This chapter provides an overview of community safety issues and identifies options to improve service delivery by changing the focus of those services and increasing community engagement.

Key points

- The impacts and costs of violence, abuse and neglect are borne not only by the victims and perpetrators involved, but also the wider community and future generations. Interventions should be judged on their ability to reduce those costs relative to the 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.

- The Commission’s estimates indicate that most of the expenditure in community safety ($447 million per year) is reactive. Over 70 per cent of expenditure could be saved if the use of community safety services in the remote and discrete communities were reduced to levels for the rest of Queensland.

- The ongoing challenge is finding the right balance between prevention strategies and safety responses (such as policing). Analysis of expenditure on community safety and stakeholder feedback suggest that effective prevention remains under-utilised.

- The Queensland 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.

- While these challenges are well understood by government and service delivery providers, community safety outcomes remain poor and requests for greater say in how services are delivered continue to be voiced by the communities.

- Options to improve the delivery of community safety services involve many of the broader changes outlined in this report. A related theme is that 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.

- Specific recommendations are made to reduce the impact of Blue Card requirements on the communities and to complete the review of alcohol management plans.
16.1 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). This chapter focuses on service delivery issues for community safety in remote and discrete Aboriginal and Torres Strait Islander communities (the communities).

The chapter briefly summarises indicators for community safety in the 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 improved responsiveness and monitoring, the structural reform proposal in Chapter 7 unlocks the greater application of local knowledge to local problems.

16.2 The nature of violence, abuse and neglect

The behaviours of violence, abuse and neglect are a response to number of influences. These can be divided into three groups—underlying causes, situational factors, and precipitating events:

- underlying causes include intergenerational trauma (repeated patterns of dispossession and dependence), powerlessness and the breakdown and devaluing of traditional roles and cultural practices
- these underlying causes contribute to situational factors such as unemployment, overcrowding, lack of self-esteem, anger, conflict (with partners, and within the family and the wider community) and mental health issues; these 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 (Memmott et al. 2001).

These behaviours tend to have consequences that feedback and reinforce situational and underlying causes and reactions to precipitating events. Some characteristics of the processes at work include:

- Generational impacts—behaviour is shaped by long-term development processes. Children who learn that violence works in families, among peers, in the media and in communities have a greater potential to behave violently as adolescents and adults.
- Complex interactions—procivility 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 and treatments.
- Community and national effects—studies indicate that violent socialisation varies across different contexts, and accounts for a significant proportion of the variation in youth violence. An example of this effect, is the view that violence and incarceration has become a 'rite of passage' for Indigenous youth (Memmott et al. 2001, Olgive and Van Zyl 2001).

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63 Six recommendations from the Taking Responsibility inquiry were accepted in principle.
Effective and long-lasting improvements in community safety are likely to require sustained action across several areas, such as housing, education and health, in addition to specific interventions that change behavioural responses to underlying conditions.

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

The community safety problem is to minimise the overall impacts of illegal behaviours. Those behaviours violate personal rights and community expectations, inflict damage, reduce freedoms and use up resources. From a policy viewpoint, the costs arising from those behaviours 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)
- 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
- the costs of the justice system, such as police, courts, corrections and the child safety system
- the costs of preventing those behaviours, such as government programs and private security efforts.

The benefit from reduced violence/abuse/neglect is the reduction of these costs. Several studies have attempted to measure these costs.

Access Economics estimated that the total cost of domestic violence in Australia (excluding the costs of prevention measures) was $8.1 billion in 2002–03, while recognising that some of these costs, such as pain and suffering, are difficult to quantify (Access Economics 2004). The victims and their children bear about 60 per cent of these costs and governments and the broader community about 30 per cent.

PwC (2017) recently estimated the costs of Indigenous incarceration in Australia. These costs are divided into fiscal costs, which include justice system costs, welfare costs and forgone taxation, and economic costs. The latter include costs of crime (to victims across all types of offences), loss of output and the excess burden of taxation (arising from the fiscal costs). Their estimates exclude private and government prevention costs. PwC estimate that the fiscal costs of Indigenous incarceration are just over half of total costs.

The PwC report estimates that Queensland spent $991 million on Indigenous incarceration in 2016 (both juvenile and adult). Using their average estimate for economic costs suggests that total costs from Indigenous incarceration are $1.95 billion per year.

In the context of service delivery, governments aim to undertake interventions or services that provide a net benefit—where the reduced cost from affecting behaviours exceed the cost of the intervention.

The net benefit rule for interventions can be applied to the elements of the criminal justice system. A court system that dispenses justice fairly, efficiently and promotes confidence in the rule of law, will reduce the total costs of illegal behaviour. Justice processes that correctly convict the guilty, and let the innocent free, lower total costs. Similarly, prisons that correctly balance the objectives to incarcerate, punish, deter and rehabilitate offenders will lower the overall costs to the community.
16.4 Community safety outcomes

This section provides an overview of measures of community safety. Table 37 shows selected measures of adverse behaviours for Indigenous persons in Queensland and, where available, the communities. The measures are standardised as rates per 1000 persons, and the Ratio column indicates how many times greater that incidence is, than the rate for all of Queensland.

Across all indicators, outcomes for Aboriginal and Torres Strait Island persons are significantly worse than for Queensland as a whole, and in many cases more than ten times the average.

### Table 37  Measures of Indigenous community safety

<table>
<thead>
<tr>
<th>Community Safety Measure</th>
<th>Rate per 1000 persons</th>
<th>Ratio to Qld average</th>
<th>Sources</th>
<th>Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child safety (0–17 years)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substantiated harm</td>
<td>21.8</td>
<td>6.6</td>
<td>(a)</td>
<td>2015–16</td>
</tr>
<tr>
<td></td>
<td>28.7</td>
<td>8.7</td>
<td>(b)</td>
<td>2014–15</td>
</tr>
<tr>
<td>Care and protection orders</td>
<td>44.8</td>
<td>8.4</td>
<td>(a)</td>
<td>2015–16</td>
</tr>
<tr>
<td></td>
<td>11.9</td>
<td>4.1</td>
<td>(b)</td>
<td>2014–15</td>
</tr>
<tr>
<td>Out of home care</td>
<td>40.6</td>
<td>8.5</td>
<td>(a)</td>
<td>2015–16</td>
</tr>
<tr>
<td><strong>Violence</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reported offences against the person</td>
<td>62.6</td>
<td>10.4</td>
<td>(b)</td>
<td>2014–15</td>
</tr>
<tr>
<td>Episodes of care for assault-rated conditions</td>
<td>15.1</td>
<td>12.5</td>
<td>(b)</td>
<td>2014–15</td>
</tr>
<tr>
<td>Domestic and family violence incidents</td>
<td>189.8</td>
<td>12.2</td>
<td>(c)</td>
<td>2014</td>
</tr>
<tr>
<td>Protection orders</td>
<td>56.0</td>
<td>13.0</td>
<td>(c)</td>
<td>2014</td>
</tr>
<tr>
<td><strong>Justice system</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adult imprisonment rate</td>
<td>16.3</td>
<td>10.5</td>
<td>(d)</td>
<td>2016</td>
</tr>
<tr>
<td>Daily detention, 10–17-year-olds</td>
<td>3.0</td>
<td>22.4</td>
<td>(e)</td>
<td>2014–15</td>
</tr>
<tr>
<td>Daily community based supervision, 10–17-year-olds</td>
<td>18.9</td>
<td>15.6</td>
<td>(e)</td>
<td>2014–15</td>
</tr>
</tbody>
</table>

Note: The population base used to calculate the rate per 1000 persons will be the matching Indigenous population (at the relevant state, community or child level), and the ratio is against an equivalent Queensland population measure.

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

### Community safety outcomes in the communities

Table 38 provides a summary of available indicators for individual communities and the Queensland comparison rate. The table indicates that communities differ in their rates of incidence. The first two columns provide indicators for violence in the community, based on offences and hospitalisation arising from assault. The last two columns indicate child neglect using measures of substantiated harm (as assessed by DCCSDS), and court protection orders. Generally, communities with more violence tend to have more child safety issues, and this supports a view that common underlying and situational factors fuel those behaviours.
Table 38 Violence and child safety indicators, 2015–16 (rate per 1,000 persons)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Population &gt; 2000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Palm Island</td>
<td>98.8</td>
<td>20.6</td>
<td>5.7</td>
<td>5.7</td>
</tr>
<tr>
<td>Yarrabah</td>
<td>46.2</td>
<td>10.0</td>
<td>20.5</td>
<td>7.5</td>
</tr>
<tr>
<td>Northern Peninsula Area</td>
<td>27.6</td>
<td>8.6</td>
<td>5.9</td>
<td>5.9</td>
</tr>
<tr>
<td>Torres Strait Region</td>
<td>20.8</td>
<td>1.0</td>
<td>12.5</td>
<td>5.9</td>
</tr>
<tr>
<td><strong>Population &lt;2000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kowanyama</td>
<td>157.6</td>
<td>31.1</td>
<td>28.2</td>
<td>22.6</td>
</tr>
<tr>
<td>Woorabinda</td>
<td>143.9</td>
<td>19.0</td>
<td>*37.5</td>
<td>*16.5</td>
</tr>
<tr>
<td>Doomadgee</td>
<td>136.5</td>
<td>12.2</td>
<td>54.2</td>
<td>14.5</td>
</tr>
<tr>
<td>Mornington Island</td>
<td>111.8</td>
<td>14.7</td>
<td>49.9</td>
<td>n.p.</td>
</tr>
<tr>
<td>Aurukun</td>
<td>127.8</td>
<td>40.4</td>
<td>16.4</td>
<td>n.p.</td>
</tr>
<tr>
<td>Cherbourg</td>
<td>89.9</td>
<td>37.2</td>
<td>37.9</td>
<td>22.7</td>
</tr>
<tr>
<td>Hope Vale</td>
<td>36.4</td>
<td>31.1</td>
<td>26.9</td>
<td>*50.6</td>
</tr>
<tr>
<td><strong>Population &lt; 1000</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mossman Gorge</td>
<td>112.2</td>
<td>40.4</td>
<td>*172.4</td>
<td>214.3</td>
</tr>
<tr>
<td>Pormpuraaw</td>
<td>68.6</td>
<td>17.8</td>
<td>59.4</td>
<td>33.2</td>
</tr>
<tr>
<td>Coen</td>
<td>51.9</td>
<td>12.1</td>
<td>n.p.</td>
<td>73.7</td>
</tr>
<tr>
<td>Napranum</td>
<td>67.6</td>
<td>32.9</td>
<td>24.2</td>
<td>18.1</td>
</tr>
<tr>
<td>Lockhart River</td>
<td>73.0</td>
<td>22.2</td>
<td>*75.3</td>
<td>93.5</td>
</tr>
<tr>
<td>Mapoon</td>
<td>27.2</td>
<td>27.3</td>
<td>123.1</td>
<td>87.0</td>
</tr>
<tr>
<td>Wujal Wujal</td>
<td>47.3</td>
<td>20.6</td>
<td>n.p.</td>
<td>0.0</td>
</tr>
<tr>
<td>Queensland</td>
<td>6.5</td>
<td>1.2</td>
<td>5.0</td>
<td>2.3</td>
</tr>
</tbody>
</table>

Notes: Episodes of care for assault refer to hospitalisations (and other medical treatment) arising from assault – a victim may receive several episodes in relation to an offence. This measure is no longer available from 1 July 2015. * refers to measures from 2014–15 (usually because a measure for 2015–16 is too small to publish). Column notes: (a) refers to incidence per 1,000 persons, (b) per 1,000 persons aged 0-17 years. Offences against the person are those reported to QPS within the year, and an offence may have multiple offenders and victims. Substantiated notification of harm are confirmed child maltreatment, and represents the number of children rather than substantiation events (of which one child may have several). Finalised protection orders occur when a court imposed order is made to protect a child, typically resulting in removal of the child from the offending caregiver. Substantiated notifications of harm and finalised protection orders relate to different cohorts and are not directly comparable, and significant variation can occur between years in smaller communities. Source: DATSIP 2016a, 2017a.
16.5 Expenditure on community safety

The Commission estimates set out in Chapter 3 indicate that government expenditure on community safety in the remote and discrete communities was $447 million in 2013–14. This comprises $252 million in public order and safety, $181 million in community support and welfare, and $13 million for recreation and culture. Table 39 provides a breakdown of these expenditures.

The largest item within the $252 million spent on public order and safety is police services ($132 million), followed by facility-based detention ($38 million), courts ($25 million) and community-based services ($24 million).

The $181 million estimated for community support and welfare is made up of (child) protection and support services ($109 million), general family and youth support services ($32 million) and welfare services for people with a disability ($19 million).

Table 39 Community safety expenditure estimates for the discrete and remote communities, 2015–16

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>$ million</th>
<th>Per cent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public order and safety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>— police services</td>
<td>132</td>
<td>30</td>
</tr>
<tr>
<td>— courts</td>
<td>25</td>
<td>6</td>
</tr>
<tr>
<td>— facility based detention</td>
<td>38</td>
<td>9</td>
</tr>
<tr>
<td>— community based services</td>
<td>24</td>
<td>5</td>
</tr>
<tr>
<td>Community support and welfare</td>
<td>181</td>
<td>40</td>
</tr>
<tr>
<td>— protection and support services</td>
<td>109</td>
<td>24</td>
</tr>
<tr>
<td>— general family and support services</td>
<td>32</td>
<td>7</td>
</tr>
<tr>
<td>— disability services</td>
<td>19</td>
<td>4</td>
</tr>
<tr>
<td>Recreation and culture</td>
<td>13</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>447</td>
<td>100</td>
</tr>
</tbody>
</table>

Not all items are reported in the table and will not add to the subtotals.

Source: QPC estimates.

Much of the expenditure is not tailored to the communities ...

Of the total $447 million it is estimated that expenditure on mainstream services is $386 million (86 per cent). Mainstream services are those provided to the communities that are generally available to all Queenslanders, such as police services. The remaining $61 million (14 per cent) is for Indigenous specific programs. Indigenous specific services are designed for Aboriginal and Torres Strait Islanders and their communities, such as community justice group funding.

... and is reactive ...

Reactive services deal primarily with the consequences of adverse behaviours, while prevention services are targeted at reducing the occurrence of those behaviours. Reactive expenditures are estimated at $328 million and comprises police services, courts, detention facilities and community protection and support services (73 per cent of total expenditure). Some of the excluded expenditure for community-based services ($24 million) and general family and support services ($32 million) may also be reactive, particularly when services provide support for victims (a more detailed breakdown was not available to separate these elements).
The emphasis on reactive services in government expenditure is also seen at the statewide level. As part of the response to *Not Now, Not Ever*, the Department of Premier and Cabinet commissioned an audit of domestic violence services to help identify gaps (DPC 2016). The audit estimated $104.8 million was spent annually on domestic violence services in Queensland (this estimate excluded reactive services provided by police). The audit concluded:

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

... providing significant potential for savings

The Commission estimates that over 70 per cent ($327 million) of the total $447 million expenditure in the communities is due to the additional intensity of service use over the average for Queensland. This estimate is based on the incidence of violence and child safety behaviour and the costs associated with providing those extra services to remote communities. There is significant potential for reducing community safety expenditure by reducing adverse behaviours in the communities. There would also be resulting benefits from reduced victim costs, health expenditure, and improved education and employment outcomes.

The regional breakdown of the domestic violence audit indicates that the Cape York and Torres region had a level of servicing that was 27 times the statewide level ($202,023 and $7,405 per 1000 persons respectively: DPC 2016, p. 92). The relative size of these expenditures is consistent with the Commission estimates outlined above.

### 16.6 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.

Box 16.1 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.
Community safety

Box 16.1 The Our Way strategy

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.


In response to Not Now, Not Ever, the government has adopted a Domestic and Family Violence Prevention Strategy. 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 (Crime and Misconduct Commission 2009, p. 19).

- Responses to overflowing tensions have been ad hoc and reactive, which have created a mix of structures within communities (Crime and Misconduct Commission 2009, p. 20).
• There has been a move to increased NGO service provision, with services determined by grant availability and provider ability. These services, often based on standardised contracts, may not align to the needs of communities and may not 'bridge' well into remote communities (see Chapter 8).

• The growth of community controlled organisations and recognition of their advantages in engagement (see Chapter 8).

• There has been a continued emphasis on government engagement with communities, but of variable quality ((Crime and Misconduct Commission 2009, p. 26).64

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).

16.7 Opportunities for improving community safety

This section focuses on opportunities to:

• expand 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 to communities. This can provide a means for engaging the community, government and service providers on a fundamental safety responsibility.

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

The expenditure estimates for community safety indicate an emphasis on reactive services, such as policing, courts and corrections, and child safety. These expenditures reflect the greater incidence of adverse and illegal behaviours in the communities. There was a consistent message from submissions and roundtable discussions that greater preventative services were required. TSIREC (sub. 8) notes the benefits of early childhood interventions in health and education 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 from international studies that effective prevention programs work. Table 40 summarises cost–benefit results for prevention programs that have been rigorously evaluated in the US, UK, and in Victoria. In the first example, the Perry Preschool Program, reducing crime was not the primary target. However, this program indicates the contribution health and education make to reduced involvement with the justice system. While this sample of programs is small, those with earlier interventions have generated greater returns.

64 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.
For example, Conti and Heckman (2012) considered the results from a nurse–family partnership intervention that targeted first-time single pregnant adolescents. That service provided in-home visitation during the first two years. Benefits were seen in child health, workforce participation and reduced welfare dependency (for the mother). Where this service used para-professionals rather than nurses the effects were halved.

Conti and Heckman summarise reviews of early childhood programs and suggest:

*…that mixed interventions (i.e. those involving as educational, care and stimulation components), of greater intensity and longer duration are most effective…. interventions should target younger and more disadvantaged children, and actively seek the involvement of families and of the caregivers (2012, p. 37)*

Prevention opportunities are available at various stages …

A recent Queensland government initiative to reduce 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. Youth Justice data show that the program is highly successful, with up to 70 per cent of participants either with no or only minor reoffending. The program is currently offered in Aurukun, Townsville, Cairns and 9 other Queensland locations. An external evaluation of the program is underway.

... and engagement is a key to success ...

One important conclusion from the evaluation work is that programs can be successfully transferred to other cultural settings, if there is effective engagement between the program and participants (Lipsey 2016). Local communities have a strong comparative advantage in achieving engagement. 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.

... as well as far-sighted funding and sound processes

The Justice Reinvestment approach involves using future reduction in criminal system costs to pay for prevention programs. The LGAQ (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.*

When the returns from prevention programs have long timeframes, 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 16.2.
<table>
<thead>
<tr>
<th>Program</th>
<th>Description</th>
<th>Cost–benefit results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perry Preschool Program, Michigan</td>
<td>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).</td>
<td>$16 return to society for every $1 spent. $11.31 was in the form of reduced crime related costs.</td>
</tr>
<tr>
<td>Mendota Juvenile Treatment Centre, Wisconsin</td>
<td>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.</td>
<td>$7.18 for every $1 spent. Benefits of recidivism only—no other benefits were included (such as improved employment prospects).</td>
</tr>
<tr>
<td>Madison County Youth Court, Mississippi</td>
<td>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.</td>
<td>$1.96 return for every $1 spent (CBT, recidivism only). Program 1 did not generate significant differences.</td>
</tr>
<tr>
<td>Anchorage Wellness Court, Alaska</td>
<td>Substance abuse treatment involving moral recognition therapy, recovery meetings, employment and financial coaching, substance abuse monitoring, and case management.</td>
<td>$3.44 for every $1 spent (24-month window), falling to $1.25 after 40 months. Recidivism only.</td>
</tr>
<tr>
<td>Multnomah county drug court</td>
<td>Alternative courts for drug related offending that include drug dependence treatment. The court was less costly to administer than regular court processes.</td>
<td>$3,770 savings per participant in administration costs and reduced recidivism.</td>
</tr>
<tr>
<td>Connecticut in-prison substance abuse treatment</td>
<td>Four tier (T) treatment program for alcohol and drug problems. Recidivism measurement at 12 and 24 months.</td>
<td>$5.74 (T4), $3.18 (T3) and $1.79 (T2) for each $1 spent.</td>
</tr>
<tr>
<td>Chicago Child-Parent Centres</td>
<td>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.</td>
<td>$7.14 (P1), $1.66 (P2) and $6.11 (P3) for every $1 spent.</td>
</tr>
<tr>
<td>Military Corrective Training, UK.</td>
<td>Military-based programs for juvenile offenders.</td>
<td>$1.02 for every $1 spent.</td>
</tr>
<tr>
<td>Drug Court Program, Victoria</td>
<td>Use of Drug Treatment Orders that provide treatment and supervision and custodial sentences (suspended to allow for treatment).</td>
<td>$5.81 for every $1 spent.</td>
</tr>
</tbody>
</table>

Source: Dossetor 2011.
Box 16.2 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).


One approach to funding services that provide future benefits are social benefit bonds. These bonds attract upfront private investment to pay for those services in exchange for future payments that are based on provider performance. In this way, provider performance and associated savings can be used to pay back the original investors. The Queensland Government has recently introduced three social benefit bonds (see Chapter 8).

The PWC (2017) report on indigenous incarceration attempts to estimate the cost savings from various preventative programs relative to a projected baseline. Their calculations use various evaluations to estimate impacts, including the Perry Preschool program, the Nurse-Family Partnership, and Multi-Systemic Therapy (MST). Table 41 provides the estimated percentage reduction in costs, at 2020, 2040 and in total between 2018–2092. The modelling did not include the costs of implementing the initiatives.
The MST intervention provides the best savings. It does this by providing early returns that accumulate, compared to early prevention initiatives that generate savings but with a lag.

Table 41  Estimates of expenditure saved on indigenous incarceration savings from modelling of various interventions (per cent of projected baseline)

<table>
<thead>
<tr>
<th>Intervention</th>
<th>2020</th>
<th>2040</th>
<th>2018-2092</th>
</tr>
</thead>
<tbody>
<tr>
<td>Universal access to 15 hrs/week pre-school at age 4</td>
<td>-</td>
<td>20.2</td>
<td>17.6</td>
</tr>
<tr>
<td>Early intervention (Perry Preschool and Nurse-Family Partnerships)</td>
<td>-</td>
<td>7.1</td>
<td>7.5</td>
</tr>
<tr>
<td>MST type intervention for young offenders</td>
<td>7.4</td>
<td>53.8</td>
<td>44.5</td>
</tr>
<tr>
<td>Prison and post release interventions</td>
<td>0.8</td>
<td>7.5</td>
<td>6.5</td>
</tr>
<tr>
<td>Cumulative effect of all four interventions</td>
<td>11.5</td>
<td>72.9</td>
<td>63.1</td>
</tr>
<tr>
<td>Hypothetical closing the gaps by 2040</td>
<td>30.8</td>
<td>95.6</td>
<td>77.1</td>
</tr>
</tbody>
</table>

Source: QPC calculations based on PwC 2017.

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

This section considers evidence and opportunities for reducing barriers to community involvement in community safety roles. The issues relate specifically to blue cards, allowing for greater local participation in delivering services, and restraining demand for higher occupational requirements. Reducing these barriers should benefit both local employment and community engagement with those services.

Blue card and criminal convictions

Blue cards are required by both employees and volunteers for positions providing services to children. Suitability for such positions is primarily determined by criminal history, and the system involves ongoing monitoring of criminal conduct. Several issues have been raised during the Inquiry in relation to Blue Card eligibility:

- 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 ‘out of home care’ (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 introducing a private members bill to allow community justice groups to make decisions on blue cards, the Member for Mt Isa noted:

I have come across many cases in remote Indigenous communities where a person who has completely turned their life around is unable to work or contribute fully to the community because old convictions prevent them from getting a Blue Card.

There have been cases where the local school community and police have determined the person poses no risk to children and their employment would have positive community impacts, but they still cannot work in certain roles in the community because of past offences. (Katter 2017)
In September 2017, the Queensland Family and Child Commission (QFCC) released reviews of the blue card and foster care systems (Keeping Queensland’s children more than safe: Review of the blue card system and Review of the foster care system).

The QFCC reviews build on the work of the Commonwealth Royal Commission into Institutional Responses to Child Sexual Abuse (RCIRCSA). That work includes recommendations for working with children checks (WWCC). Among those is a shift to the decision-making principle based on risk of harm to the child, rather than the current principle of the ‘best interests of the child’ (QFCC 2017a, p. 83). The review also recommends the development of new risk assessment guidelines to be based on current research (QFCC 2017a, rec. 44). Other recommendations seek to reduce processing times, increase the range of positions requiring a blue card, and increase the amount of information to be considered in a risk assessment.

The review also recommends a strategy and action plan to provide more support for Aboriginal and Torres Strait Islander peoples and build cultural capability in the blue card system (QFCC 2017a, rec. 73). The recommended strategy includes:

- establishing a reference group to co-design the strategy and action plan
- a community engagement plan and the provision of culturally appropriate information and resources
- provision and funding for community based support to assist with the WWCC process
- consideration of ways to empower communities to be involved in decisions about their community
- building cultural capability within Blue Card Services (who administer the blue card system)
- a governance and an evaluation plan for the strategy and action plan.

The related review of foster care by the QFCC recommended greater support for kin carers and the addition of mandatory checks for domestic violence, traffic history, referee checks (one chosen by the assessor) and medical clearance from the applicant’s General Practitioner (QFCC 2017b, rec. 9). These latter requirements are likely to create additional barriers to kin care in the communities. The review also recommends that the DCCSDS use a carer assessment tool that address cultural issues for Aboriginal and Torres Strait Islanders (QFCC 2017b, rec. 15). The implementation of that recommendation is likely to influence the overall effect of the additional requirements on the availability of kin care.

The Commission recommends that the following aspects of the strategy outlined by the QFCC Blue Card review should be given high priority (QFCC 2017a, rec. 73):

- The provision and funding for community based support for WWCC processes. The review provides evidence on a Blue Card Services initiative of directly contacting organisations to help them complete forms when needed had a positive impact on indigenous applicants (with a reduction in the rate of withdrawals from the application process from 17.8 to 5 per cent (QFCC 2017a, p. 129)). Some Community Justice Groups (CJGs) are likely to have the skills to provide such services, and could further build their capacity to play a role in the approval process.

- The development of a role for local community organisations in the approval process for blue cards. There are several ways that local bodies (such as CJGs) could interface with the approval process.
A vexing issue for the QFCC review and the blue card system is that evidence on the effectiveness of the scheme remains elusive:

*We are aware that some stakeholders question the efficacy of the WWCC scheme because of the cost of its operation, the significant number of people who are required to hold WWCCs and the small number of people it prevents from working with children. We have not been able to draw conclusions about the overall effectiveness of WWCCs because of the limited research and evidence available. However, we share the view held by the majority of government and non-government stakeholders whom we consulted about WWCCs: that they deliver unquestionable benefits to the safeguarding of children. (RCIRCSA 2015, p. 5)*

Notwithstanding this, the question of whether the blue card system is the best way to achieve child safety objectives appears far from settled. The Commission considers that an overall assessment of the costs and benefits of the scheme against alternative options will be important for the future statutory review recommended by the QFCC (to be undertaken after five years).

The government should also ensure that the historical build-up of criminal convictions within the communities does not prevent individuals from ‘turning their lives around’. If local community members are to participate in quasi-regulated services in their community, then allowance will need to be made for hurdles from criminal histories. For example, the evaluation of Community Justice Groups recommended new program guidelines which include clear safeguards regarding the nomination of new members with criminal histories (KPMG 2010, p. 6).

**Increasing local service opportunities**

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

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

- Grounds-persons, health service coordinators, school support officers and night patrols (Hannan sub. 24, YASC sub. 11)
- Providing support to education services, such as morning breakfasts, 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). In his report on the Queensland parole system, Sofronoff (2016) supports a suggestion, from Woorabinda, to employ Aboriginal and Torres Strait Island persons as cultural liaison officers to assist parole officers (Sofronoff 2016, p. 9).

Several CJGs have implemented additional initiatives in conjunction with their core roles in supporting offenders and victims through the court process. Examples include the mediation services and workshops on Mornington Island. The Palm Island CJG has been integrated into the wider service delivery of the Palm Island Community Company. The Barambah Local Justice Group (Cherbourg) indicate in their submission that they receive insufficient funding for the work they undertake (BLJG sub. 2). The current voluntary nature of the group is considered to hinder attracting new members (KPMG 2010).
There is an opportunity for CJGs to provide a focus point to expand service delivery targeted at offenders in the community. CJGs vary in their capabilities, and the KPMG review in 2010 recommended that they should focus on their core role (KPMG 2010). The report by PwC (2017) identifies several justice initiatives, such as mediation, local diversion, restorative justice and re-integration that could be commissioned or delivered by CJGs. Under the reform proposal such services are likely to become a key interest for the community body. It remains to be seen how communities would use the capabilities in their CJGs. If the reform proposal is not implemented, the capacity of CJGs as the core local justice organisation should be increased.

**Ensuring requirements do not restrict opportunity**

One of the trends identified in the delivery of community safety (section 16.6) was a move to standardise service delivery. It was one reason for eliminating community police and creating the role of Police Liaison Officer which came under control of the Queensland Police Service (CMC Indigenous Policing Inquiry 2007). In addition, decisions by departments to establish arm’s-length quality control of non-government service providers, by specifying qualifications and processes, can limit local service opportunities.

Governments may introduce additional standards to increase service quality, but can unnecessarily raise the costs of care and create barriers to employing lesser qualified workers. The Commission received feedback that the qualifications requirements to fill some service provider positions were too high (YASC sub. 11). While credentials and standards generally aim to ensure a minimum quality of services, they do not guarantee it. In addition, those standards can have the unintended consequence of excluding local workers with an appropriate skill base to perform roles. Jobs would be more accessible if position requirements emphasised the outcomes for positions and the associated skills, instead of relying on qualifications that are in short supply within the communities.

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, training and certification. 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, and this is a key aspect to the reform proposal. The Commission recommends that the government actively remove barriers to local involvement in the delivery of services, including through:

- ensuring the requirements and processes for service delivery in the communities facilitate local participation
- ensuring that job specifications focus on outcomes required for those roles, and that screening requirements do not unnecessarily limit the participation of local community members, such as through restrictions on historical criminal convictions, education requirements, and occupational regulation.

**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 proportion rises to 76 per cent in remote areas (ABS 2016b). The Family Wellbeing evaluation identifies:

> “The 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, road accidents and mortality (Manning et al. 2013). Foetal Alcohol Spectrum Disorder (FASD) has long-term
developmental effects and impacts child safety outcomes (see Chapter 17 on Health). Alcohol Management Plans (AMPs) were originally introduced from 2002 across 19 remote communities. The status of the AMPs and the rate of breaches of the restrictions for those communities are set out in Table 42.

Table 42 Alcohol Management Plan restrictions and breaches by community, 2015–16

<table>
<thead>
<tr>
<th>Restriction</th>
<th>Communities (breaches per 1,000 persons)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero carriage limit—no alcohol, home brew or home brew equipment is allowed.</td>
<td>Aurukun (111.7), Kowanyama (260.9), Lockhart River (104), Mornington Shire (284.1), Napranum (33.3), Pormpuraaw (84.8), Woorabinda (187.8), Wujal Wujal (300.7)</td>
</tr>
<tr>
<td>11.25 litres (1 carton of 30 cans) of light or mid-strength beer.</td>
<td>Palm Island (54.7), Cherbourg (268.0)</td>
</tr>
<tr>
<td>11.25 litres (1 carton of 30 cans) of light or mid-strength beer or 750 ml (1 bottle) of non-fortified wine.</td>
<td>Yarrabah (49.1), Hope Vale (18.7)</td>
</tr>
<tr>
<td>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).</td>
<td>Northern Peninsula Area (11.8)</td>
</tr>
<tr>
<td>22.5 litres (2 carton of 30 cans) of light or mid-strength beer—no home brew or home brew equipment is allowed.</td>
<td>Doomadgee (60.8)</td>
</tr>
<tr>
<td>2 litres of non-fortified wine, and either 22.5 litres (2 cartons of 30 cans) of light or mid-strength beer and 9 litres of pre-mixed spirits (1 carton of 24 cans); or 33.75 litres (3 cartons of 30 cans) of light or mid-strength beer.</td>
<td>Mapoon (nil)</td>
</tr>
</tbody>
</table>

Notes: *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 2017a.

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 (LGAQ sub. 14, p. 9)
- the diversion of QPS resources to policing the restrictions and reducing their ability to undertake preventative policing (LGAQ sub. 14, p. 13)
- an increase in the rate of criminal convictions (for AMP offences) and accordingly, increased contact with the justice system and risks to employment (LGAQ sub. 14, p. 11)
- creation of illegal trade in sly grog, with high prices and covert consumption further encouraging binge drinking (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 (LGAQ sub. 14, p. 11)
• increases in the production of homebrew, in particular on Mornington Island (see high rates of breaches in Table 42), 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 (Clough, in LGAQ sub. 14, p. 10)
• uncertainty and negative effects on tourism (Donald 2003).

In their report on a survey of Queensland communities subject to AMPs, Clough et al. (2017) find that respondents were divided on whether the AMP had a favourable impact on making children safer in the community (56 per cent), making people safer (53 per cent), reducing violence against women (49 per cent), changing the level of violence (53 per cent), or making the community a better place to live (54 per cent). 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) and discrimination (77 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 licensed premises that have personal drinking restrictions, where moderate alcohol consumption is carried out in social setting and peer pressure can be applied on unacceptable behaviour (Betts 2017).

DATSIP has published an analysis of court records for convictions of AMP offences between 2002 and 2012 (QTT 2013). Its report indicates that 5,676 people gained an AMP conviction in that period. For 1,511 (26.6 per cent) of that group, an AMP conviction was their first contact with the justice system within that ten–year period. Of this group, 860 (15.2 per cent) would only have AMP convictions within the ten–year period. This group, who have obtained a criminal record solely due to AMP conviction, is largely female and older. Younger men dominate those having additional convictions, for offences against property (34.9 per cent), against person (50.5 per cent), and other drug and public order offences (87.5 per cent)65.

The Queensland Government has been involved in an extended review of AMPs since 2012. The current review process has three phases:

• Phase one involves community proposals and government assistance. The process requires that community proposals should include strategies for: a sustained reduction in alcohol related violence; reducing alcohol misuse; the future of the AMP; increased school attendance and reduced child protection notification. DATSIP can assist with the required consultation. In addition, the government will consult with a wider set of stakeholders.

• Phase two will develop transition plans and alternative strategies. The transition plans will outline strategies set out in phase one. They are to be developed within existing budgets and will be verified with the community.

• Phase three is for implementation and monitoring to ensure strategy outcomes are being achieved (DATSIP 2012).

65 These percentages do not add to 100 as they reflect the most serious offences in a case, and a person may have several cases over the ten–year period.
In 2015, most 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).

Currently all 19 communities have provided AMP proposals. An unpublished review has also been completed based on a report by PwC Indigenous Consulting. Wider consultation has also been undertaken (DATSIP 2017).

The Mornington Shire council has released its strategic review. The council have made five major recommendations in relation to their strategy:

• Formalising an AMP committee to provide advice to the community, council and government in relation to the plan. The committee would comprise representatives from health, justice, education and substance treatment providers.

• Reintroduction of legal alcohol in three stages. The first, is to introduce a carriage limit with a detached bottle shop licence, followed by a community club licence, and finally a hotel licence. The strategy indicates that government support in respect of the *Liquor Act 1992* and other relevant legislation is required.

• Appropriate penalties for homebrew and sly-grog sellers. The strategy seeks to prohibit the possession of turbo yeast used in homebrew manufacture.

• Greater support and resources for hospital and law enforcement.

• Provision of sober-up and alcohol treatment facilities (Mills 2017).

The strategy document notes that consumption of homebrew, and emergency department presentations at the Morning Island Hospital increased following the closure, of the only legal premises for alcohol consumption on the island in 2016. Several service providers also saw job applicants withdraw their applications once they realised there was no access to legal alcohol consumption on the island (Mills 2017, p. 80–81).

Given the high and persistent perverse outcomes under the AMPs, the Commission recommends that the Queensland Government finalise the AMP review as an immediate priority with:

• a focus on the overall effectiveness and efficiency of AMPS (do the costs outweigh the benefits)

• devolving control of AMPs to communities

• supporting community decision making with timely information through which they can measure the effectiveness of their strategies.

### 16.8 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. Ensuring local communities have a role in the commissioning of those services and can participate in their delivery will make a significant contribution to community safety outcomes. The reform proposal features are aligned with these needs.
Recommendation 19
The Queensland Government should adopt a community-based approach to community safety that harnesses local resources, responsibility and capabilities. The government should:

- identify and implement opportunities for effective and efficient prevention initiatives, with specific consideration given to early childhood education and community based programs
- remove barriers to local involvement in the delivery of services, including by:
  - ensuring the requirements and processes for service delivery in communities do not impede local participation
  - ensuring that job specifications focus on outcomes required for those roles, and that screening requirements do not unnecessarily limit the participation of local community members.

Recommendation 20
In responding to the reviews of the blue card and foster care systems, the Queensland Government should:

- demonstrate that the safety benefits from any additional standards outweigh the associated costs and impacts
- prioritise the following aspects of the Aboriginal and Torres Strait Islander strategy outlined by the QFCC Blue Card review:
  - the provision of, and funding for, community based support for Working with Children Checks
  - the development of a role for local community organisations in the approval process for blue cards.

The future statutory review recommended by the QFCC should include an overall assessment of the costs and benefits of the blue card scheme against alternative options.

Recommendation 21
The Queensland Government should finalise the review of Alcohol Management Plans (AMPs) as a priority, with a focus on:

- the overall effectiveness and efficiency of AMPs (including whether their costs outweigh their benefits)
- devolving control of AMPs to communities
- supporting community decision making with timely information through which communities can measure the effectiveness of their strategies.