6), very disruptive behaviour within families is dealt with by counselling services *Burnside* (Program 7.3), and a Melbourne-based organisation, *Early Intervention For Children at Risk of Conduct Disorder* (Program 5.2), focuses its efforts upon children with serious behavioural problems.





The interest in extended work with children and families contrasts with the approach adopted by the *Home Instruction Program for Preschool Youngsters (HIPPY)* (Program 5.1). The goal of the program is to assist children to be successful at school and it is targeted at 4–5 year olds. In addition to this specific example other programs with a similar tight focus include *Parents As Teachers* (Program 5.3), *Fun Family Reading Program* (Program 5.4), and *Parents and Children Learning Together* (Program 5.5). On the other hand, *Child Protection Education* (Program 6.1) and *A Far Go For All* (Program 6.2) provide their respective child protection and personal development programs to children in the age bracket 5–10. Although *Parenting SA* (Program 8.1) does not attempt to follow individual families, relying as it does on published materials, it can, nonetheless, be taken as an example of a service attempting to take into account many anticipated transitions in the lives of children and young people.

#### CONCLUSION

In hindsight, it was perhaps rather ambitious to attempt to ‘carry out an audit of existing social and health services in Australia ...together with an evaluation of these services and interventions in the light of the literature review’ (Objective 2). The field of family and children services is not only diverse and fragmented, there are no data bases conveniently available to assist in the identification of relevant programs. To make matters worse, there are very few evaluations, especially of the older, well established programs. As a result, it has only been possible to select a relatively small, possibly unrepresentative sample of programs for detailed analysis and, for this small sample, work mainly from documentary evidence and from interviews to identify some risk and protective factors that may be being influenced in the field.

Despite these limitations, the audit has been an extremely productive exercise. It has uncovered a remarkable amount of energy and innovation in both the government and non government sectors, with an impressive number of well-planned, well-executed programs that appear to target a range of factors that the developmental literature would suggest are important for the emergence of child abuse, crime, substance abuse, and other problems. Crime prevention was not, of course, the intention of any of the designers of these programs, but our analysis suggests that many of the programs may nevertheless be having that long term benefit, along with many others.



In terms of risk and protective factors manifested at the levels of children, families and schools, a number of emphases and omissions are apparent. Among the child risk factors, low self esteem and disability received considerable attention, while birth defects and perinatal complications received comparatively little attention. At the level of parent behaviour, poor supervision and monitoring of children was easily the factor to receive most attention, with social isolation, conflict and disharmony, and disorganised families being prominent risk factors in the family environment. Within the school context, the focus was clearly upon facilitating school attachment and preventing school failure. In general, the protective factors emphasised were the reverse side of the stress placed on the risk factors of poor self esteem, deficiencies in parenting style, and poor attachment to school.

It could be argued that the absence of services targeting key risk factors, given their importance as predictors of criminal and other socially disruptive behaviours, is a reason for extending the range of early intervention services in Australia. That line of thinking would lead to considering programs focused on:

- *Perinatal risk factors*, such as prematurity, low birth weight, prenatal brain damage and birth injury.
- *Parental risk factors* such as substance abuse, psychiatric disorders, and lack of warmth and affection.
- The problems associated with the *transition from primary to secondary education*. These should include reinforcing or booster interventions, given the multiplicity and diversity of challenges during the transition in question.

Discussion of possible new or extended programs should, however, take place within a realistic context. A striking aspect of our audit was the number of innovative programs that were pilots, with no guarantees of continued funding. Moreover, service providers were acutely aware of the impact on their own activities at the local level of policy and resource decisions made in government bureaucracies, often apparently without reference to critical evidence from the field.

Perhaps one of the most important conclusions we can draw from this research project is simply that the kinds of programs and services we have identified should be valued more, and should be more adequately supported. Moreover, they should have a much greater degree of funding continuity from one year to the next, subject to the requirement (made possible through the allocation of adequate funds) that rigorous evaluations be carried out. In other words, there should be a greater societal commitment to supporting children and families and to creating a more child friendly environment. The contemporary obsession with crime may help to bring about such a commitment, perhaps aided by the kind of research reviewed in this report, although it may turn out that a reduction in crime is one of the least of the long term benefits.



#### REFERENCES

Australian Institute of Health and Welfare (1997) *Australia's welfare 1997: Services and assistance. Third Biennial Welfare Report of the Australian Institute of Health and Welfare*. AGPS: Canberra.

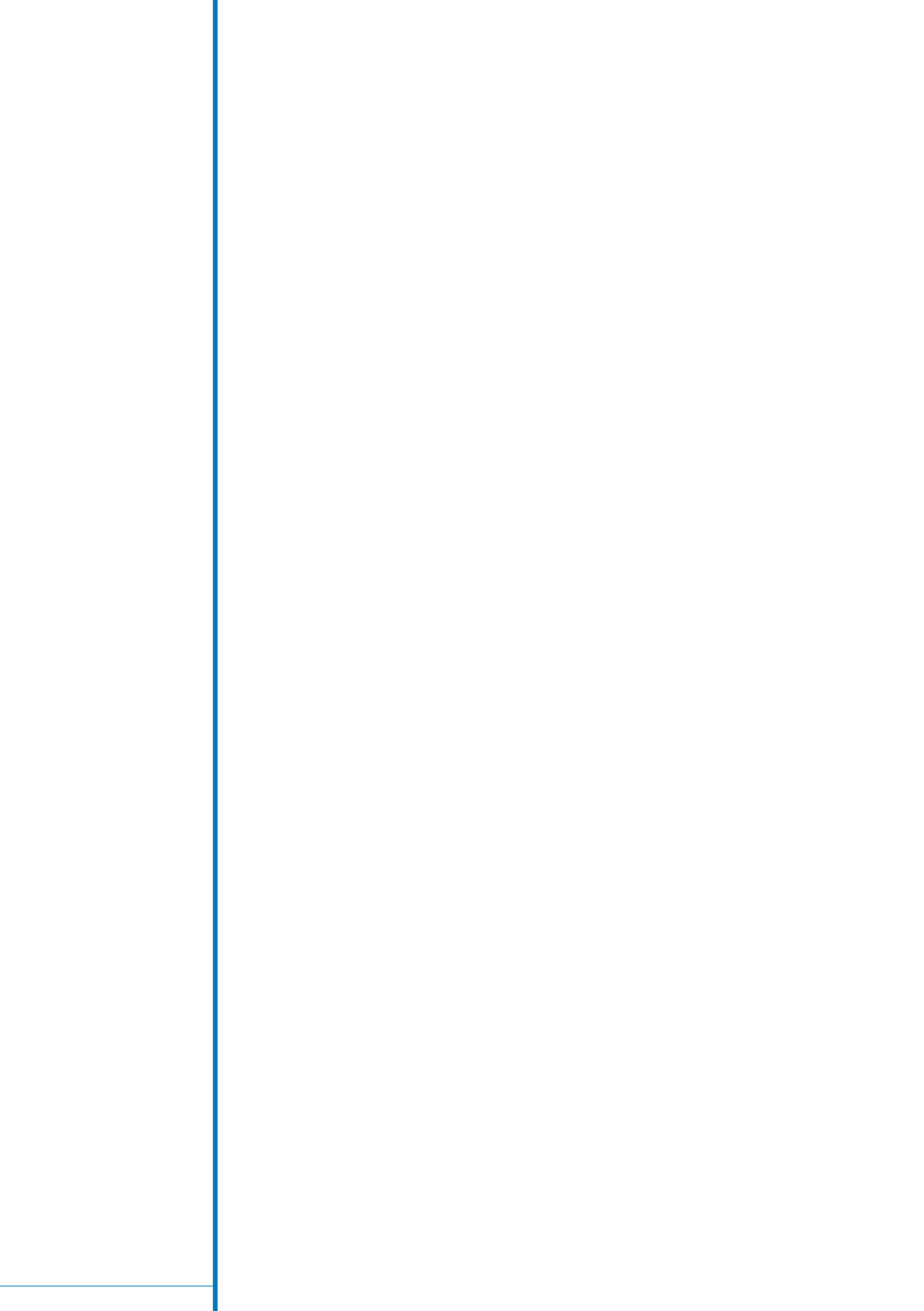
FONGA (1997) *Balancing prevention and protection in the best interests of children: A submission to the New South Wales Government for the Forum of Non Government Agencies August 1997*. Sydney.

Gilley T (1993) *Access for growth: Services for mothers and babies*. Brotherhood of St Laurence: Melbourne.

Guerra NG, Huesmann LR, Tolan PH, Van Acker R and Aron LD (1995) 'Stressful events and individual beliefs as correlates of economic disadvantage and aggression among urban children' in *Journal of Consulting and Clinical Psychology* 63: 518–528.

Morgan L (1994) Aboriginal young people and juvenile justice, in Juvenile Justice Advisory Council of New South Wales *Preventing youth crime — The challenge beyond diversion*. A paper presented at a conference held in Terrigal, New South Wales in April 1994.

Standing Committee on Social Issues (1997) *A report into children of imprisoned parents* Report No. 12, Standing Committee on Social Issues, Parliament of New South Wales, Legislative Council Sydney: Parliament of New South Wales.





*National Anti-Crime Strategy*  
*An initiative of the Australian States and Territories*