15.0
Community safety

Community safety describes a set of behaviours that compromise the wellbeing of communities by harming the children, people, families and the relationships within them. These behaviours, of neglect, abuse and violence, reflect multiple underlying causes that are difficult to resolve and generate ongoing costs to victims, perpetrators and communities.

This chapter provides a brief overview of community safety issues in communities and identifies options to improve service delivery.

Key points

- The costs of violence, abuse and neglect flow from their impact on victims and perpetrators through to future generations, and the wider community. Interventions should be judged on their ability to reduce those costs relative to the direct costs of the intervention.

- Remote and discrete communities differ in the extent and nature of their incidence of violence and child safety breaches and, accordingly, their intensity of service use and need.

- Examination of the QPC's experimental expenditure estimates indicate that most of the expenditure in community safety ($442 million) is reactive, with a small remainder for prevention. Just over half of total expenditure would be reduced if the level of intensity of use were normalised in the remote and discrete communities.

- The ongoing challenge is finding the right balance between prevention strategies and safety responses (such as policing). The expenditure information and consensus suggest that effective prevention remains under-utilised.

- The government has responded to several inquiries relating to community safety, and recently to the *Not Now Not Ever*, and the *Taking Responsibility* inquiries, and has sought to tailor these responses to the challenges within Aboriginal and Torres Strait Islander communities.

- These challenges are well understood by government and service delivery providers. However, enforcement/community conflict is recurring, requests keep being voiced, and the disconnect between the services provided and the community they serve continues.

- Options to improve community safety involve many of the broader changes outlined in this report. A related theme is that participation or local employment is hampered by job requirements, whether imposed by the funder, the deliverer or regulation. There is an opportunity to better use local expertise if the government could reduce regulatory barriers and providers could adjust their delivery models.

15.1 Introduction

Several recent inquiries have reviewed community safety in Queensland. The *Taking Responsibility* report (otherwise known as the Carmody report) and the *Not Now, Not Ever* report together provide well over a thousand pages of analysis, consultation, and 261 recommendations that have been accepted by the Queensland Government almost in their entirety (Queensland Child Protection Commission of Inquiry 2013; Special Taskforce on Domestic and Family Violence 2015).[28] This chapter focuses on service delivery issues for community safety in remote and discrete Aboriginal and Torres Strait Islander communities.

The chapter briefly summarises indicators for community safety in remote and discrete Aboriginal and Torres Strait Island communities and identifies opportunities for improving service delivery. The first opportunity, to shift to a focus on prevention, is well recognised. The second is to provide opportunities for greater local involvement as part of local solutions. The third is to use the review of Alcohol Management Plans to engage communities, government and providers in the outcome those plans were originally designed to achieve—a reduction in alcohol-related violence and neglect.

Community safety is an area where the reform proposals outlined in Part B of this report provide significant opportunities to improve outcomes. This is primarily because of the multifaceted nature of the issues and the role that engagement has in prevention. In addition to the benefits of creating responsiveness and improved monitoring, the reform proposal unlocks the greater application of local knowledge to local problems.

15.2 The nature of violence and neglect

The causes of violence can be divided into three groups—precipitating events, situational factors and underlying causes.

Underlying causes include unemployment, overcrowding (which is also a situational factor), intergenerational trauma (repeated patterns of dispossession and dependence), and the breakdown and devaluing of traditional roles and cultural practices. These underlying causes contribute to situational factors such as anger, conflict (with partners, and within the family and the wider community) and mental health issues; they also feed self-abusive and other-abusive patterns (violence, sexual abuse, drug and alcohol misuse). Precipitating events include jealousy, perceived threats or slight, reduced inhibition (alcohol), and peer pressure.

Additional factors include:

- Generational impacts—human behaviour is shaped by long-term development processes. Children who learn that violence works in families, among peers, in the media and in communities may have a greater potential to behave violently as adults.

- Complex interactions—proclivity to learned violence differs between individuals, and other developmental processes may protect or worsen susceptibility to violent behaviour. Violence arises from complex interactions among the individual's psychosocial development, their neurological and hormonal differences and social processes, making it difficult to identify primary causes.

- Community and national effects—studies indicate that violent socialisation significantly varies across different contexts, and this contextual effect accounts for a significant proportion of the variation in youth violence. The view that violence and incarceration has become a 'rite of passage' for Indigenous youth is an example of this effect.

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[28] Six recommendations from the Taking Responsibility inquiry were accepted in principle.

The impact on victims will depend on the nature of the event(s) of violence or neglect (for example physical, emotional, psychological) and offsetting protective factors. The literature identifies one consequence of the resulting trauma that is important to note and is likely to apply at a family and community level where trauma is widespread:

> *The personal experience of feeling traumatised is an underlying barrier to change since trauma and powerlessness typically run hand in hand. The literature indicates that trauma is an event which renders a person helpless (Freud 1926). A traumatised person experiences paralysis, becomes overwhelmed, immobilised and withdrawn. (Kardiner & Spiegel 1947; Krystal 1971; Horowitz 1992). The whole apparatus for concerted, coordinated and purposeful activity is smashed. (Kardiner & Spiegel 1947).(Stanley et al. 2003, p. 6)*

The implication is that change can be difficult to self-initiate. A catalyst for change may be required in communities with a high burden of trauma.

15.3 The costs of violence, neglect and abuse, and the benefits of interventions

From a policy viewpoint, the costs arising from violence (and neglect or abuse) include the costs of injury (hospital costs), the consequential costs in terms of time for treatment, and any disability (temporary or permanent) in terms of reduced productivity (on a job, in the community, for the family or personal activities). Costs also include pain and suffering, the impacts on personal development and behavioural pathways, educational attainment, through to employment, and the subsequent propensity for further violence or abusive behaviours. Some of these impacts are also incurred by the perpetrator. The benefits of reduced violence are the elimination of these costs.

Table 32 provides a summary of costs and who bears those costs from a study of Australian domestic violence by Access Economics (2004). It presents only proportions to indicate the relative size and impact of costs. These impacts are relevant for determining the return to initiatives that reduce the incidence of violence.

Table 32 Who pays for domestic violence

Affected group	Nature of costs	Proportion of total (%)
Victim	Largely pain and suffering (41 per cent) and premature mortality, and reduced family resources (14 per cent)*	50
Perpetrator	Lost productivity	7
Children	Reduced family resources	10
Employers	Lost production	2
Friends and family	Minor transfers	–
Government (state and federal)	Transfers for income assistance, health costs, homelessness and justice system costs	16
Community	Health, support services, transfers and second generation effects	15
Total		100

* The percentages (41 and 14 per cent) apply to the total, not to victim costs only. Transfers from the government reduce the sum of victim costs to 50 per cent.
Note: The total costs estimated in 2002–03 were $8.1 billion for Australia.
Source: Access Economics 2004.

A broad distinction between prevention and reactive services is made in this chapter. Expenditure on policing is considered mainly reactive, although the presence of patrols, for example, can have a preventative effect. In reality there is a continuum from early interventions through to those that reduce the impact upon victims.

Initiatives should be judged on their cost–benefit ratio. The reactive end of the spectrum is much easier to identify and target, and is often the focus of activity. The returns to earlier interventions, and preventative services, though harder to identify, are likely to be higher. Increasing their use will save on the use of reactive services. This is the basis for justice reinvestment initiatives that are identified in this chapter.

15.4 Community safety outcomes

Table 33 provides a snapshot of summary statistics on community safety. Overall, they indicate rates of incidence in communities that are in the order of 10 times higher than comparable non–Indigenous Queensland rates (the Ratio column). No additional analysis of underlying factors or trends has been made.

Table 33 Community safety indicators (per 1,000 persons)

Indicator	Result	Ratio	Notes	Period
Child safety (0–17 years)				
Substantiated harm	21.8	6.6	(a)	2015–16
	28.7	8.7	(b)	2014–15
Care and protection orders	44.8	8.4	(a)	2015–16
	11.9	4.1	(b)	2014–15
Out of home care	40.6	8.5	(a)	2015–16
Violence				
Reported offences against the person	62.6	10.4	(b)	2014–15
Episodes of care for assault-rated conditions	15.1	12.5	(b)	2014–15
Domestic and family violence incidents	189.8	12.2	(c)	2014
Protection orders	56.0	13.0	(c)	2014
Justice system				
Adult imprisonment rate	16.3	10.5	(d)	2016
Daily detention, 10–17-year-olds	3.0	22.4	(e)	2014–15
Daily community based supervision, 10–17-year-olds	18.9	15.6	(e)	2014–15

Sources: (a) PC 2017b; (b) QPC estimates for discrete Indigenous communities included in DATSIP 2016; (c) QPC estimates based on ten LGAs with the greatest incidence of domestic violence incidents and protection orders as reported in DPC 2016; (d) ABS 2016c; (e) PC 2017c.

Community safety outcomes in the communities

Table 34 provides a summary breakdown of available indicators and the Queensland comparison rate.

The table indicates that communities differ significantly in their rates of incidence. The Torres Strait Island communities have relatively low incidence rates across both sets of measures. Generally, communities with more violence tend to have more child safety issues. There can be significant variation between years for the child protection measures, especially in smaller communities.

Table 34 Violence and child safety indicators, 2014–15 (rate per 1,000 persons)

Community	(1) Offences against the person	(2) Episode of care for assault	(3) Substantiated notification of harm (child)	(4) Finalised child protection orders
Population > 2000				
Palm Island*	103.2	20.6	24.4	32.6
Yarrabah*	45.8	10.0	10.2	11.1
Northern Peninsula Area*	33.8	8.6	9.9	8.9
Torres Strait Region	25.4	1.0	14.4	4.4
Population <2000				
Kowanyama*	138.7	31.1	53.3	n.p.
Woorabinda*	125.7	19.0	38.6	16.5
Doomadgee*	114.0	12.2	53.8	n.p.
Mornington Island*	107.1	14.7	79.4	n.p.
Aurukun*	102.1	40.4	45.9	47.5
Cherbourg*	62.7	37.2	23.3	226.8
Hope Vale*	32.9	31.1	74.4	50.6
Population < 1000				
Mossman Gorge	111.1	40.4	166.7	266.7
Pormpuraaw*	109.4	17.8	47.4	33.2
Coen	93.7	12.1	n.p.	n.p.
Napranum*	63.6	32.9	30.2	n.p.
Lockhart River*	44.4	22.2	82.7	52.6
Mapoon*	44.4	27.3	n.p.	87.0
Wujal Wujal*	30.9	20.6	0.0	n.p.
Queensland	6.0	1.2	5.3	2.9

* Communities under an Alcohol Management Plan (see section 15.7).
Incidence per 1,000 persons for columns 1 and 2, and per 1000 persons (aged 0–17 years) for columns 3 and 4. Not published (n.p.) where fewer than 5 children measured. Note that substantiated notifications of harm and finalised protection orders relate to different cohorts and are not directly comparable.
Source: DATSIP 2016.

15.5 Expenditure on community safety

The experimental expenditure estimates set out in Chapter 3 suggest that annually $443 million (2012–13) is devoted to community safety in the communities. This comprises $230 million in public order and safety and $200 million in community support and welfare. The remaining estimate for recreation and culture of $12 million is also included in some of the totals discussed below. Table 35 provides a breakdown of these estimates.

The single largest item within the $230 million spent on public order and safety is police services ($134 million), followed by facility-based detention ($33 million), courts ($23 million) and community-based services ($19 million).

The $200 million estimated for community support and welfare is made up of protection and support services ($125 million), general family and youth support services ($32 million) and welfare services for people with a disability ($27 million).

Table 35 Community safety expenditure estimates, 2012–13

Expenditure	$million	Per cent	Reactive $million	Mainstream $million
Public order and safety	**230**	**52**		**225**
— police services	134	30	134	
— courts	23	5	23	
— facility based detention	33	7	33	
— community based services	19	4		
Community support and welfare	**200**	**45**		**172**
— protection and support services	125	28	125	
— general family and support services	32	7		
— disability services	27	6		
Recreation and culture	**12**	**3**		**9**
Total	443	100	315	407

Due to small amounts, mainstream expenditures are reported at the higher level only. Subtotals may not add up since, not all are components are reported.
Source: QPC estimates.

A conservative estimate of reactive expenditures comprises police services, courts, detention facilities and community protection and support services. The total of $315 million is 71 per cent of total expenditure. Much of the community-based services ($19 million) and general family and support services ($32 million) may also be reactive, particularly when they provide services to victims.

The estimated mix of mainstream services and Indigenous-specific services is $407 million (92 per cent) and $36 million (8 per cent—not reported in the table), respectively. There is little evidence to draw conclusions about the quality of this expenditure.

The experimental estimates in Chapter 3 also indicate that just over one half ($244 million) of the total $443 million expenditure is due to the intensity of services used in the communities. This estimate is based on the incidence of violence and child safety incidents in the communities. There is significant potential for reducing community safety expenditure by normalising levels of service. This potential does not account for the flow-on impacts to reduced health expenditure and improved education and employment outcomes.

The statewide expenditure mix

Service provision in health and community safety is often described as a three-layer pyramid, with a base of primary services (such as community-wide measures), then secondary services that target at-risk individuals or groups, and tertiary services that mitigate, quarantine, rehabilitate or heal the impact of the illness or behaviour. Tertiary services are typically more expensive, and for community safety include police, court and corrections. The costs of service delivery per client tend to rise as you 'climb the pyramid'.

As part of the response to *Not Now, Not Ever*, DPC commissioned an audit of domestic violence services as a tool to help assess gaps (DPC 2016). The audit estimated total Queensland funding for domestic violence at $104.8 million. This estimate excludes QPS responses, previously estimated at $47 million using a different method to the audit. The audit also included Commonwealth funding (53 percent of the $104.8 million). Given the differences in method and time period no attempt has been made to reconcile this estimate with the expenditure analysis in Chapter 3 and Table 35 above.

The emphasis on reactive services in expenditure is also seen at the statewide level. The audit found that 42 per cent of the $104.8 million was for legal services, 31 per cent for homelessness services, and 17 per cent for counselling support programs. Of this total of 90 per cent, the audit concluded:

> *Most of the services provided are directed at delivering post-crisis responses with only a few service providers focussing on early intervention or prevention services. (DPC 2016, p. 31)*

The regional breakdown of the audit analysis provides a limited view of the communities of this inquiry. In the analysis of gaps the audit indicated that the Cape region had a significantly higher level of servicing per person ($209,428) than the statewide level ($7,405). The services in the Cape were homelessness and family violence services, and were primarily reactive services.

The areas for improvement identified in the audit are summarised in Box 15.1.

Box 15.1 Domestic violence: areas for improvement

The audit of domestic violence services was based on an analysis of expenditure, demand (incidents), and surveys of government and non-government providers. The main areas for improvement were:

- the need for changes to funding arrangements to provide more funding to meet increased demand and for funding contracts to focus more on outcomes

- provision of a more holistic approach for dealing with both victims and perpetrators across the entire system from police, courts, through to emergency responses and providing ongoing support to victims

- better information systems and data sharing to support integrated service delivery and help build the evidence base.

Source: DPC 2016, pp. 16–17.

15.6 Recent government responses on community safety

The 2017–18 Budget implements responses to *Not Now, Not Ever* and the *Taking Responsibility* reports, which both recommended additional spending on prevention. The budget includes $150 million for Aboriginal and Torres Strait Islander Family Wellbeing Services to be delivered by Aboriginal and Torres Strait Islander community-controlled organisations.

Box 15.2 summarises the government's Our Way strategy. The strategy was developed in response to the *Taking Responsibility* report, in conjunction with Family Matters, a national peak body representing Aboriginal and Torres Strait Islander child safety organisations.

Box 15.2 The Our Way strategy at a glance

The Queensland Government has created the Our Way strategy in response to the *Taking Responsibility* Inquiry. The strategy includes the following elements:

> *Our vision is that all Aboriginal and Torres Strait Islander children and young people in Queensland grow up safe and cared for in family, community and culture.*

> *Our target is to close the gap in life outcomes for Aboriginal and Torres Strait Islander children and families and eliminate the disproportionate representation of Aboriginal and Torres Strait Islander children in the child protection system by 2037 for Aboriginal and Torres Strait Islander children to thrive.*

> *The outcome we want to achieve is that Aboriginal and Torres Strait Islander children experience parity across the following (wellbeing domains): safety, health, culture and connections, mental health and wellbeing, home and environment, learning and skills, empowerment, and economic wellbeing.*

The building blocks are:

- All families enjoy access to quality, culturally safe universal and targeted services necessary to thrive

- Aboriginal and Torres Strait Islander peoples and organisations participate in and have control over decisions that affect their children

- Law, policy and practice in child and family welfare are culturally safe and responsive

- Governments and community services are accountable to Aboriginal and Torres Strait Islander peoples.

The enablers for the strategy are: focus on the child; enable self-determination; take a holistic and life-course approach; address trauma and enable healing; shift and balance investment; create partnerships; empower parents, families and communities; set high expectations and positive norms; recognise culture as a protective factor, share power, responsibility and accountability, provide accessible and coordinated services; innovate, build evidence and adjust.

Source: Queensland Government 2017d, p. 8.

In response to *Not Now, Not Ever,* the government has adopted a Domestic and Family Violence Prevention Strategy. The key objective for the strategy is that all Queenslanders live safely in their own homes and children can grow and develop in safe and secure environments. The strategy will be implemented through a series of three-year action plans. One of the initiatives in the action plan is an Integrated Services Response Trial over three sites, one of which is Cherbourg (the other sites are Mount Isa and Logan/Beenleigh). The trial includes the development of a common risk assessment and safety management framework and tools to support multi-agency intervention models responding to high-risk cases.

Key themes in community safety services

Previous reviews and the consultation processes associated with them have suggested the following themes in system performance for the communities:

- Over the past 20 years there has been a shift towards standardising services, often dictated by centralisation, or supply-side imperatives. This describes a general approach in policing and the criminal system.

- Reactive services tend to grab resources because they demand immediate attention.

- Responses to overflowing tensions have been ad hoc and reactive, which have created a mix of structures within communities.

- There has been a move to increased NGO provision, which reflects the intersection of grant availability and provider ability. These services may not align to the needs of communities and may not 'bridge' well into remote communities.

- There are difficulties in continuity of service.

- The growth of community controlled organisations and recognition of their advantages in engagement are important factors.

- There has been a continued emphasis on consultation, but of variable quality.[29]

A further theme has been the need for greater coordination and case-based approaches to address the multiple factors that affect behavioural pathways. The two primary methods for coordination currently used in community safety are:

- lead-agency-based coordination (for example, the Integrated Response Services Trial)

- case management coordination (for example, the Community Justice Groups and the Family Responsibility Commissioners).

Neither approach is necessarily a panacea. For example, the Family Responsibility Commissioner highlights problems when the coordinator has limited ability to influence the availability of services (FRC 2015).

15.7 Opportunities for improving community safety

This section focuses on opportunities to:

- expand expenditure on effective prevention. There is a large body of evidence that effective prevention programs 'more than pay for themselves'. The key issue is successfully implementing such programs in the communities

- deregulate and free up local capacity to contribute to improving community safety

- shift responsibility for Alcohol Management Plans and the violence they attempt to deal with to communities. This can provide a means for engaging the community, government and service providers on a fundamental safety responsibility.

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[29] The Barambah Local Justice Group (sub. 2, p. 2) indicated its disappointment at the level of consultation and that local community Elders were not included in the High Risk Team chosen for Cherbourg.

A greater focus on treating the 'cause' rather than the 'symptoms'

The expenditure estimates for community safety indicate a heavy bias to reactive services, such as policing, courts and corrections, and child safety. These expenditures reflect the intensity of use seen in outcomes. There was a consistent message from submissions and roundtable discussions that greater preventative services were required. TSIREC (sub. 8) notes the benefits between early childhood interventions in health and education having a positive effect on development and reducing the need for later interventions:

> *Not only does school attendance have an impact on positive life outcomes, limited school participation is associated with a greater chance of dropping out of school and may lead to a cycle of disruptive behaviour. (TSIREC sub. 8, p. 7)*

There is clear evidence that effective prevention programs work. Table 36 summarises cost–benefit results for prevention programs that have been rigorously evaluated. In the first example of the Perry Preschool Program, reduced crime was not the primary target. This reinforces the contribution health and education make to reduced involvement with the justice system. While the sample is relatively small, across successful programs, those with earlier interventions generate greater returns.

Table 36 Cost–benefit analysis of prevention programs

Program	Description	Cost–benefit results
Perry Preschool Program	Provided in Michigan (1962), this preschool program focused on making life-course development gains for disadvantaged children. Outcomes were a reduced incidence of crime and subsequent justice costs up to the age of 40 years (at last assessment).	$16 return to society for every $1 spent. $11.31 was in the form of reduced crime related costs.
Mendota Juvenile Treatment Centre Wisconsin	Specialised intensive cognitive and behavioural mental health treatment. The project involved a 2.5-year program, with 4.5 years of follow-up. Recidivism was half that of the control group and one-third for violent re-offending. The additional cost for treatment was $7,014 per person.	Cost-benefit ratio of $7.18 for every $1 spent. Benefits of recidivism only—no other benefits were included (such as improved employment prospects).
Madison County Youth Court, Mississippi	This involved two trials of (1) regular probation and parole interventions comprising face-to-face meetings, and regular contact with parents/guardians, and (2) additional cognitive behavioural therapy (CBT) for both juveniles and parents.	The CBT program generated $1.96 return for every $1 spent (recidivism only). Program 1 did not generate significant differences.
Anchorage Wellness Court, Alaska	Substance abuse treatment involving moral recognition therapy, recovery meetings, employment and financial coaching, substance abuse monitoring, and case management.	$3.44 for every $1 spent (24-month window), falling to $1.25 after 40 months. Recidivism only.
Multnomah county drug court	Alternative courts for drug related offending that include drug dependence treatment. The court was less costly to administer than regular court processes.	Savings of administration and recidivism of $3,770 per participant.

Connecticut in-prison substance abuse treatment	Four tier (T) treatment program for alcohol and drug problems. Recidivism measurement at 12 and 24 months.	$5.74 (T4), $3.18 (T3) and $1.79 (T2) for each $1 spent.
Chicago Child-Parent Centres	Three programs providing education and family support to low income children aged three to nine years (1) preschool age (2) school age and (3) extended. Outcomes measured to age 21 for juvenile offending and education outcomes.	$7.14 (P1), $1.66 (P2) and $6.11 (P3) for every $1 spent.
Military Corrective Training, UK.	Military-based programs for juvenile offenders.	$1.02 for every $1 spent.
Drug Court Program, Victoria	Use of Drug Treatment Orders that provide treatment and supervision and custodial sentences (suspended to allow for treatment).	$5.81 for every $1 spent.

Source: Dossetor 2011.

One of the recent government initiatives in juvenile offending is the Transition to Success (T2S) program, which is an alternative education and vocational training program delivered by highly-trained youth workers in a local community setting. The program evaluation, using the Standardised Program Evaluation Protocol (SPEP), indicated the program is highly successful, with up to 70 per cent of participants either with no or only minor reoffending (within the evaluation timeframe). More serious reoffending (24 percent) was committed within the first four weeks of the course, with post-course reoffending of 4 per cent. The program is currently offered in Aurukun, Cairns and 10 other Queensland locations.

One important conclusion from the work on SPEP is that programs can be successfully transferred to other cultural settings, but a critical ingredient in successful translation is engagement (Lipsey 2016). Local communities have a strong comparative advantage in providing engagement resources. This was recognised in the *Taking Responsibility* report and has seen a switch to delivery of child safety supports in Aboriginal and Torres Strait Islander communities through community-controlled organisations. Opportunities for increasing local participation are outlined below.

Another prevention program is Project Booyah. The project received $7.365 million over five years to run the program in Cairns, Townsville, Mount Isa, Rockhampton, Redcliffe/Caboolture, Pine Rivers, Redlands, Logan and the Gold Coast. A summary of the program is included in Box 15.3. A key issue for further adoption is how well such initiatives might translate to remote and discrete communities.

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Box 15.3 Project Booyah

Project Booyah is an early intervention program that aims to holistically address a young person's disengagement from their family, community and education to ultimately reduce and prevent their involvement in anti-social behaviour, substance misuse, self-harm and/or crime.

The project provides participants with:

- an adventure based learning experience to develop team building and leadership

- health checks and health workshops

- literacy and numeracy, health and fitness training

- scholarship for Certificate II in Hospitality

- social and skill development training

- community interventions

- mentoring and case management.

QPS is the coordinating agency, and partners are the Police Citizens Youth Welfare Association, Department of Justice and Attorney-General, the Department of Education and Training, TAFE and Queensland Health. Businesses also provide support through work experience placements and financial support.

The program originally started on the Gold Coast in 2011. The project won the Gold Award in the police-led category of the 2016 Australian Crime and Violence Prevention Awards, and the QPS Commissioners Award for Excellence. In 2015, it won the Premier's Industry Collaboration Award at the Queensland Training Awards. Several other states are trialling the project.

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Source: Ryan 2017.

Justice Reinvestment

The Justice Reinvestment approach involves trading future reduction in criminal system costs against prevention programs. The Local Government Association of Queensland (sub. 14, p. 21) summarise the approach as follows:

> *if one young person stays in the community for one year instead of being locked up, the government will save close to $500,000. Justice Re-Investment suggests that these savings can be redirected into communities to implement more of the strategies outlined in their plan. This concept aims to keep young Indigenous people out of prison by giving communities the resources they need to find local solutions to local problems, making communities stronger and safer.*

Given the long timeframes involved in the returns to programs, making the switch from reactive to prevention services creates a funding gap. The Maranguka Justice Reinvestment project in NSW is in the early stages of measurement and identifying initiatives for funding. While philanthropy is funding the initial set up of the project, the issue of funding the developed initiatives is yet to be resolved. The key frameworks being used in the project are set out in Box 15.4.

Box 15.4 Collective Impact Framework and Justice Reinvestment

Collective Impact is a framework to tackle deeply entrenched and complex social problems. The approach is based on a belief that no single policy, government department, organisation or program can tackle or solve increasingly complex social problems. It calls for stakeholders to abandon their own agenda for a common agreed agenda, sharing measurement and aligning effort. Collective Impact initiatives have a centralised infrastructure or backbone organisation to help focus stakeholder efforts behind the agenda.

The five key elements are:

- a common agenda, which involves a shared understanding of the problem and a joint approach to solving it through agreed actions

- collecting data and measuring results consistently across all the participants for alignment and accountability

- a plan of action that outlines and coordinates mutually reinforcing activities for each participant

- open and continuous communication to build trust, assure mutual objectives, and create common motivation.

- a backbone organisation to serve the entire initiative and coordinate participating organisations and agencies.

Justice Reinvestment is a data-driven approach to improve community safety, reduce corrections and related criminal justice spending, and reinvest savings in strategies that decrease crime and strengthen communities. It comprises four phases:

- mapping and analysis of demographic and justice data

- development of options

- implementation

- evaluation.

Both Collective Impact and Justice Reinvestment approaches have been adopted for the Maranguka Justice Reinvestment Project in Bourke (NSW).

Source: Collaboration for Impact n.d.; Homel 2014; KPMG 2016.

An example of a Queensland reinvestment fund is the DATSIP pilot social reinvestment fund for Aboriginal and Torres Strait Islander communities. The aim of the fund is to encourage community led initiatives. The fund provides seed funding, milestone payments and incentive payments for achieving measured outcomes (see Chapter 8). The fund is available for a broad range of initiatives, and could provide a model for community safety funding.

Another approach for funding prevention is the use of social benefit bonds (SBBs). In theory, the government can establish a future target outcome and agree to pay an amount conditional on the target being achieved. For example, the government might suggest a bond to reduce domestic violence by half in ten years, at which time it would pay $100 million. Those who can implement and achieve the target have an incentive to purchase the bond as long as they can achieve the bond goal at less than $100 million. Theoretically, such bonds fund prevention and do so at least cost (competitors ensure the price paid for the bond reflect the best savings to be made in achieving the goal).

SBBs tend to be employed where:

- the government is already contracting out services (so the government already has some information on the technology of service provision)

- service inputs are complex, but outcomes are easy to measure, such as homelessness, returning children from foster care and prison recidivism

- the services are not normally core government services, such as job training for prisoners, rather than law enforcement (Gustafsson-Wright et al. 2015).

The Queensland Government has announced three SBBs. The first three Queensland SBBs are aimed at returning children from out-of-home care to parents, and reducing youth reoffending and youth homelessness. These impact bonds differ from the theoretical example in important ways but illustrate the general principle of non-government funding and service provision being applied to social problems that have a future payback. SBBs are discussed in Chapter 8.

One of these bonds has been agreed with Uniting Care to establish Newpin (New Parent Infant Network). The focus is on reuniting OOHC children to their families. One of three centres is located in Cairns. The target is to service 557 children, and reunify 41.5 per cent of those children with their families. The current reunification rate is 16.5 per cent. Newpin has been operating in NSW, and provides a residency where parents and their children are supported to create a caring family environment and learn parenting skills.

The government also announced on 31 May 2017 a second Social Benefit Bond (SSB) focused on youth reoffending. The Reoffending Bond delivers a multi-systemic therapy (MST) service to young people (10–16-year-olds) in south east Queensland. The program provides intensive therapy and behaviour management training and also seeks to address family and community factors that influence chronic and violent offenders.

The two funding mechanisms of bonds and contestable funds are promising approaches. However, further work is required to assess how either might be applied to ensure the promise of prevention initiatives, and how that might apply to the communities. In particular, it is unclear how much of the potential gain comes from clearly setting outcomes, ongoing measurement, and associated accountability, as opposed to the additional incentives, monitoring and risk sharing that private investors can bring through bond funding (Edmiston & Nicholls 2017).

Deregulate and free up local capacity to contribute to improved community safety

This section considers evidence and opportunities on reducing barriers to community involvement in community safety roles. The barriers relate specifically to Blue Cards and criminal convictions and allowing for greater local participation with a view to increasing service engagement. The latter includes a need to restrain demands for higher occupational requirements.

Blue Card and criminal convictions

Blue Cards are required under the *Working with Children (Risk Management & Screening) Act 2000* (Qld). Several issues have been raised in relation to Blue Card requirements:

- Some submissions considered that non-child-related offences prevented some suitable candidates from jobs—such as groundsman/cleaner or community health worker (Hannan sub. 24), and volunteer patrols (DTMR sub. 6).

- The requirement for suitable identification to obtain a Blue Card is not always readily available for some family and community members.

- Blue Card requirements for OOHC raise a barrier to kinship options. Blue Cards are required by all adults usually residing in the household, raising the threshold for suitability.

In September 2017, the government released reviews of the Blue Card and foster care systems (The Queensland Family and Child Commission reports, *Keeping Queensland's children more than safe: Review of the blue card system* and *Review of the foster care system*). Those reports identify the issues mentioned above and include recommendations for Aboriginal and Torres Strait Islander communities. The reports and their recommendations will be considered further in the Commission's final report.

An evaluation of Community Justice Groups (CJG) recommended new program guidelines which include clear safeguards regarding the nomination of new members with criminal histories (KPMG 2010, p. 6). A possible option is to investigate setting a lower time limit before breaches of AMPs (or categories of breach) become spent convictions.

Increasing local service opportunities

Cultural awareness and safety has been identified as an issue with current service delivery processes. This affects service effectiveness by reducing levels of trust and creating a barrier to accessing services.

Submissions and consultations identified several opportunities for local involvement. Examples include:

- grounds-persons, health service coordinators, school support officers and night patrols (Hannan sub. 24, YASC sub. 24)

- providing support to education services, such as morning breakfast, or walking buses to collect children for school

- various mentoring roles. Mentoring can be a means for providing support where clan differences within communities would otherwise reduce trust and service effectiveness

- cultural advisors. More advanced technical services can be delivered with the aid of local advisers who focus on cultural issues and monitor interventions to ensure they are culturally safe (Just Reinvest NSW 2013).

Ensuring requirements do not restrict opportunity

One of the trends identified in the delivery of community safety (section 15.2) was a move to standardise service delivery. It was identified as one of the reasons for eliminating community police and creating the role of Police Liaison Officer which came under QPS control (CMC Indigenous Policing Inquiry 2007). Another related driver has been a need for departments to establish arm's-length quality control of non-government service providers by specifying qualifications and processes. These settings can limit local service opportunities.

The need to increase the quality of services can lead governments to introduce additional standards that unnecessarily raise the costs of care and create barriers to employing lesser qualified workers. While credentials and standards generally aim to ensure a minimum quality of services, they do not guarantee it and can have the unintended consequence of excluding local workers with an appropriate skill base to perform roles. Departments need to remain vigilant to regulatory creep that can stifle innovation and opportunity.

The Commission did receive feedback that the skills requirements to fill some service provider positions were overly high. There may also be opportunities for aspects of service delivery to be redesigned to allow for local roles that benefit from their continuous community-based presence, cultural awareness and local knowledge.

These roles can provide a basis for local community members to gain work experience, and work-ready skills. They may also lead to pathways for positions with greater responsibility and training. It is also clear that lifting skillsets can be achieved by carefully developing and delivering training. An example is the SafeKIDs service run by Actforkids that operates in Aurukun, Kowanyam, Napranum, Prompuraww and Doomadgee. The safe house in Doomadgee will transition to the control and management of the traditional owners.

Deregulation requires the government to shift some of the risk for outcomes back to communities. The government would still be required to provide a backstop, via QPS and statutory interventions. However, the level of incidence in the communities indicates that there are significant opportunities to improve outcomes.

Alcohol Management Plans

Alcohol is a key situational issue for the violence in the communities. Over two-thirds (68 per cent) of Aboriginal and Torres Strait Islanders who experienced physical violence indicated that alcohol or other substances contributed to the most recent incident. This amount rises to 76 per cent in remote areas (ABS 2016b). The Family Wellbeing evaluation identifies:

> [T]he epidemic of substance abuse is not just one of the many factors contributing to the poor health and early deaths for indigenous people in the Cape, it is the central factor. (Tsey et al. 2006, p. 8)

In addition to the costs to the criminal justice system, alcohol misuse impacts the health system, productivity, number of road accidents and mortality (Manning et al. 2013). Foetal Alcohol Spectrum Disorder (FASD) provides further impetus to tackle alcohol misuse in pregnancy. FASD has long-term developmental effects and impacts child safety outcomes (see Chapter 16 on Health).

Alcohol Management Plans were originally introduced in 2002 across 19 remote communities. The current status of the Alcohol Management Plans and the rate of breaches of the restrictions are set out in Table 37.

Table 37 Alcohol Management Plan restrictions and breaches by community, 2014–15

Restriction	Communities (breaches per 1,000 persons)
Zero carriage limit—no alcohol, home brew or home brew equipment is allowed.	Aurukun* (47.5), Kowanyama (294.2), Lockhart River (20.4), Mornington Shire* (367.1), Napranum (110.3), Pormpuraaw* (45.1), Woorabinda (205.6), Wujal Wujal (309.3)
11.25 litres (1 carton of 30 cans) of light or mid-strength beer.	Palm Island* (89.4), Cherbourg (226.8)
11.25 litres (1 carton of 30 cans) of light or mid-strength beer or 750 ml (1 bottle) of non-fortified wine.	Yarrabah (75.5), Hope Vale* (81.3)
2 litres of non-fortified wine and either 11.25 litres (1 carton of 30 cans) of any strength beer, or 9 litres of pre-mixed spirits (1 carton of 24 cans).	Northern Peninsula Area* (7.1)
22.5 litres (2 carton of 30 cans) of light or mid-strength beer—no home brew or home brew equipment is allowed.	Doomadgee (68.8)
2 litres of non-fortified wine, and either 11.25 litres (1 carton of 30 cans) of light or mid-strength beer and 9 litres of pre-mixed spirits; or 33.75 litres (3 cartons) of light or mid-strength beer.	Mapoon (nil)

Alcohol restrictions do not apply at licensed premises operating in the community. However, specific licence conditions limiting the amount, type, and availability of alcohol apply to each premises.
Source: DATSIP 2016.

The Queensland Government has been involved in an extended review of AMPs since 2012. In 2015, a majority of the communities indicated they wished to relax the restrictions (Napranum, Kowanyama, Pormpuraaw and the five communities of the NPA, Mornington Island and Palm Island). Those who did not want to see the restrictions lifted included Aurukun and Wujal Wujal (McKenna & Elks 2016).

AMPs are an example of how a targeted policy can have both intended and unintended consequences. Impacts identified include:

• a reduction in hospitalisations from assault in the five years following the restrictions (Cape York Institute 2013)

• positive effects initially following the introduction of AMPs, but with a reduction in effectiveness as illicit drinking and supply increased in response (Clough, in LGAQ sub. 14)

• the diversion of QPS resources to policing the restrictions and reducing their ability to undertake preventative policing (LGAQ sub. 14)

• an increase in the rate of criminal convictions (for AMP offences) and accordingly, contact with the justice system

• creation of illegal trade in sly grog, with high prices and covert consumption further encouraging binge drinking (both high alcohol content and swift consumption reduce the risk of detection)

- illicit trade in alcohol combined with driving, increasing the risk of serious road incidents

- increases in the consumption of illegal substitute drugs (such as ice, marijuana and kava)

- increases in the production of homebrew, in particular on Mornington Island (see high rates of breaches in Table 37), which has resulted in health risks from high alcohol and sugar content (with impacts on diabetes sufferers)

- encouragement of migration from dry to permitted drinking communities

- uncertainty and negative effects on tourism (Donald 2003).

The Mornington council met with state and federal officials in 2015 to discuss the homebrew issue and reintroducing legal alcohol (Schwartz 2015). The council's plan calls for:

- a change in legislation to amend current AMP

- strengthening the AMP committee so they can play a more rigorous role in community consultation

- developing a terms of reference for AMP consultation

- applying for a carriage limit (8 mid-strength cans or 1 litre of wine) per person per day

- establish a bottle shop and applying for exemption/application for licence

- ongoing review and monitoring with a view to a community club licence/hotel licence

- discussion of personal access to alcohol being conditional on child school attendance, 'looking after the house', and not being involved with the courts.

In their report on a survey of Queensland communities subject to AMPs, Clough et al. 2017 find that respondents were equally divided on whether an AMP had a favourable impact on making children safer in the community, making people safer, reducing violence against women, changing the level of violence, or making the community a better place to live. A majority believe school attendance has improved (66 per cent), and that people have become more aware of the harmful effects of alcohol/drinking since the AMP (71 per cent).

There is more agreement on the unfavourable impacts of the AMP, including causing people to get fined/criminal records and convictions (90 per cent), increased use of cannabis (69 per cent), more binge drinking (73 per cent), discrimination being created (77 per cent) and reduced alcohol availability (58 per cent). The report suggests that a way forward would be to use:

> *Deliberative democracy based approaches to develop suites of remedial evidence based strategies, combined with community inspired ideas would be appropriate to address the past lack of consultation with affected communities. (Clough et al. 2017, p.12)*

There is positive feedback on the role of licenced premises that have personal drinking restrictions, thereby normalising alcohol consumption and applying peer pressure on acceptable behaviour (Betts 2017).

The *Taking Responsibility* report (2013, p. xxxvi) noted that AMPs should be relaxed only where there are demonstrated improvements in child safety and domestic violence indicators. The Queensland Government submission to this inquiry indicates that finalising the review is a priority but that the outcomes that led to the policy, such as domestic and family violence, and school attendance, remain issues.

There is an opportunity to use community engagement on their AMPs to create a dialogue and action on alcohol related violence. Communities could draw on a robust process, such as the Collective Impact process set out in Box 15.4, to inform decision-making on AMPs and to address alcohol-related violence and neglect.

15.8 Conclusion

Community safety has a significant impact on individual, family, and community wellbeing. Prevention initiatives are relatively underdeveloped and under-resourced. Identifying and funding successful prevention initiatives is a challenge, but the social impact and justice reinvest trials highlight the importance of focusing on performance and measuring outcomes and progress. On top of these general challenges, are the additional challenges of designing for more entrenched problems within the communities and engaging those within them. There is a need to ensure local communities have a role in the services and can participate in their delivery. The reform proposal features are aligned with these needs.

Draft recommendation 14

To achieve better community safety outcomes, all stakeholders should progress opportunities to:

- increase investment in effective and efficient prevention initiatives

- enable community resources, responsibility and capabilities to address community safety problems, including by:

  - balancing the safety objectives of Blue Card requirements against their impact on kin care and community safety roles

  - using local knowledge and capability to improve community safety, while resisting regulatory creep through process and occupational requirements

- change community alcohol management plans (AMPs) through:

  - community ownership of the plans and any supporting activities/services

  - opening up the options for communities to control and normalise alcohol consumption

  - ensuring proposals to change an AMP include a data collection plan that draws together police, health and education information

  - considering the Collective Impact Approach for addressing AMPs and their target outcomes.