

### Initial submission: Imprisonment and recidivism

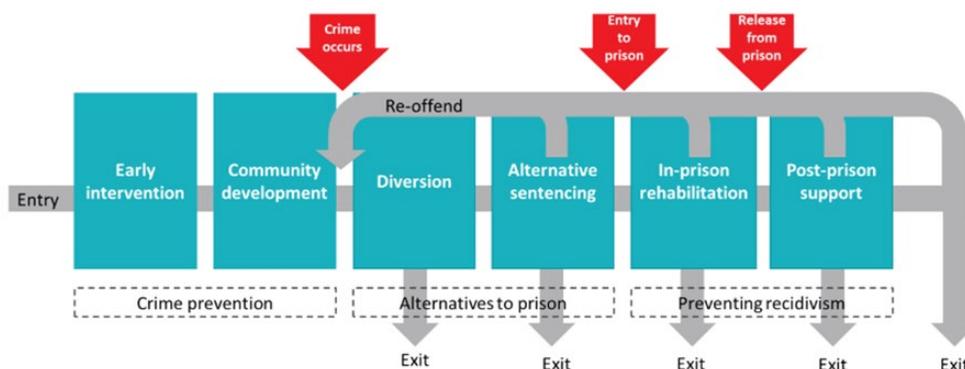
*“Like all other diseases the disease of crime is one which is more rationally treated by prevention than by curative methods. Will not the law-maker join hands with the medical practitioner and endeavour, even at the sacrifice of his own interests, to prevent the diseases he treats?”* George Frank Lydston, 1858–1923, American Urologist.

QHVSG will provide further input into the current terms of reference during the further consultation period; however we feel that our main focus needs to be on the lack of resourcing in relation to early intervention.

If we truly wish to address the issue of Imprisonment and Recidivism, there needs to be a complete overhaul of the way we gauge success in schools and how they are funded. The obsessive focus by governments and therefore the Education Departments on standardised testing as a true measure of success has been shown to be not only flawed, but also draws essential funding away from potentially life changing early intervention programs. Targeted strategies for the prevention of crime within the education system are minimal.

It is well documented that Childhood adversity is associated with adult criminality (James A Reavis, Jan Looman, Kristina A Franco, Briana Rojas. Perm J. 2013) and in their findings it is suggested that to decrease criminal recidivism, treatment interventions must focus on the effects of early life experiences. Not only should these intervention occur for the child in the school setting, but there is evidence that underscore the critical nature of effective parental socialization early in the life course (David P. Farrington a, Maria M. Ttofi a, Alex R. Piquero b. J. Criminal Jusitce. 2016).

We can see the crime prevention stage (The Pathway in and out of prison diagram, QPC Issues Paper. 2018) supports the fundamental belief that early intervention is paramount. Like health, it is best to prevent rather than have to cure.



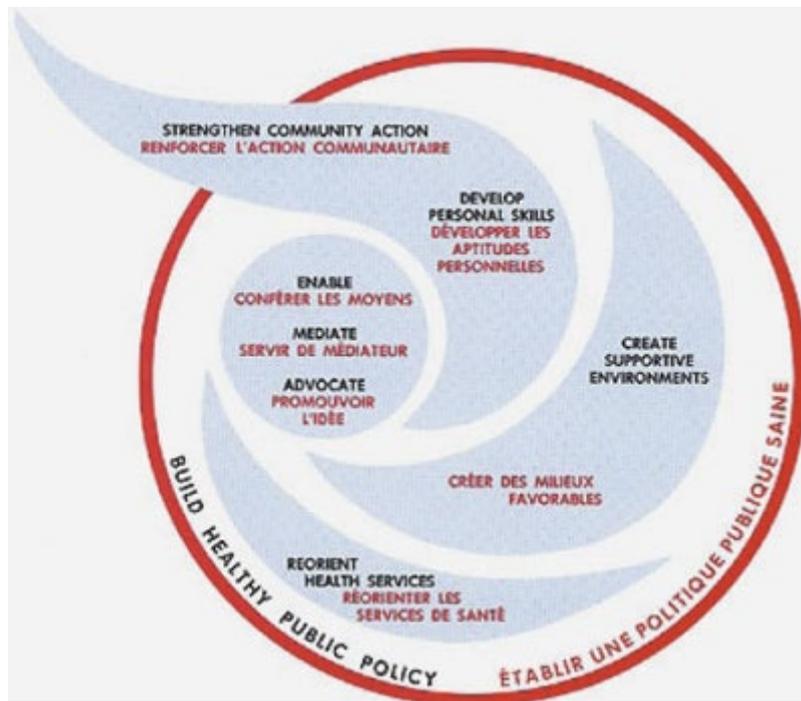
Yet whilst evidence-based approaches that have demonstrated effectiveness in preventing youth violence are increasingly available, they are poorly publicised and are not sufficiently emphasised in

Australian government funding models (Toumbourou, John W., Leung, Rachel, Homel, Ross, Freiberg, Kate, Satyen, Lata, Hemphill, Sheryl. Griffith University 2015).

The recommendations of Toumbourou et al are clear, however to occur these programs require greater fiscal support within our communities to establish a plan for the individual student / family who are seen to be at risk.

### Access to psychological support in QLD schools

The Ottawa Charter (World Health Organisation, 1986) supports the concept of social justice. This concept favours measures that aim at decreasing or eliminating inequity; promoting inclusiveness of diversity; and establishing environments that are supportive of all people. The Australian Department of Health is aligned with this Charter.



Having a supportive school environment provides greater access to early intervention and if the government wants to provide a truly support environment within the school setting, it needs to fund it.

The majority of QLD Schools rely on Part time Guidance Officers who do not have the time or ability to provide evidence based psychological support around crime prevention or to establish a plan for the individual student needs. In addition, it is questionable if trainee teachers are educated in relation to crime prevention in their formal education years or once their professional careers commence. We can't address what we don't know.

Often (and correctly in the current system) students are referred to outside agencies for support. For many families however, accessing a psychologist requires a sound level of health literacy and an ability to meet the costs. This is prohibitive and does not support the principle of access.

For example, the establishment of a mental health plan must be created by a GP, which will lead to ten sessions being paid largely through the Medicare scheme; however this also requires a service provider being available in the area. Many government providers that target youth have long waiting periods and for the majority of students, they will never be referred in the crime prevention stage.

If we consider what is currently provided in term of the Social Justice and early intervention, we could question if we are meeting the fundamental principles in Queensland.

The provision of full time psychologists within the school setting who also work with community groups to support local initiatives, would support the principles of social justice. This could enable greater ability to provide early intervention. The Australian Psychological Society supports the use of professionals as they are trained to identify the barriers to learning. They can help students, teachers and school communities maximise learning outcomes and support social and emotional wellbeing. They can also develop early intervention strategies.

And whilst some research suggests that barriers exist within the school setting for parents to seek psychology support for their child (Adelman et al., 1993; Bowers et al., 2013; Owens et al., 2002; Rickwood et al., 2005; Sayal, 2007; Sayal et al., 2010; Spoth & Redmond, 2000), the larger issue seems to be that these professionals are not employed at this point.

The cost of this provision is certainly a factor; however we currently place enormous funds and time into the questionable practices of standardised testing. After twenty years as an educator, I can confidently say that the majority of teachers see NAPLAN as a waste of money.

### **Government support**

This cannot be a political issue.

For long term change to occur we need long term planning. Both major parties and independent MP's need to consider the value of developing support to address the issue of early intervention.

Interestingly on page six of the QPC issue paper (Issues Paper: Imprisonment and recidivism, 2018), the use of early intervention is not mention in the influences of on crime rates. We feel that this speaks volumes in relation to the level of planning and resourcing that currently exists in relation to preventive strategies. What we have is not preventative based, but a curative system.

If the evidence is correct and early intervention works, then funding is required. We then decrease imprisonment and recidivism. Surely this would be a good investment.

## Recommendations.

1. Tertiary Education qualifications (e.g Dip, Ed, B.Ed) to include compulsory studies in early intervention strategies in relation to the prevention of crime.
2. Funding for standardised testing (i.e currently NAPLAN ) to be redirected into social and emotional welfare streams.
3. Establishment of a specific Early Intervention Crime Prevention Units within Education Departments. These teams guide the implementation of evidence based early interventions. These units are a mix of criminologists, psychologists and experienced classroom practitioners (across all age specialisations).
3. Trained psychologists to be employed in schools to lead welfare programs. These professionals will provide direct assistance for the creation and maintenance of effective early intervention programs both within the school setting and in the local communities.  
  
Psychologists to be a part of executive teams within schools; where decisions are made.
5. Early intervention to commence at pre-school years and continue along the education journey.
6. Development of clear strategies to improve health literacy of parents, within the school community settings.



Brett Thompson  
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## References

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