



*The Dartington Service Design Lab
Centre for Social Policy, Fellows Meeting
Buckfast Abbey, Devon UK
June 6, 2018*

Developing a National Centre for Prevention Science Infrastructure in Australia

*Ross Homel, with
Kate Freiberg, Sara Branch, Brian Bumbarger & other colleagues from the
Create-ing Pathways to Child Wellbeing Research Team*

Griffith Criminology Institute

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- **The Australian Research Council**
- The Benevolent Society;
- The Queensland Government:
 - The Queensland Family and Child Commission
 - The Department of Child Safety, Youth & Women
 - The Queensland Department of Education
 - Children's Health Queensland
- Anglicare Tasmania
- The Salvation Army
- **The Australian Department of Social Services**
- The NSW Department of Families and Community Services
- The NSW Department of Education
- Mission Australia
- The Smith Family
- Logan Together
- The Australian Primary Principals Association
- InVision Media





SPRC
Social Policy Research Centre



POVERTY IN AUSTRALIA

2016

Executive Summary

In 2014, the 50% of median income poverty line for a single adult was \$426.30 a week (or \$343.00 for income after housing costs). For a couple with children it was \$895.22 a week (or \$720.22 after housing). Using the after-housing poverty line, the headline poverty rate in 2014 is 13.3%, slightly lower than the 2012 rate (13.9%).¹

Long term analysis indicates an overall trend of persistent and entrenched poverty over the decade. Of most concern, there was a 2% increase in child poverty from 2004 to 2014, with the trend most pronounced for children in lone parent families.

Internationally, Australia's poverty rate remains above the OECD average, despite our relative prosperity.

In population terms, there were 2.99 million people living below the poverty line after taking account of housing costs in 2014.² The poverty rate for children remained significantly higher than for adults at 17.4%, affecting 731,000 children. This was little changed from 2012 when the child poverty rate was 17.7%. Of concern, the child poverty rate for children in lone parent families increased from 36.8% in 2012 to 40.6% in 2014.]

We now have a number of lists of proven-effective prevention and intervention programs

- Effectiveness demonstrated in rigorous scientific evaluations (randomized controlled trials)
- Large longitudinal studies or multiple replications (results that are robust and generalizable across populations)
- Significant effects on substance use, as well as aggression, youth violence, delinquency, school failure, and mental health outcomes

These evidence-based programs give us great confidence that if well-matched to need and implemented well they will be effective at promoting better youth outcomes

The road to scale runs through public systems.

***...decades of experience tell us
a bad system will trump a good program
every time.***

Patrick McCarthy, Annie E. Casey Foundation

Communities for Children Facilitating Partners Evidence-based programme profiles

A-Z listing

Below are the profiles of evidence-based programmes that have a sufficient evidence base to be considered approved for use under the 50% requirement for Communities for Children Facilitating Partners.

Read more [about the profiles](#), access a [guide to selecting a programme](#), or access information about [submitting an alternative programme](#).

1

[1-2-3 Magic and Emotion Coaching](#)

The 1-2-3 Magic and Emotion Coaching programme aims to help parents and carers manage difficult child behaviour with a focus on strategies and techniques that promote positive behaviour; encouragement in developing the child's ability to manage their emotional reactions; and relationship-building.

Delivered to: Parents

[Expert Panel project home](#)

[About these profiles](#)

[A-Z listing](#)

[Search](#)

[Advanced Search](#)

[Guide to selecting a programme](#)

[Submit an alternative programme](#)

[Contact the project team](#)



SEARCH STRATEGY:
Select only a few criteria of importance.

Multiple criteria selected **ACROSS** categories may reduce the number of programs returned. *Note: It is possible to return a search*

[SEE EXAMPLE](#)

FREQUENTLY ASKED QUESTIONS

To learn more about Blueprints programs, please visit our FAQ page!

Despite this progress...

Prevention approaches that do not work or have not been evaluated are more widely used than those shown to be effective

Ringwalt, Vincus, et al. 2009

Principals facing high rates of violence, bullying in schools: survey

By Pallavi Singhal
21 February 2018 – 12:01am



In numbers

Public school principals experiencing physical violence	43%
Australian principals experiencing bullying	34%
Principals who reported working upwards of 61-65 hours per week	27%
Rate of sleeping troubles among principals compared to general population	2.2 times
Rate of burnout among principals compared to general population	1.6 times

More than a third of principals in Australian public schools are experiencing physical violence and bullying at work and more than half are being threatened with violence, a new survey has found.

Principals across government and non-government schools are also working an unhealthy number of hours, with more than a quarter working over 61 hours per week. They are also far more likely than the general population to experience burnout, sleeping troubles and stress symptoms, according to the latest Principal Health and Wellbeing Survey of about 5000 school leaders, released on Wednesday.

More than 40 per cent of principals in public primary and secondary schools experienced physical violence at school, compared with about 24 per cent of principals in Catholic primary schools, 18 per cent of Catholic high school principals, and more than 7 per cent of principals at independent schools.

Students were the main perpetrators of violence, although about 8 per cent of principals experienced violence from parents, according to the survey led by associate professor of educational leadership at the Australian Catholic University Philip Riley.



Many Australian principals are experiencing violence and bullying in schools, a new survey has found.

NSW primary school suspensions skyrocket

Pallavi Singhal | Nigel Gladstone

136 reading now

SHARE

TWEET

MORE

The number of suspensions handed out at NSW primary schools has increased by 10 per cent in two years and students in south-western Sydney are being suspended more than four times as often as students in other parts of the city.

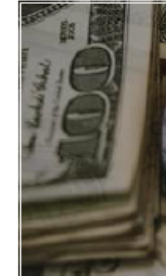
Across NSW primary and secondary schools, 65,610 suspensions were issued in 2016, down from 66,020 in 2014, the latest figures from the NSW Department of Education show.

SHARE



Primary school suspensions in NSW have risen by 10 per cent in two years. Photo: Quentin Jones

However, more than 7540 primary school suspensions were issued in NSW in 2016, up nearly 10 per cent from 6860 suspensions in 2014.



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MOST PC

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How a boy of 11 killed Patrick Slater on Australia Day in Perth

By Joanna Menagh

Updated Sat 2 Dec 2017, 3:49pm



PHOTO: The boy was 11 years old when he was accused of murdering Patrick Slater. (Facebook)

BMJ Open Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia

Carol Bower,^{1,2} Rochelle E Watkins,^{1,2} Raewyn C Mutch,^{1,2,3,4} Rhonda Marriott,⁵ Jacinta Freeman,¹ Natalie R Kippin,^{1,6} Bernadette Safe,^{1,3} Carmela Pestell,^{1,7} Candy S C Cheung,⁷ Helen Shield,⁷ Lodewicka Tarratt,⁷ Alex Springall,⁷ Jasmine Taylor,⁷ Noni Walker,¹ Emma Argiro,⁴ Suze Leitão,^{1,6} Sharynne Hamilton,^{1,3} Carmen Condon,¹ Hayley M Passmore,^{1,3} Roslyn Giglia^{1,2}

To cite: Bower C, Watkins RE, Mutch RC, *et al.* Fetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia. *BMJ Open* 2018;8:e019605. doi:10.1136/bmjopen-2017-019605

► Prepublication history for this paper is available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2017-019605>).

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ABSTRACT

Objectives To estimate the prevalence of fetal alcohol spectrum disorder (FASD) among young people in youth detention in Australia. Neurodevelopmental impairments due to FASD can predispose young people to engagement with the law. Canadian studies identified FASD in 11%–23% of young people in corrective services, but there are no data for Australia.

Design Multidisciplinary assessment of all young people aged 10–17 years 11 months and sentenced to detention in the only youth detention centre in Western Australia, from May 2015 to December 2016. FASD was diagnosed according to the Australian Guide to the Diagnosis of FASD.

Participants 99 young people completed a full assessment (88% of those consented; 60% of the 166 approached to participate); 93% were male and 74% were Aboriginal.

Findings 88 young people (89%) had at least one domain of severe neurodevelopmental impairment, and 36 were diagnosed with FASD, a prevalence of 36% (95% CI 27% to 46%).

Conclusions This study, in a representative sample of young people in detention in Western Australia, has documented a high prevalence of FASD and severe neurodevelopmental impairment, the majority of which had not been previously identified. These findings highlight the vulnerability of young people, particularly Aboriginal youth, within the justice system and their significant need for improved diagnosis to identify their strengths and difficulties, and to guide and improve their rehabilitation.

Strengths and limitations of this study

- Study conducted in the only youth detention centre in the Western Australia.
- Representative sample of young people in detention in Western Australia.
- Comprehensive, multidisciplinary assessment, using Australian diagnostic criteria for fetal alcohol spectrum disorder.
- Inability to obtain information on prenatal alcohol exposure for some young people.
- Did not assess the domain of affect regulation and limited formal assessment of domain of adaptive behaviour for some young people.

and decision making.^{1–3} These impairments can, in turn, lead and contribute to problems at school and with employment, mental health, social exclusion, substance misuse and early and repeated engagement with the law.⁴ In the Fetal Alcohol Follow-up Study of the University of Washington Fetal Alcohol and Drug Unit, of 415 individuals assessed by dysmorphologists to have fetal alcohol syndrome or fetal alcohol effects (median age at follow-up was 14 years of age), 60% had been in trouble with the law and 35% had been incarcerated for a crime.⁴





The background of the entire page is a photograph of two children, a girl and a boy, walking away from the camera on a sandy beach. The girl is on the left, wearing a red t-shirt, and the boy is on the right, wearing a dark t-shirt. They are holding hands. The scene is bathed in the warm, orange and red light of a sunset or sunrise, with the ocean visible in the background.

ROYAL COMMISSION AND BOARD OF INQUIRY

INTO THE PROTECTION
AND DETENTION OF
CHILDREN IN THE
NORTHERN TERRITORY

**FINDINGS AND
RECOMMENDATIONS**

THE PROBLEM: SCIENCE TO SERVICE

1. The geographical distribution of crime rates and social disadvantaged is increasingly skewed – *place and inequality matter more than ever*
2. *Early (developmental) crime prevention works* in special demonstration projects. The Pathways to Prevention Project addressed this: *how effective are 'routine' family support services?*
3. How do we go from success 'in miniature' to sustained success at scale? This is the domain of *Type 2 Translation in prevention science*.

How do we achieve this?

The challenge now facing Australia is to *build the infrastructure* essential for large-scale, sustainable, economically efficient, early prevention delivery systems.

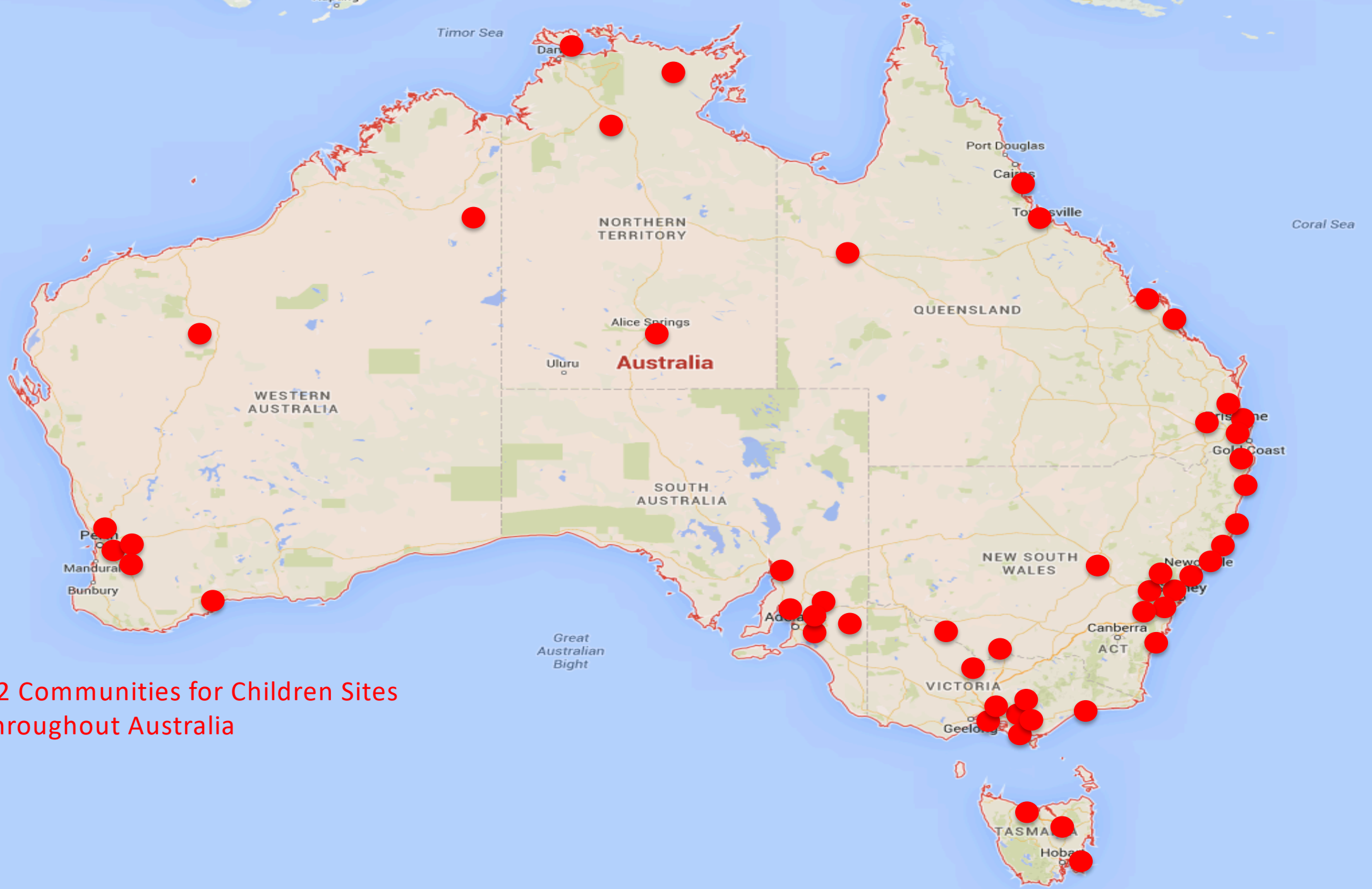
This entails the twin challenges of system transformation and community empowerment.

In the recent round of ARC infrastructure funding, social science projects received only 1.5% of all funding!

To improve outcomes, we must bridge the gap between science and service

Pennsylvania's Approach: Create sustained, community-wide public health impact through effective community collective impact coalitions using proven effective programs targeted at strategically identified risk and protective factors

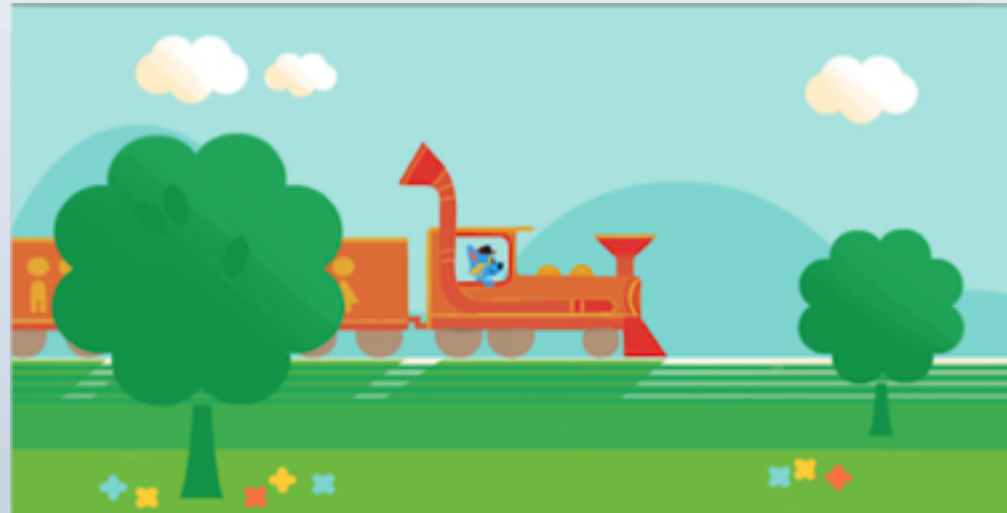
- ✓ Community Mobilization +
- ✓ Systems Coordination +
- ✓ Data-driven Surveillance and Diagnosis +
- ✓ *Evidence-based strategies*
- ✓ applied with fidelity & sustained



52 Communities for Children Sites
throughout Australia

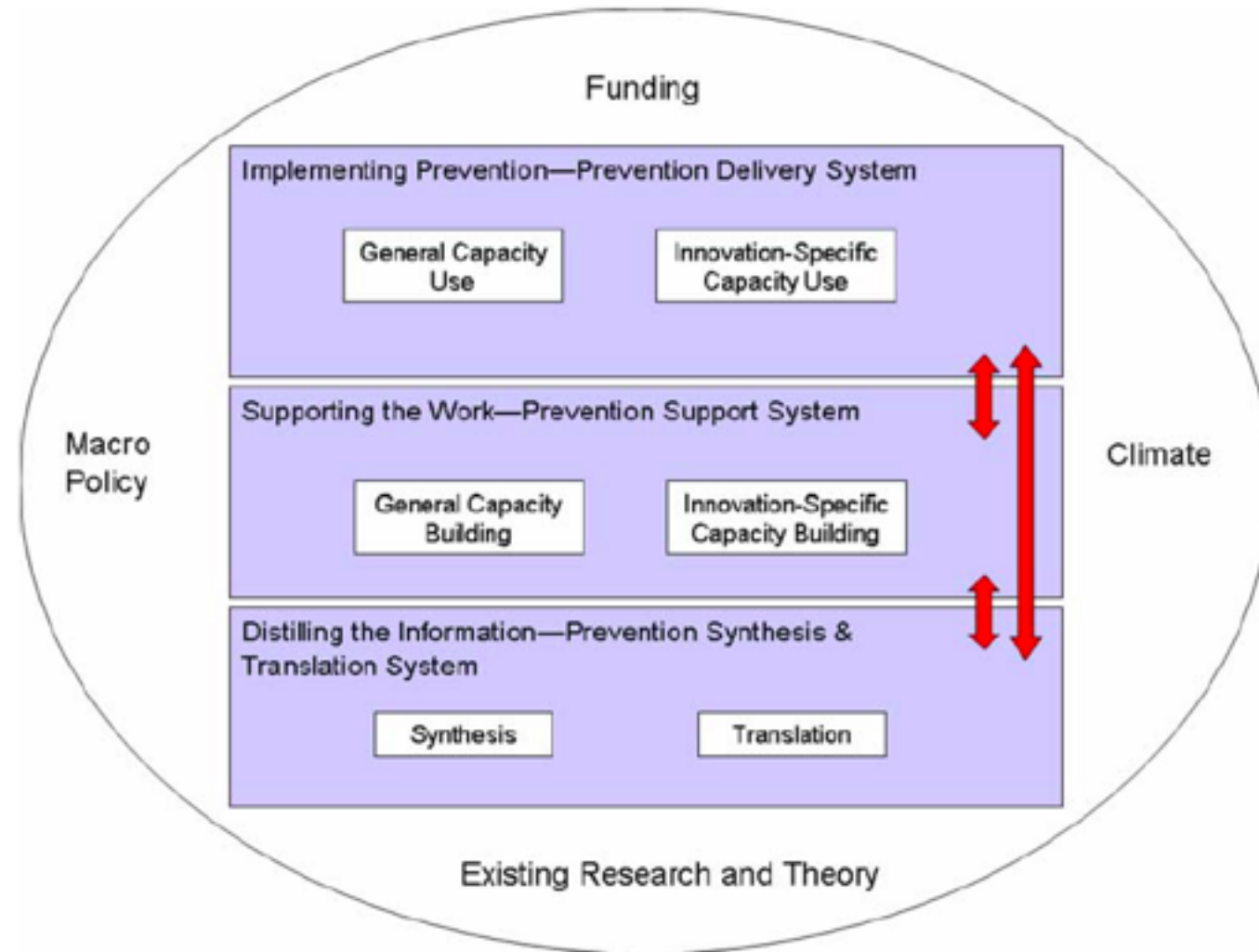
Our Goal

Make good prevention delivery systems better (Communities for Children, state education & human services, NGO community services) by *constructing and testing new infrastructure:*
a Prevention Translation and Support System



Example: Pathfinder Tool and Video

Fig. 2 The interactive systems framework for dissemination and implementation



Wandersman et al (2008)

Two major components of the Griffith Prevention Translation & Support System

1. An interactive web-based set of electronic resources:

- Tools for CfC community coalition members to strengthen their collective capacity to undertake key activities fundamental to each stage of the CREATE Change Engine
- data collection tools for collaborative goal setting and tracking collective outcomes and progress (including coalition function, child and family outcomes, and economic analysis)

2. Systems and processes established by Collective Impact Facilitators for:

- implementing the CREATE community prevention model
- achieving the core conditions of collective impact

RealWell & CREATE
Bird's Eye View

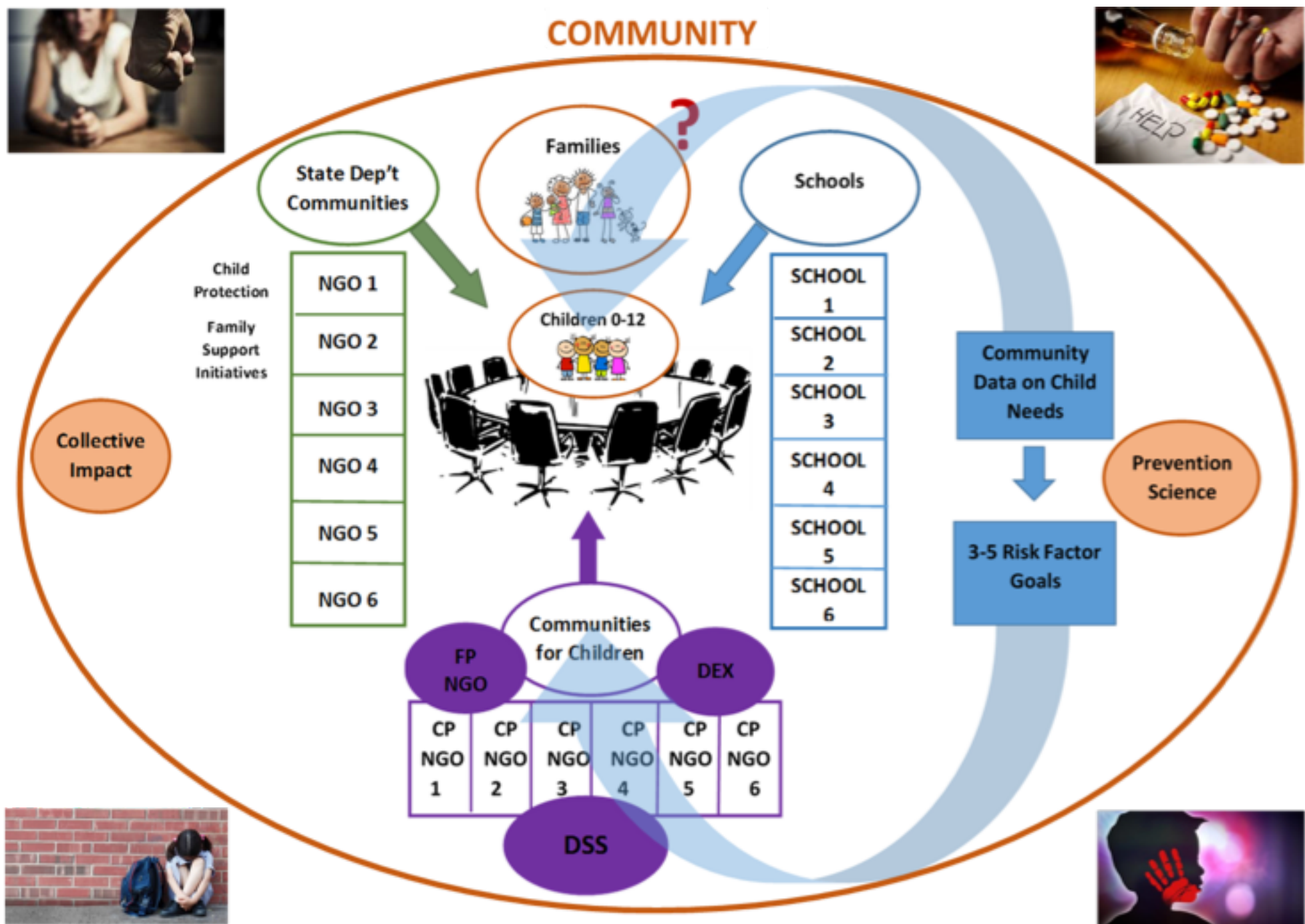


www.realwell.org.au



www.creatingpathways.org.au

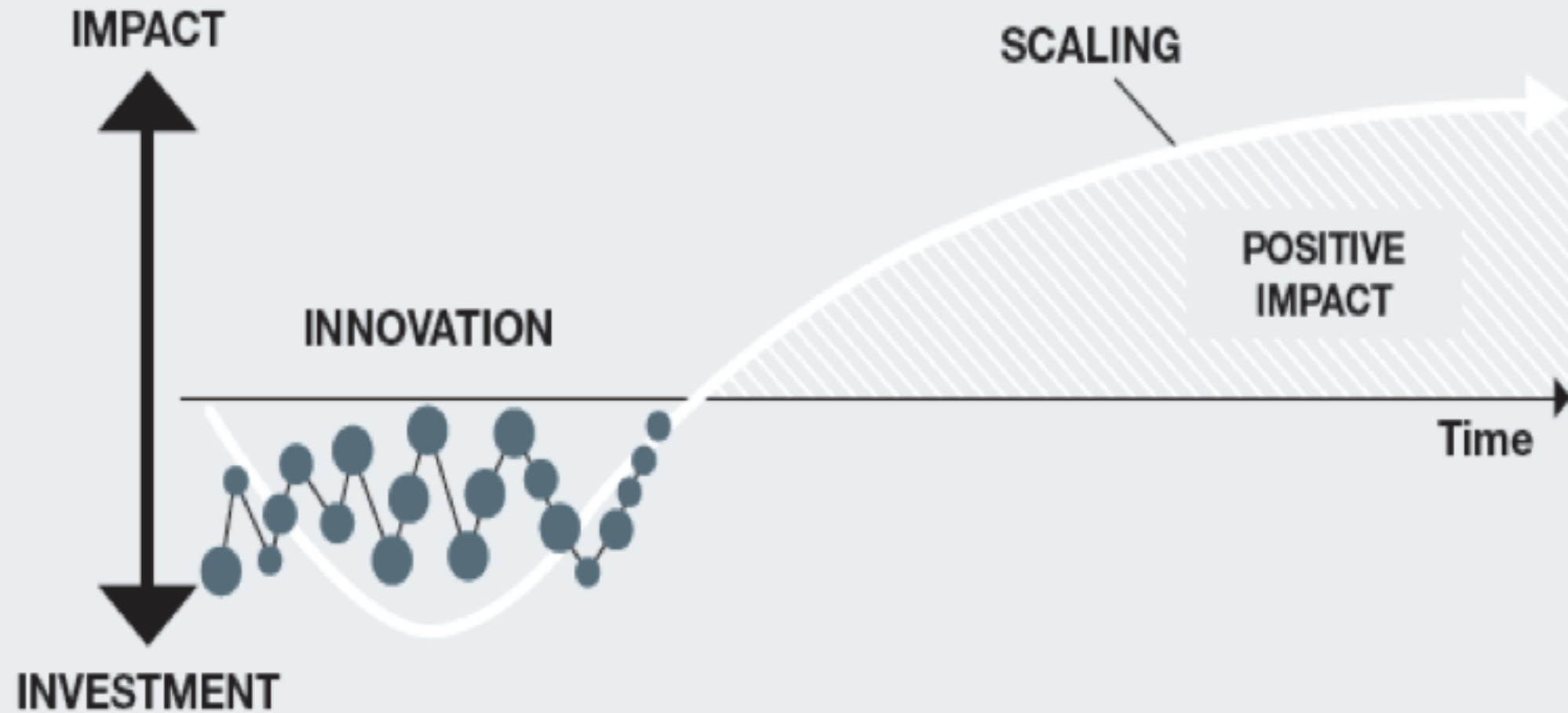
COMMUNITY



Child Outcomes (5-12 years): Available Through Schools for Assessing Population-Level Impact

1. Rumble's Quest: overall wellbeing; attachment to school; behavioural and emotional self-regulation; supportive home relationships; social and emotional confidence; and five executive function skills: inhibitory control; attention control; working memory; cognitive flexibility; and focus.
2. Teacher-rated classroom behaviour (in Logan, as part of *a data linkage experiment*)
3. NAPLAN scores
4. Suspensions and exclusions
5. School attendance

Creating Social Impact: Innovation Plus Scaling



Dass, S., 2017. Leadership Insights: Scaling for transformative impact. JBWere.

Better lives for children in disadvantaged communities

Collaborative:

development is multifaceted, demanding that system silos be transcended through a comprehensive and integrated approach based on good governance

Relationships-driven:

program delivery requires community engagement and trust built on connections between organisations and relationships between people

Early in the pathway:

primary prevention by getting in early before problems emerge or become entrenched, with targeted programs embedded in a universal framework

Accountable:

a clear focus on measurable outcomes and shared responsibility for clearly articulated goals

Training focused:

empowerment of the workforce through continuous skills development and building the efficacy of parents to achieve their own goals for their children

Evidence-based:

programs and services have clear evidence for their effectiveness and are able to be implemented with integrity

GOOD
GOVERNANCE

EMPOWERMENT

Stronger Developmental System

A National Prevention Support System: The Idea of a Prevention Science ‘Infrastructure’ Centre

1. The focus: Primary and secondary prevention – relieve the burden on tertiary systems. Or universal and selective prevention: the concept of proportionate universalism.
2. Promotion of child and youth wellbeing, or ‘behavioural health’: educational success, prosocial behaviours (drugs, crime ...), social-emotional wellbeing ...
3. ‘Shifting the dial’ for children from disadvantaged populations: includes but need not be restricted to ‘place-based.’

A National Centre #2

4. Goals are system transformation (human services and education) through the use of good science applied through respectful partnerships in which researchers and users co-design the methods, tools, and resources that will shift the dial.
5. Situated as an intermediate organisation that inhabits ‘the twilight zone’ between the worlds of research, policy and practice – and communities:
 - Directed by a practitioner-researcher
 - Constituted as a company limited by guarantee
 - High-level board - government, business, philanthropy
 - Science advisory group

A National Centre #3

4. The needs are greatest amongst Indigenous families and communities.
Work with Indigenous groups and communities will be a major program in the centre, run and controlled by Indigenous researchers, practitioners and communities.
5. Does NOT compete with, but complements, organisations currently delivering preventative services for families, children and young people (the support system SUPPORTS the delivery system).
6. Develops and tests the human and electronic resources and methodologies for a 'public health' approach to promoting child wellbeing:
 - Evidence-driven (or informed?) practice
 - Data-driven decision making

Is this pie in the sky bye and bye?

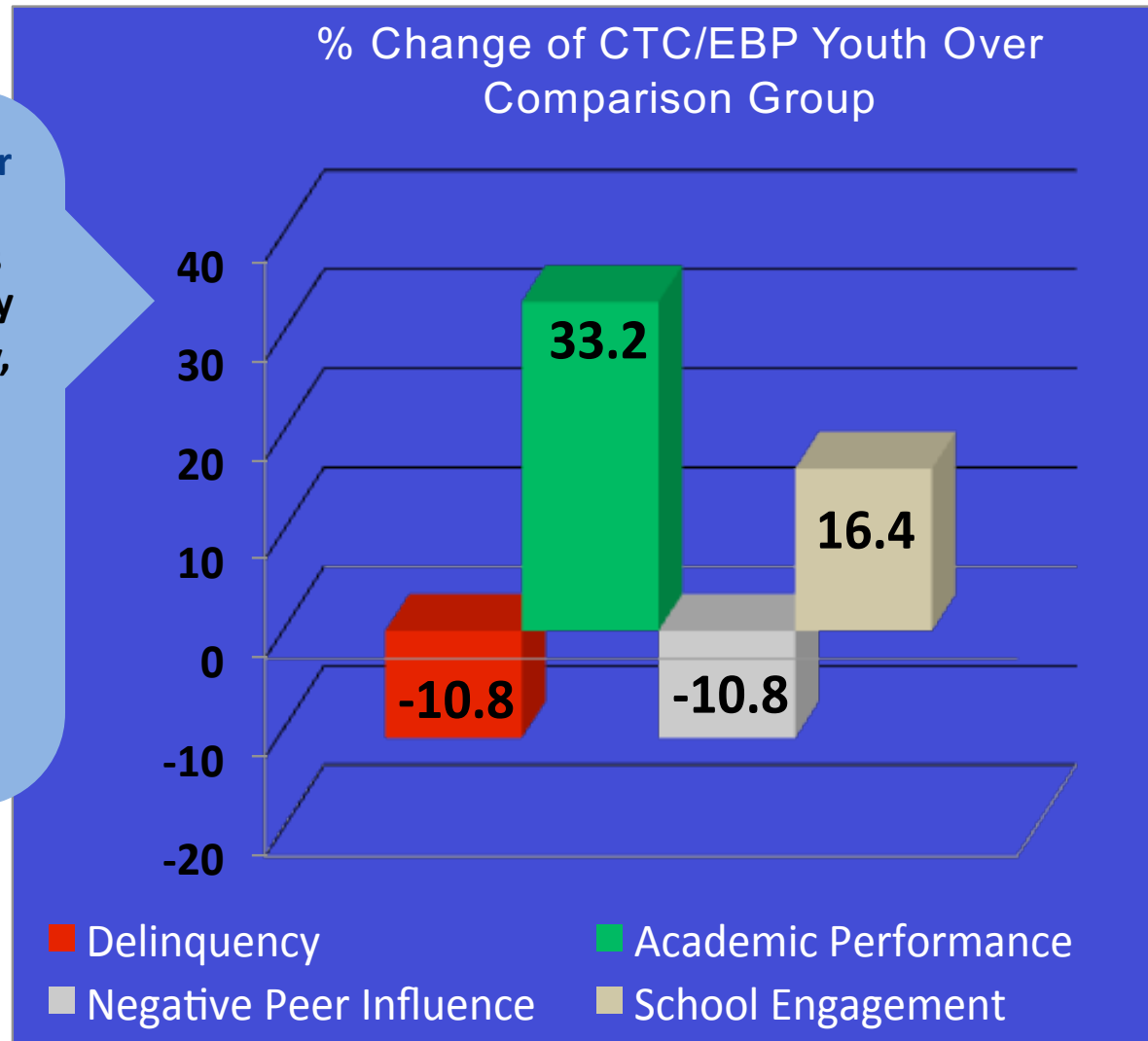
***Look at the evidence from the state-wide implementation of
Communities that Care in Pennsylvania***

(See Slide #18 for how they did it)

5 year Longitudinal Study of PA Youth

419 age-grade cohorts over a 5-year period:

youth in CTC communities using EBPs had significantly lower rates of delinquency, greater resistance to negative peer influence, stronger school engagement and better academic achievement



Feinberg, M.E., Greenberg, M.T., Osgood, W.O., Sartorius, J., Bontempo, D.E. (2010). Can Community Coalitions Have a Population Level Impact on Adolescent Behavior Problems? CTC in Pennsylvania. Prevention Science.

To learn more about the kinds of tools, methods and resources
that the Creating Pathways research team is developing,
visit our two web sites:

Creating Pathways

TO PREVENTION



www.creatingpathways.org.au



RealWell

Measuring and supporting
child wellbeing

www.realwell.org.au