TOWARDS YOUTH HEALTH AND CRIME PREVENTION IN AUSTRALIA

Abstract

A client, policy and services analysis was undertaken in New South Wales (NSW), the state with one third of the Australian population, to identify the community management roles apparently most relevant for reduction of mental health and injury problems in youth. The young, troubled, poor and Indigenous are likely to have the highest risk of victimization, imprisonment, accidental injury, and self harm. Interpersonal violence is now addressed within the national injury prevention program. A coordinated approach to community health and crime prevention appears appropriate. Targeted and cost effective health promotion appears likely to be well carried out in partnerships with the NSW Families First program. Elected representatives and tertiary education institutions also appear well placed to be key drivers of relevant development as they have holistic community awareness and activities, backed by comprehensive knowledge. NSW legislation is now designed to promote family support, mentoring and alternative dispute resolution. Effective implementation of this appears to require coordinated health, disability, education and employment strategies, undertaken in cooperation with Department of Social Security offices, so that students and communities have more opportunities for supervised practical learning, teaching and employment. To promote equitable, diverse and cost-effective outcomes, international conventions should generally guide community management. This should also be based on a planned approach to funding rather than a submission model. Interested people could test community reaction to this management proposal.
Australian youth crime and mental health

Australian prevalence of victimization and reporting crime to police varied little between ABS surveys in 1993 and 1998\(^1\) although the number of prisoners increased 50% between 1991 and 2001.\(^2\) Household break-ins and motor vehicle thefts appeared to be the most common problems. Reportedly, five in every 1000 people aged 15 and over were robbery victims and 43 in every 1000 were assault victims. Four in every 1000 women aged 18 or over had been sexually assaulted. Twenty percent of assault victims and 45% of sexual assault victims suffered two or more attacks. Fewer than one third of all assaults were reported to police. Males comprised just over half of all assault victims, with men below 25 experiencing higher rates than females of the same age. Highest sexual assault rates were for 18 year old females. Most female victims of sexual assault knew their attacker.

In 2001, those under twenty-five made up almost 30% of prisoners.\(^2\) Fifty-six percent of prisoners had served a sentence previously. About 80% in New South Wales (which has approximately one third of the total population) were incarcerated for offences related to alcohol and other drug use.\(^3\) About 40% met the diagnosis of personality disorder and 21% had attempted suicide. Over half were not functionally literate or numerate. Around 60% had no stable family, and 16% of males reported sexual abuse before the age of 16. Indigenous people are around 2% of the population but nearly one fifth of prisoners. They have an imprisonment rate over fourteen times the norm but drug offences constitute less than 4% of this.\(^2\)
A Queensland study of 41,700 children showed a direct path from child maltreatment to offending. It found that 10% of children had been the subject of a child protection concern by the time they were 17. A quarter of maltreated boys and 11% of maltreated girls subsequently offended. Physical, but not sexual and emotional abuse, was significant for later offending. A study of all NSW juvenile sex offenders found they had personal, social, educational and sexual problems. Treatment programs were suggested to address concerns related to the offending, such as interactions with schools, peers and family, whilst also stressing accountability for offending behaviour.

The physical health of Australian youth has generally been improving but mental health has not. Two thirds of teenage deaths are injury related. Alcohol dependence and motor vehicle accidents are the greatest problems, although the latter have generally declined. Firearm deaths decreased between 1980 and 1995 when they accounted for 0.5 of deaths with 78% of them suicides. However, in 1998 the death rate from drug dependence among young people was almost five times the 1979 rate. Young men appear particularly prone to substance use disorders with alcohol abuse being about three times as common as other drug disorders. There are more than three male deaths for every female death. Accidents and suicide account for most of the difference. Depressive disorder rates are three times higher for young females, and the hospitalization rate for attempted suicide is greater for females at all ages. The 20% of males in the lowest socio-economic group are 1.7 times more likely to die and 1.4 times more likely to be hospitalized than the 20% of those in the highest socio-economic group. Socio-economic differences are less pronounced for females.

Death rates for Indigenous youth are almost three times higher for males and twice as high for females as for non-Indigenous youth. Alcohol and dependent children in a relationship generally increase the likelihood of continuing domestic violence. In 1996-97 almost half of all women in hospital for domestic
violence were Indigenous. Twenty percent of victims and 22% of offenders in intimate partner murders were Indigenous. Indigenous children make up 28% of those in the Australian care and protection system. Forty percent of Indigenous people are under the age of fifteen. This community age structure resembles an underdeveloped country, with major consequences.12

**Informed community management of health and crime prevention**

Australian health promotion goals developed in 1986 included injury reduction and improving mental health and Aboriginal health. Community and individual participation in decision-making at all levels of health service planning and delivery is a national goal.13 Traditionally, suicide and violence have respectively been seen as health and criminal issues. However, similar groups of young, troubled, poor and Indigenous people face the highest risk of victimization, violence against others, accidental injury and self harm. In 1996 the World Health Assembly established violence prevention as a health priority. Australia now addresses this within the national injury prevention program.14 The gun buy-back funded through an increase in the Medicare levy has been important symbolically and practically. The taxpayer funded Medicare scheme performs comparatively well.15 An electronic health record is being created for every Australian. The Council of Australian Governments (COAG) has agreed to national standards for health, the environment, related occupations and training, disability services, social security benefits and labour market programs.16 This occurs through inquiry and legislative harmonization. A coordinated management approach to community health, crime prevention and disability support17 is now required.

In NSW, area health service management authorities, in partnership with communities, other government and non government organizations, local councils and general practitioners, are prioritizing regional public health problems to reduce them.18 Plans based on population profiles, including socio-economic indicators
and information about needs of the aged are being developed. Child and family support provides an obvious point from which to approach a broader range of health, crime prevention and disability issues. Partnerships with Families First may provide this opportunity in NSW. The program was established in 1998 to help parents and children. It first addresses the needs of young parents-to-be and other parents, through strategies such as ante-natal classes, home visits by volunteers and playgroups. Supporting services may also be provided to rural areas.\textsuperscript{19}

Elected government representatives have a comparatively holistic brief and knowledge of electorate concerns. Tertiary education institutions have community service goals and host a broad and complementary range of expertise. They are well placed to assist further community management of health and crime prevention in cooperation with government, voluntary or other relevant organisations with more focused roles. Effectively coordinated community management of health and crime prevention could also provide vocational education or employment opportunities for students, people with disabilities and other welfare recipients.

The NSW Attorney General has funded crime prevention plans developed by local governments in consultation with communities, after consultation showed young offenders were often thought of as coming from dysfunctional families. Lack of support for families, particular those in difficult circumstances, was also seen to be a major problem.\textsuperscript{20} Community development projects, such as place management plans, help people deal with social problems themselves. Environment programs, such as street lighting, improved security, or surveillance systems, seek to improve the physical or natural environment and reduce opportunities for crime. Early interventions may provide support at critical times in an individual’s development to prevent later failure, depression or offending. Examples include perinatal home visiting, family support, child care and respite care. Research into child care services has shown that a broadly consultative planning approach to service provision is necessary. A submission model of funding tends to provide further advantages to comparatively privileged social groups.\textsuperscript{21}
The United Nations definition of community based rehabilitation (CBR) states ‘community’ may mean a group of people with common interests who interact on a regular basis, or a geographical, social or government administrative unit. This provides micro and macro perspectives to assist regional planning and management. Skills improvement to facilitate community involvement is deemed crucial. Tertiary education institution functions suggest the organisations potentially provide planning, education, mentoring, monitoring and assessment expertise to assist service implementation to meet identified community need. Students would benefit from learning practical vocational and management skills under supervising general practitioners, hospitals, community health centres, child care centers, schools, youth centres or other organisations.

The Aboriginal and Torres Strait Islander Commission (ATSIC) is the primary Commonwealth authority responsible for assisting Indigenous self management. It works with thirty-five elected Regional Councils. Local governments have made agreements with Aboriginal communities in NSW about infrastructure needs and maintenance, as well as provision of other services. Some communities have developed plans in which alcohol and substance abuse management and control of related breaches, especially violent offences, are priorities. Plans to support children and families may be developed in this context. Under the ATSIC Commonwealth Development Employment Program (CDEP), Indigenous people may voluntarily forego normal entitlements to income support payments in return for increased training and work opportunities.

Clear and effective coordination between community, family and disability support, education and development is widely necessary. Art, sport, tourism and trade strategies may also be pursued through a broadly applied pursuit of regional health and environment goals, in line with the Principles of Multiculturalism Act (2000) which states that all individuals and institutions should respect and make provision for the culture, language and religion of others within an Australian legal and institutional framework. In 1998 the self-identified disability rate was 19% of the population. Musculo-skeletal
problems comprised around a third of all difficulties experience by almost 600,000 Australians receiving the Commonwealth disability pension. Welfare recipients contacted through Department of Social Security offices may see personal benefits attached to appropriate community service.

**Crime prevention through youth support and mentoring**

A recent NSW report favoured community participation in all interventions to prevent crime. It recommended local management to ensure community ownership of these activities and stressed the need for adequate resources and effective sanctions against disruptive community members. Reducing the number of motivated offenders depends on reducing the level of economic stress and preventing geographic concentrations of poverty. In NSW subsidized housing is located within the larger population of employed people whenever possible. However, good community management can produce improvements even in more difficult circumstances.

Most States have reporting requirements for health workers and teachers encountering child abuse. In 1995 a national child and youth health policy was established to improve health, enable equity of access to comprehensive services and to improve their quality. However, reports of child abuse and neglect have risen steadily. Most come from friends and neighbours, followed by parents, guardians, school personnel and police. Since 1997 the law has limited the right of parents to physically discipline children. It also empowers local councils to establish safe places for children and provides police with powers to take them off the streets and take them there, even against their will. In 1998 NSW Community Services established a data system for all children whose parents are in prison or who are in substitute care or wards of the state. After some damning inquiries, the NSW Premier committed an extra $1 billion over five
years to address child abuse and neglect. This is supported by requirements for out of home care plans, developed in consultation with the child and relevant others for every child at risk, whether the care is in family, group or institutional settings.

Since 1994 a condition of continued government funding for child care services has been to register the service with the National Childcare Accreditation Council, and provide self-assessment of quality of care, measured by about fifty criteria. This assessment is validated by external peer review appointed by the council. A similar process may be relevant in local child care contexts for smaller groups and individuals. Open disclosure principles should be considered. A manual has recently been produced to help schools plan their interface with homes and communities. Affordable and diverse child care and education provision need to be effectively coordinated with health, education, disability and employment plans to provide a comprehensive network of community support, especially for those with special needs.

Under the NSW Victims’ Compensation Act, a person may obtain compensation and counselling if they can prove they are the victim of violence and are injured as a result. In 1997 the Young Offenders Act established options for police to deal with offending youth other than through the formal justice system. Cautioning and conferences are designed to help young people learn and be diverted from criminal activity. The NSW Department of Juvenile Justice has established mentoring programs. The target groups are youth from seven to seventeen, who are from single parent families, dysfunctional homes, or families where one adult is in prison. A juvenile justice officer refers indigenous youth to the Aboriginal mentor program following assessment. Participation in the scheme may be part of bail support. Sometimes a court may choose to make participation a specific condition of a supervised order. Mentors may be recruited to provide young people with support upon discharge from custody. Non-government agencies also provide mentors for young people diverted by police through the Young Offenders Act or juvenile justice system. Selection principles require that young people should be willing to participate.
Mentoring is designed to focus on education, recreational and vocational needs, maintaining positive community links and diversion from the juvenile justice system. Selecting, training and monitoring mentors is important to identify those practices leading to good outcomes. NSW technical and further education runs mentoring courses in correctional centres, mainly for Aboriginal inmate committee members. Skills and income they have been able to gain in prison may be protective for ex-prisoners. Systems to promote health, education, mentoring and employment need to be more mutually supportive. A drug court has recently been piloted in NSW, which provides opportunities for those convicted of drug crimes to receive treatments such as methadone and community based rehabilitation, rather than spending time in prison. Initial outcomes appear promising. Communities would benefit from broader analysis and comparison of outcomes following a variety of community programs tailored to individual behavioural and environmental requirements. Ideally, tertiary institutions could provide this function. Students and others could gain supervised practical education while providing clients with support for their development.

**Dispute resolution systems**

Magistrates preside over local courts, which address criminal and civil matters, guided by common law and statutes. Tribunals may manage disputes according to less adversarial principles. From 2003 the NSW Ombudsman will take on an expanded role in community services with a brief which appears broader than that of the NSW Health Care Complaints Commission. It will deal with complaints, inquire into major issues, and review the situation of groups of people in care according to the primary criteria of the best interests of the consumer and compliance with relevant legislation. It will coordinate community visitors and have standard setting, education and monitoring functions.

The National Alternative Dispute Resolution Advisory Council advises the Commonwealth Attorney General and distinguishes between facilitative, advisory and determinative dispute resolution processes. In the first, disputing parties meet with the assistance of a neutral mediator, who helps them reach agreement. In the second, the disputing parties involved in an alleged breach of law come together. A neutral
conciliator cannot make decisions, but may advise or determine the process, make suggestions for settlement terms, and actively encourage agreement. Arbitration is determinative so decisions are made.\textsuperscript{35} The Australian Industrial Relations Commission, which makes national wage decisions and deals with disputes related to agreements made by groups of workers and employers uses determinative and advisory processes.

During the 1990s the Courts Administration Authority of South Australia consultatively initiated crime conferencing and community conferencing, as did police in rural Australia. Circle sentencing has been used in Indigenous communities. Such programs are a means for a group of people, harmed by behaviour that has generated conflict, to begin to understand themselves as a community with a common concern.\textsuperscript{36} Conferencing also aims to increase diversion from courts, reduce recidivism, and increase participant satisfaction with the official response to incident by fostering collective solutions for minimizing harm. A range of organizations may undertake the co-ordination role.\textsuperscript{37} Those most convinced of the need for an effective experiment may guide.

The United Nations defines restorative justice as a process in which a victim and offender and/or any other individuals or community members affected by a crime participate actively together in the resolution of matters arising from it, often with the help of a fair and impartial third party. Examples of restorative outcomes include restitution, community service, and any other program or response designed to accomplish reparation for the victim and community, and reintegration of the victim and/or offender. In restorative justice victims may get less material reparation, but symbolic reparation is often more important. Restorative and related justice options need to be developed more broadly, to find out the comparative effectiveness of a variety of approaches to the resolution of problems facing communities and individuals.
The benefit of using relevant UN Conventions as guides for local decision making is that they reflect agreed values and principles of an ideal international, multicultural and democratic community. The application of such protective principles can be broadly evidence based and tailored to specific individual and community requirements, consistent with related and risk management expectations, including implementation of quality management and relevant professional standards. When individual judgments and treatment practices are effectively recorded and monitored, comparative analysis of the outcomes should promote effective, equitable, but diverse future practice. The process is designed to allow appropriate diversity in cultural and individual treatment, but to reduce socially dysfunctional features of traditional decision making practices. In the absence of a universal, multicultural and democratic approach, diversity of traditional practices may lead to increased social differentiation, but also to increased intolerance, moral confusion and conflict.

Sir Laurence Street writes of the ‘newly evolving recognition that conflict avoidance, management and resolution are simply three closely related sequential approaches, each of which has relevance and application within the broad field of social, commercial and personal interaction’, and that this is inherently the province and function of alternative dispute resolution. All communities need effective harm prevention and related education and dispute resolution to assist early identification of risk and avoidance of injury. Information on individual complaints and their solutions may also provide information to assist the resolution of related problems. For this to occur, people must have confidence they will be treated in an unbiased fashion. Parties to a dispute should be able to bring someone to speak on their behalf. All parties who have something to say about a matter should normally be heard. Representatives of the parties in dispute may be on panels to hear disputes or make determinations on them, with the best interests of the broader community, organization and individuals firmly held in view.
Conclusion

Crime is a community health issue. Victims and perpetrators are comparatively likely to be young, poor and Indigenous. They are also comparatively likely to be troubled and have little education. Reducing the supply of motivated offenders requires reduction in the general level of community stress. Health promotion and crime prevention should focus on support for youth in high-risk communities, and also on provision of support to children in high-risk families. Many NSW health promotion, crime prevention, education, disability support and employment goals might be effectively undertaken in partnerships between tertiary education institutions, elected government representatives, the Families First program and others. The recent passage of NSW legislation has established a platform for coordinated regional management of a range of crime prevention and rehabilitation strategies. A vital aspect of this should be a planned approach to education and research for mentoring and alternative dispute resolution, guided by relevant international conventions and statutes, to support community health and employment goals.
References


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