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Measuring primary school student wellbeing as part of a data-driven, evidence-based multisectoral strategy to prevent youth crime in the City of Townsville

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Overview

- What:** design community level profiles of risk and protective factors for 5-12 year old children
- Why:** As a guide to decision making for collective community action to improve child wellbeing and reduce youth crime
- Where:** in Communities for Children (CfC) communities in Australia (including Townsville)
- When:** As needed by community level groups (CfCs, schools, NGOs, government departments)
- How:** using the *CREATS* prevention support system and data from multiple sources

Zac Murphy

B/Psych and MBA (HR)

19th year in community services and youth justice in north and far north Queensland.

Principal Research Officer assisting Major General Stuart Smith (ret'd) AO, DSC.

Project Manager – Coordinating the implementation of *Townsville Voice*



Townsville's voice: local solutions to address youth crime

An independent report on the Townsville community's view on youth crime, including an assessment of the effectiveness of current prevention strategies and recommendations for improvements.

By Major General (Ret'd) Stuart Smith AO, DSC, Townsville Community Champion to the Honourable Annette Palaszczak MP, Premier and Minister for Trade

The Townsville Voice Project: Key Points

- Aimed to assess the community's views on youth crime
- The consultation, led by Community Champion Major General (ret'd) Stuart Smith, AO DSC aimed to 'go deep' and was guided by three principles:
 - Consult to capture the majority view (not just the most vocal)
 - Themes emerging should be researched and driven by local data
 - Recommendations supported by the community should be sustainable and resilient to political cycles
- Over 800 residents consulted with 1493 contacts across the community, base on 7 forums and numerous other forms of contact

The Townsville Voice Project: Key Points #2

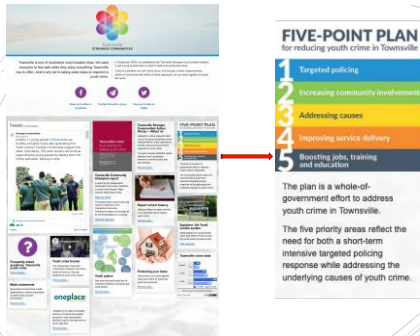
- Clear themes began to emerge early:
 - Share more information on the actions being taken to address youth crime.
 - Hold youth to account for the offending.
 - Support families and youth to remain engaged with school.
 - Promote role models and mentors.
 - Improve the diversionary justice processes and timeliness of the youth justice system.
- The community expressed a clear focus on prevention followed by interventions then rehabilitation.

The Townsville Voice Project: Key Points #3

- Enhance the **prevention system** through increased support of:
 - Victims
 - Parents
 - Early education screening
 - School attendance
 - Developing cultural resilience.
- Enhance the **intervention system** through:
 - Improving youth services after hours
 - Strengthening mentoring programs
- Enhance the **rehabilitation system**:
 - Strengthen diversionary options in the youth justice system
 - Strengthen transition between youth justice rehabilitation services
 - Strengthen the community service system to hold youth accountable for their actions

The Townsville Voice Project: Key Points #4

- In summary, the focus was on **seeking community views**, then looking at the **broader research** surrounding the themes the community presented combined with **analyses of local data**.
- One example of this is the community identifying that **enhancements could be made in early education screening** to maximise their chance of following a positive educational pathway.
- Research and data suggests that there are **many children entering the youth justice system with previously undiagnosed and untreated issues** that have direct impacts on positive school behaviour.
- After a review of potential tools and processes that could be sustainable, easy to deliver and had been validated, **Rumble's Quest** was nominated in the report.
- The CREATE research team has been working with **Leanne Pascoe and her colleagues in the Department of Education** in Townsville to help implement Rumble's Quest in schools.



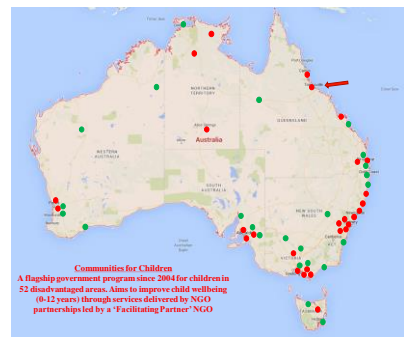
The CREATE Project: Key Points

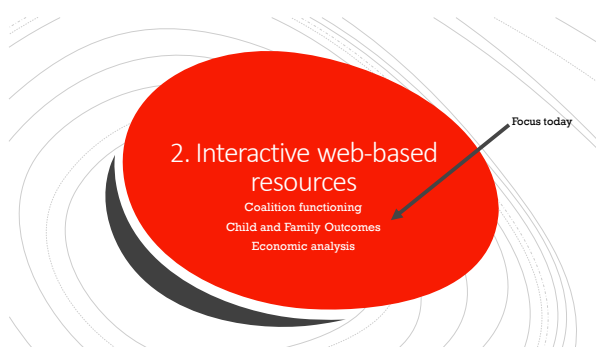
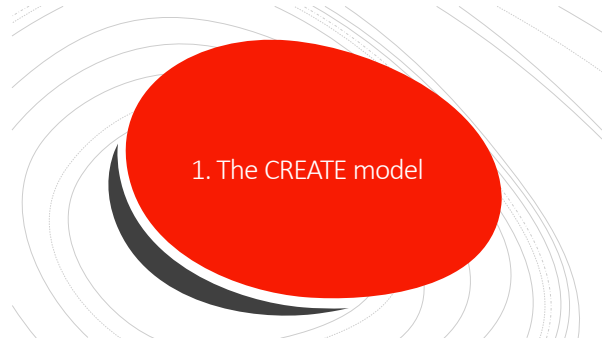
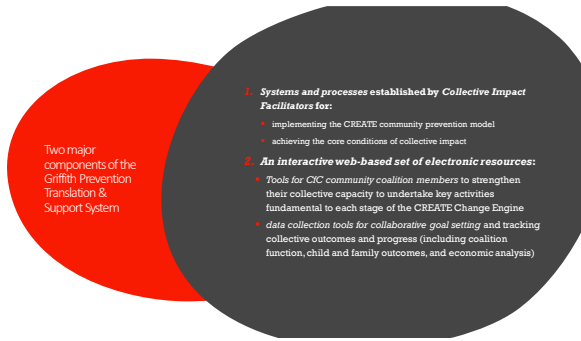
- The CREATE Project (*Create-ing Pathways to child wellbeing in disadvantaged communities*) aims to build prevention science methods and measures **WITHIN the routine practices of large scale community service and school systems** in two states of Australia, Queensland and New South Wales.
- The focus is children aged 0-12 years, but mainly **primary school-aged children 5-12 years**.
- CREATE uses a population health methodology similar to Communities That Care – including the **development of community-level child risk and protective factor profiles**.
- Our data are **VERY PRELIMINARY**, but demonstrate the great potential of our methodology

Our goal: work **WITHIN** existing delivery systems

Make good prevention delivery systems **better** by constructing and testing a **Prevention Translation and Support System**

- Do this for
- Communities for Children (CIC) regions in Australia
 - Australian State Education Departments
 - NGO community services

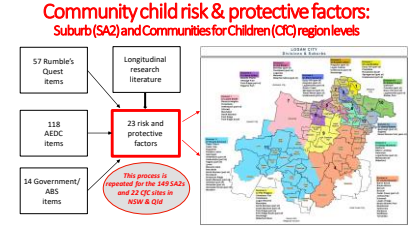
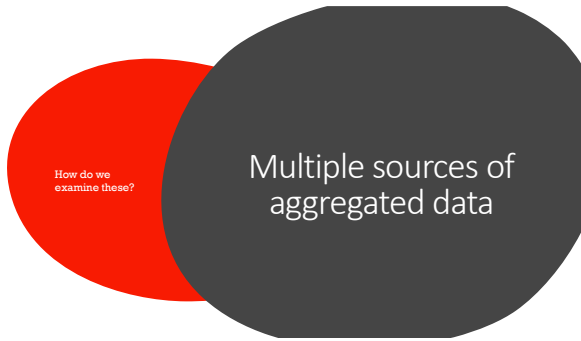




Child risk and protective factors at suburb (SA2) level

Note: 5 factors not yet included, including 3 community safety & stress factors

1. Positive relationships and peer acceptance	7. Social Skills - Prosocial Orientation	13. Attachment to school
2. Positive relationships and peer acceptance	8. Parent support for learning involvement and prosocial activities	14. Engaged in learning
3. Adherence to norms and standards	9. Enduring presence of caring adult	15. Positive school climate (and recognition of effort)
4. Impulsivity / self-regulation	10. Exposure to conflict / violence / unsafe environment	16. AEDC: Readiness to learn / School readiness
5. Emotional Health (optimism, positive outlook, problem solving skills)	11. Life events (e.g., adversity; possible discrimination)	17. AEDC: Individual factors that may facilitate academic achievement
6. Self-esteem	12. Family Function (e.g., Family routine and structure; Age appropriate Supervision)	18. AEDC: Individual factors that may impede academic achievement



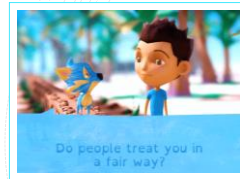
This methodology does the same job for primary aged children as the CTC needs assessment using their Youth Survey



www.realwell.org.au

An interactive computer game that provides psychometrically valid and reliable measures of the social-emotional wellbeing of primary school children 6-12 years

Rumble's Quest Wellbeing Scores



- Total Score:** General wellbeing dimension (57 items)
- Four Subscales**
 - Attachment to school
 - Self-regulation
 - Social confidence
 - Supportive relationships
- Five Executive Function Scores**
 - Working Memory; Inhibitory Control; Cognitive Flexibility; Attention Control; Focused Attention

AECD
Australian Early
Development Census

2018 AEDC National Report now available

Key Findings:

- Over 96%** Children assessed (Total assessed 148,848; 145,200 assessed in 2018)
- 1 in 5** Children with developmental challenges (29,776 children with developmental challenges in 2018)
- 6 in 10** Indigenous children with developmental challenges (60% of children with developmental challenges in 2018)
- 549** Communities with an individual quality of AEDC results in 2018

AECD domain descriptions for developmental categories:

Table 1 Physical health and wellbeing descriptors:

Item	Children developmentally on track	Children developmentally at risk	Children developmentally vulnerable
1018 AEDC RESULTS	Physical health and wellbeing on track	At least one health problem that interferes with their ability to play fully and happily with their school day. These children are generally independent, have positive motor skills, and have energy that can get them through the school day.	Experience a number of challenges that interfere with their ability to physically cope with the school day. They may include being inattentive, frequently late, fussy or tired. Children may also show poor coordination skills, have poor fine and gross motor skills, or show poor or uneven levels of energy levels during the school day.
EARLY CHILDHOOD DEVELOPMENT	The AEDC can support early childhood educators as they play their crucial role in helping children's development.		
DATA COLLECTION AND ANALYSIS	Australian only census of children in their early years provides a range of developmental outcomes.		
COMMUNITY ENGAGEMENT	The AEDC bridge can support communication and checks as they play their part in helping children get off to a great start.		

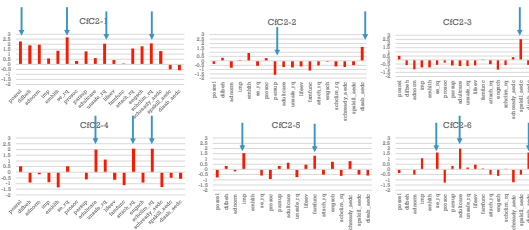
Combining the data sources

Guided by the risk and protective factors

Domain	Risk or Protective Factor	Related Rumble's Quest, AEDC and Government Data Items
Individual / Peers	Positive relationships and peer acceptance	<p>Rumble's Quest Items</p> <ul style="list-style-type: none"> 35. Other kids like to play with me 50. Play at friend's house 19. Other kids make me feel happy 36. People like me as I am 53. People I know are good to each other 57. How often are people are mean to you <p>AEDC Overall social competence subdomain</p> <ul style="list-style-type: none"> C1 <i>overall</i> social/emotional development C2 <i>ability</i> to get along with peers C3 <i>plays</i> and works cooperatively with other children at the level appropriate for his/her age C4 <i>is able</i> to play with various children

Example of mapping items onto a risk factor

Risk and protective factor profiles for 6 SA2s within an urban CFC region (CFC2)

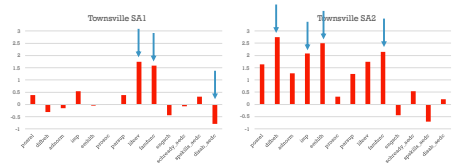


Comments on risk profile for CFC2

- There is a high level of variation between SA2s within the single CFC region. (but note potential problem of within-school bias in selecting children to play Rumble's Quest. Also some SA2s may include other schools that have not yet used Rumble's Quest.)
- Leaving aside the possibility of selectivity, there is considerable variation in likely priority needs of children - possibilities are marked by blue arrows
- This means that possibly quite different mixes of evidence-based programs are required in each SA2 to address priority needs.

The Townsville Voice Project: Key Points #5

- So far, out of 30 state schools and 18 Catholic and independent school in Townsville, 7 have registered to use Rumble's Quest, and 3 have completed some data collection.
- Only 2 of the 3 schools are in the CFC region in Townsville, and it is only these 2 for which both AEDC and Rumble's Quest data are available.
- Not all children in the 3 schools used Rumble's Quest. This could have been because parent consent was not obtained or because the school selected only some children.
- Understanding more about within-school selectivity and use of their data reports is the focus of a Rumble's Quest implementation study which is about to begin.



Note: Because we have identified Townsville as a whole, we have removed the scores for 9 out of the 18 risk/protective factors that are derived largely or wholly from Rumble's Quest scores. This is to protect the anonymity of the schools.

Removal of these scores does not change the fact that the children in SA2 are more 'at risk' than children in SA1.

Comments on risk profile for SA2 in Townsville

- SA2 is clearly at risk on a range of factors, compared to SA1:**
 - But note that this assumes that the sample of children in each school is representative of the whole school student population. And that there are no other schools in the SA2 that have yet to use Rumbia's Quest
- Within SA2, the following factor stands out:**
 - **Difficult/Abusive behaviour:**
 - Gets into fights
 - Bullies or is mean to others
 - Friends get into trouble
 - Laughs at other children's discomfort
- Other high scoring risk factors are:**
 - **Emotional health** (optimism, positive outlook, problem solving skills)
 - **Family function** (family routine and structure; age appropriate supervision)
 - **Impulsivity & capacity for self-regulation**

Comments on risk profile for SA1 in Townsville

- SA1 is clearly LESS at risk on a range of factors, compared to SA2**
- Within SA1, the following factor stands out:**
 - **Adverse life events & possible discrimination:**
 - Good things (do not) happen to me
 - People (do not) treat me in a fair way
 - Trauma, isolation or difficulties associated with assessment
- One high scoring risk factor & one high protective factor:**
 - **Poor family function** (family routine and structure; age appropriate supervision)
 - Few disabilities (barriers to academic success (low vision, hearing or language impairments, low learning disabilities))

