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Programs to improve interpersonal safety in Indigenous communities: evidence and issues

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Summary

There is now a substantial amount of published literature describing the range of programs and interventions that have been implemented in an attempt to improve aspects of community safety. Only a small body of this work, however, has examined the outcomes of those programs delivered to Indigenous Australians or, indeed, the communities in which they live. This Issues paper provides an overview of those programs that were identified in a systematic search of relevant research databases.

Although a wide range of programs have been described, the diversity of these programs—combined with the limited published data available that documents their outcomes—makes it difficult to articulate what constitutes effective practice in this area.

It is concluded that an evidence-based approach to practice in this area is essential if the long-term aim of the Closing the Gap initiative is to be achieved. To generate this evidence, however, more attention is needed to develop evaluation methods that assess the impact of program activities on medium and longer term outcomes.

In addition, information about program outcomes needs to be integrated with what is known about the mechanisms by which effective programs are delivered, as well as with knowledge about how they might be most effectively implemented in different communities.

What we know

- National statistics on some of the key indicators of community safety, such as rates of violence, victimisation, substance misuse and child safety, indicate that a suite of programs and interventions are required to address high levels of need in each of these areas. At the same time, these issues are not relevant to all communities.
- The causes of unsafe communities are both interrelated and intergenerational and require responses at multiple levels: to prevent problems from developing, to target individuals or groups who have been identified as 'at risk', and to address the problems presented by those individuals or places identified as unsafe.
- Programs that aim to improve community safety need to be responsive to the local context in which they are delivered and, as such, are likely to be most effective when developed in partnership with local communities.
- A wealth of practice-based knowledge is available to those seeking to implement new programs; however, the paucity of systematic evaluation data examining the impact of such programs on long-term community safety outcomes restricts what can confidently be concluded about 'what is known' and 'what works'.



What works

- A relatively small range of community safety initiatives have been evaluated with sufficient rigour to allow them to be described as 'evidence based'. These are mostly programs that aim to prevent threats to community safety from developing. These include programs to support families in ways that can help to prevent child abuse and neglect, mental health interventions to improve levels of social and emotional wellbeing, programs that help individuals to manage alcohol use and to develop workforce skills, and programs that divert known offenders from the criminal justice system.
- There is also evidence to support other types of program that have been implemented in other parts of the world or with other cultural groups. The extent to which many of these programs can be successfully translated to the Australian Indigenous context is, however, currently unclear.

What we don't know

- The extent to which many community safety programs lead to measurable improvements in community safety has yet to be demonstrated. That is not to say that these programs do not realise their intended outcomes; rather, that this has yet to be empirically established through systematic evaluation.
- Very little is known about the empirical outcomes of holistic, whole-of-community, or place-based programs, or those that aim to prevent violence.
- It is not clear whether, or under what conditions, programs that have been effective in one community or geographical area can be successfully implemented in another.

Introduction

The issue of safety in Indigenous communities has been the subject of much public debate over recent years, with the announcement of the Northern Territory Emergency Response (NTER) in 2007 leading to greater awareness of the problems faced by some communities. The NTER was, in part, triggered by the report of the Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse (Roediger et al. 2011). Although the NTER has been, and remains, highly controversial, it led to the implementation of a wide range of services and programs that were intended to make communities safer. The aim of these programs is to reduce rates of violence, substance abuse, child abuse and neglect and, more broadly, to promote communities in which people feel safer and in which violence will not be tolerated.

Concern about these issues is not, however, limited to the Northern Territory. A large body of work (for example, Memmott et al. 2001; Mullighan 2008; RCIADIC 1991) has now accumulated that collectively points to disproportionately high levels of violence within some Indigenous communities, described by some as 'all pervasive' (Fitzgerald 2001) and by others as at 'epidemic levels' (Gordon et al. 2002). Indigenous people are, for example, thought to be 15 to 20 times more likely than non-Indigenous people to be charged with violent offences (Wundersitz 2010). In 2008-09, the hospitalisation rates for injuries caused by assault were 7 times higher for Indigenous men and 31 times for Indigenous women than for other Australian men and women. In remote areas, Indigenous people were hospitalised as a result of family violence at 35.6 times the rate of other people (SCRGSP 2011).

Violence is, however, by no means the only threat to community safety. In Queensland, for example, the rate of substantiated child protection notifications for Aboriginal and Torres Strait Islander children is 24.7 per 1,000 compared with a figure of only 4.1 per 1,000 for non-Indigenous children (CCYPCG 2012). Over one-quarter of respondents to the National Drug Strategy Household Survey (AIHW 2005) considered excess alcohol consumption to be the most serious concern for communities, with approximately I in 10 respondents to the 2002 National Aboriginal and Torres Strait Islander Social Survey (NATSISS) who reported consuming alcohol in the previous 12 months considering their alcohol consumption to be 'risky', and I in 20 falling into the high-risk category (ABS 2004). Aboriginal respondents were almost twice as likely (27%) as non-Aboriginal respondents (15%) to report recent drug use (Joudo 2008). Finally, mental health problems do appear widespread in Indigenous communities (Jorm et al. 2012). Although relatively little data on social and emotional wellbeing have been published (particularly for Indigenous people who live in urban areas), around one-third of adults report 'high' or 'very high' levels of psychological distress in national surveys (ABS 2009). These rates appear to be particularly high among those with a disability or long-term health condition, those who have been victims of violence or have experienced discrimination, or those who are in prison (Heffernan et al. 2012). In this context it is unsurprising that improving community safety has been identified as one of the seven building blocks of the Australian Government's initiative to 'Close the Gap' between Indigenous and non-Indigenous Australians.



The Productivity Commission, in its report Overcoming Indigenous Disadvantage (SCRGSP 2011), considered the current status of six different headline indicators, of which three appear to be directly associated with community safety: substantiated child abuse and neglect, family and community violence, and imprisonment and juvenile detention. The commission's statistics suggest that progress in closing the gap in Indigenous and non-Indigenous disadvantage in each of these areas has been both slow and uneven. In relation to child abuse and neglect, for example, the substantiation rate for mandatory reports involving Indigenous children actually increased from 15 to 37 per 1,000 children between 1999-2000 and 2009-10. This compared with a much smaller increase from 4 to 5 per 1,000 for non-Indigenous children. Although it is not easy to establish how much of this increase is due to increased reporting and how much is due to an actual increase in child abuse and neglect, such figures give cause for concern. In relation to family violence, the proportion of Indigenous people who reported having experienced physical or threatened violence over the previous 12 months did not change between 2002 and 2008. The national Indigenous juvenile detention rate increased from 318 per 100,000 juveniles in 2001 to 365 per 100,000 in 2009. Statistics such as these provide a strong rationale for identifying and implementing programs that can lead to improvement in these key performance indicators.

Recent government initiatives

The section below provides further context for the reader regarding a range of national initiatives that are currently in place. These initiatives are not examined within the body of the paper because they have not been formally evaluated or evaluations are not publicly available through the research databases.

Under the National Indigenous Law and Justice Framework, the Australian Government's Attorney-General's Department is for example, funding the evaluation of a number of programs to identify best practice approaches to reducing Indigenous Australians' contact with the criminal justice system. The evaluations focus on Indigenous sentencing courts, offender support and reintegration, diversion programs, community night patrols and drug and alcohol programs. The evaluations cannot be expected to comprehensively address all of the questions identified in the Clearinghouse report. Nonetheless, it is anticipated that they will shed some light on the effectiveness of these types of program and thus contribute to the broad knowledge base of what

works to reduce Indigenous contact with the justice system and to improve community safety.

The Attorney-General's Department also funds a range of initiatives through the Indigenous Justice Program to reduce Indigenous people's contact with the criminal justice system, including prisoner transitional services to support return to the community, prevention and diversion programs, community patrol schemes, and restorative justice projects. The capacity for funded programs to generate evidence is an increasingly important component of the program and changes are currently being made to support better measurement and assessment of the impact that initiatives funded under the program are having on the ground. Projects funded under the program are now required to demonstrate an ability to collect data and measure law and justice outcomes to determine the success of the proposed activity. Work is also being done as part of the East Kimberley Youth Services Network Review to develop a performance tool that is expected to assist with data collection. These changes seek both to improve knowledge of what works to reduce Indigenous contact with the justice system and to overcome the key barriers to generating evidence about what works.

In another initiative, the Attorney-General's Department is undertaking a review of its Family Violence Prevention Legal Services Program to ensure the service delivery model supports legal assistance to Indigenous Australians that is not only appropriate and accessible, but also equitable, efficient and effective. The review is expected to consider the impact of the program on reducing re-victimisation. It will also examine the program's financial sustainability, and develop a program evaluation framework. As part of the review, the department is mapping existing support services to identify gaps and opportunities for greater collaboration to better support Indigenous communities in addressing family violence.

Aims and scope

The NTER provided a basis on which to understand how broader issues relating to law and order, child and family health, education, welfare and employment, and housing and land are related. It drew particular attention to how issues of services coordination can have a profound impact on effective program delivery (Roediger et al. 2011). This Issues paper aims to review the published research evidence in relation to programs designed to address four specific aspects of community safety identified as key in the NTER. These aspects are:



- (i) violence
- (ii) substance abuse
- (iii) child abuse and neglect
- (iv) social and emotional wellbeing.

This does not mean, however, that aspects of community safety not considered here are unimportant; rather, that the scope of this Issues paper is restricted to issues relating to interpersonal safety. Physical threats to community safety such as fire, drought and cyclones are also critical components in the Council of Australian Governments (COAG) community safety building block, but are worthy of separate consideration elsewhere.

The Clearinghouse has previously published a number of papers that explore how different aspects of interpersonal safety in Indigenous communities might be improved (for example, Higgins 2010). Others have provided useful overviews (for example, Richards et al. 2011), and the Productivity Commission does provide examples of what are considered to be effective programs in its report (SCRGSP 2011). The aim of this Issues paper, however, is not to reproduce, or even to summarise, this prior body of work. Rather, the specific interest of this paper is on what is known about the outcomes of programs that aim to improve community safety by reducing violence, substance abuse, child abuse and neglect and low levels of wellbeing. Thus there is a deliberate emphasis on the evidence that exists to demonstrate that programs can lead to socially important improvements in community safety.

In accordance with the World Health Organization's 'Safe Community' model (Spinks et al. 2009), the purpose of this Issues paper is therefore to identify those programs that have empirically demonstrated a direct and positive impact on community safety, as well as to consider the strength of evidence that is available to support their implementation. This information can be used to complement the rather larger body of work that has considered how well programs have been received by the communities in which they are delivered.

What is a safe community?

International definitions of safe communities tend to describe them as communities that are socially, environmentally and economically sustainable (Whitzman & Zhang 2006). The COAG describes safe communities as those in which individuals are less likely to suffer from mental health disorders, and in which they experience a sense of empowerment, security and pride. In attempting to understand community safety as it relates to Aboriginal communities, attention is immediately drawn to the social conditions that affect many Indigenous

people (ASIB IWG 2009; UN 2009; Wundersitz 2010). However, broader issues of community wellbeing (community strengths, resilience and empowerment) are also considered to be critically important (Capobianco 2009). Put another way, the safety of Indigenous people and the communities in which they live should be regarded as transcending crime and victimisation rates. As such, the reduction of crime is just one of many possible positive indicators of improved community safety, alongside a range of others such as increased school retention rates, improved literacy, an increase in employment and meaningful employment opportunities, and stronger parenting abilities. This list is already sufficiently broad to acknowledge the complexity of the issues that face communities, including those that relate to the impact of colonisation, dispossession, removal and assimilation and other realities that confront many Indigenous people (such as discrimination, systemic racism, inequity and economic marginalisation).

Another important aspect of community safety is the role that the community itself plays in producing safe environments. Indeed, the need to develop partnerships between Indigenous communities and other service sectors is widely recognised as being an essential feature of effective practice. As Capobianco (2009:4) suggests, community safety refers to the promotion of 'strategies, initiatives, practices, and tools developed by and with Indigenous peoples to improve the well-being of communities' (emphasis added). This involves valuing and respecting the different types of knowledge that can usefully inform the development of programs, as well as formally recognising the importance of community contributions in the co-production of safety. In this respect, it is not just programs that can be effective, but also the way in which their delivery is tailored to the priorities of the local community, the extent of community involvement and ownership, and the resources that members of the community are able to access.

Two surveys of community safety in Aboriginal communities have been published in recent years, both of which can help to identify targets for change that are community-identified and community-led. First, Willis (2010a) surveyed 159 people who provide services to Aboriginal communities across New South Wales, the Northern Territory, Queensland and Western Australia. Eleven key issues were identified as serious threats to safety, although there were differences noted between urban, regional and remote communities. These correspond quite closely to the four focus areas of this paper, as illustrated in Table I below. The identification of overcrowding, although not considered in this review, is nonetheless important as it highlights how different threats to community safety interact (and are compounded) in a context of socioeconomic disadvantage.



Table 1: Key aspects of community safety

Common threats to community safety	Focus area of this Issues paper
Violence between adults in public	Reduce violence
Violence within families	
Public drunkenness/misuse of alcohol	Reduce substance misuse
Drunkenness/misuse of alcohol in homes	
Illegal drug use	
Children being neglected or not looked after properly	Reduce child abuse and neglect
Young people out unsupervised at night	
Children not going to school	
Mental health problems	Improve levels of social and emotional wellbeing
Overcrowded homes	Other
Property crime	

Source: Willis 2010a.

In the second survey, the Community Safety and Wellbeing Research Study, Shaw and d'Abbs (2011) asked over 1,300 Northern Territory residents to rate their safety, both at home and around most locations in their community (see also Putt et al. 2011). Responses suggested that most respondents felt 'safe' in their community, with almost three-quarters (73%) reporting that safety had improved in their community over the past 3 years. Young women were seen as the least safe, closely followed by young men, with 2 of the 3 'least safe' locations identified as youth drop-in centres and sporting events. In addition, safety was compromised by same sex peers engaging in violence triggered by either jealousy or teasing, or by couples fighting. Night patrols were regarded as the service response that has been most effective in improving safety, followed by the provision of youth services. In addition, increased police presence was regarded as particularly effective in stopping alcohol being brought into communities and in reducing family violence.

It is perhaps a little surprising that such a large proportion of respondents to this survey indicated feeling safe in their communities when other data on closely related issues such as family violence and hospitalisations for assault and/or substance misuse indicate disproportionately high rates for Northern Territory Aboriginal communities overall. It may be that the normalisation of violence in some communities causes a disconnect between perceived and actual levels of threat; or perhaps this suggests that there are high levels of resilience as people consciously choose to perceive their community as safe even if there are objective reasons to think otherwise. There may also be a response bias, whereby residents who felt most fearful in their communities were less likely to take part in the survey. Therefore, although surveys of this type do reflect community concern, they do not necessarily reflect actual risks (Kruger et al. 2007). We also note

that although respondents to this survey identified the provision of youth services as a particularly effective service response, they also identified youth drop-in centres as the most unsafe locations. This perhaps suggests that a positive concept in principle will not always translate into an effective service response and there may be a need to consider the quality, consistency or level of structure of youth programs that are provided in some Aboriginal communities in the Northern Territory.

Guiding principles and policies

A great deal has been written in Aboriginal-focused literature about how to make sense of the context in which threats to interpersonal safety arise. An understanding of the social and political drivers of these threats is a prerequisite for developing good programs and policy in this area. The general messages that this body of work contain are illustrated by referring to a few selected sources.

First, the Victorian Indigenous Family Violence Task Force (2003), after consulting extensively with local communities, identified five areas that contribute to family violence:

- · inherited grief and trauma
- dispossession of land and loss of traditional language and cultural practices
- · loss of traditional Aboriginal roles and status
- economic exclusion and entrenched poverty (including the impact of poor housing standards and overcrowding)
- difficulties confronting the issues, for both victims and perpetrators.



Some additional, more proximal, triggers for family violence were also identified, including alcohol, unemployment and financial stress, and frustration or feelings of low self-worth. Analyses such as these provide valuable insights into both the *causes* of violence, and the *mechanisms* by which effective programs can work.

Second, a First Assistant Secretary of the Australian Government's Attorney-General's Department summarised the themes that arose at the 2012 National Justice CEOs Indigenous Justice Forum by observing that:

- Indigenous people need to be central to all aspects of service development and delivery
- longer term funding mechanisms are needed to develop stronger relationships between community and government
- holistic approaches that strengthen connections to family, community and culture and that restore the authority of elders are likely to be among the most effective ways forward.

These messages are reiterated in our reading of the material reviewed for this Issues paper and supported by many others who work in this area. For example, Lohoar (2012), in a recent Australian Institute of Family Studies review of programs designed to support Indigenous families, arrived at similar conclusions. The need for services to build trusting relationships with Indigenous families and community partners was identified as being of particular importance, with engagement strategies working best when Indigenous families were consulted about their needs, and when services were delivered in culturally sensitive ways using holistic methods.

As well as articulating some of the principles that underlie effective practice, there is a need to ensure that high-quality programs and services are supported by policies that confirm they are actually delivered. An example of relevant policy in this area is the National Indigenous Law and Justice Framework 2009–2015 (SCAG Working Group on Indigenous Justice 2010). This is a national policy approach to addressing the range of issues that arise in the interaction between Aboriginal and Torres Strait Islander people and justice systems in Australia. The framework identifies goals and recommends how these might best be achieved.

Another example of policy is the Indigenous Family Safety Agenda (FaHCSIA 2010) which identifies the need to address alcohol abuse (with a focus on reducing supply), more effective policing, working with local leaders to strengthen social norms against violence, and the coordination of support services for victims of violence.

Finally, the National Wellbeing Framework (ABS 2010) is also relevant, as are the government responses to two Senate Community Affairs References Committee reports on petrol sniffing in Indigenous communities, which provide further accounts of what is considered good public policy (Australian Government 2010).

At the state-level, an example of policy that is relevant to the community safety building block is the Victorian Aboriginal Justice Agreement (AJA), which sits under the Victorian Indigenous Affairs Framework. The AJA represents a formal agreement between the Victorian Government and the Koori community to improve justice outcomes by establishing initiatives that deliver accessible services; build infrastructure; and maximise community participation in the design, development, delivery and implementation of all justice policies and programs impacting on Aboriginal Victorians. As such, the AJA lays out a whole-of-government approach to Aboriginal justice. It is considered to have had a substantial impact on decelerating the rate of Aboriginal over-representation in Victoria's criminal justice system (Nous Group 2012). Some examples of the various initiatives that have been implemented as part of the AJA are outlined in Table 2 (below).



Table 2: Objectives of the Victorian Aboriginal Justice Agreement

Objective	Examples of initiatives	Progress	
Overall: to reduce over- representation in the justice system	All initiatives under the AJA's six strategic objectives	State-wide over-representation has increased by less than expected, and has reduced in regional Victoria. (For example, in 2011, there were 70 fewer Aboriginal Victorians in prison, 200 fewer Aboriginal offenders and 1,300 fewer Aboriginal offences than expected, based on a comparison with 2001–06 trends)	
Objective 1: crime prevention and early intervention	Frontline Youth Initiatives and Community Initiatives Programs (small grants administered through the Koori Justice Unit)	Contact with police for Koori youth has reduced, but the proportion of Koories aged less than 18 who receive cautions has	
	Koori Early School Leaver Program and Youth Employment Service (Joint Department of Justice and Department of Education and Early Childhood Development initiative)	remained unchanged	
Objective 2: diversion /alternatives to	Victorian Aboriginal Legal Service and Victoria Police Koori Youth Cautioning Project	No change at the state level, but major regional differences exist, ranging from	
imprisonment	Victoria Police Aboriginal Community Liaison Officer and Police Aboriginal Liaison Officer programs	31% reduction in Koori imprisonment rates in one regional area to 36% increase in one metropolitan area	
	Koori Courts, including Koori Children's Courts and County Koori Court		
	Koori Youth Intensive Bail Support Program		
	Court Integrated Services Program		
	Local Justice Workers Program		
	Wulgunggo Ngalu Learning Place		
Objective 3: reduce	Aboriginal Cultural Immersion Program	Koori prisoners' return to prison rates	
re-offending	Koori Cognitive Skills Program	within 2 years reduced from 56.5% in 2005–06 to 45% in 2009–10	
	Koori KONNECT transition and post release support program	2000 00 10 10 10 10 10	
	Aboriginal Community Corrections Officers Program		
Objective 4: reduce	Koori VOCAT List	Koori victimisation levels have worsened,	
victimisation	Victim Services Association Aboriginal Victims of Crime Officers and Support Strategy	but services have improved for Koori victims of crime	
	Aboriginal Family Violence 10-year Plan		
	Koori Community Safety Grants (substantial 3-year grants focusing on prevention of violence in Koori communities; established 2012)		
Objective 5: responsive and inclusive services	Koori Action Plans and Koori Reference Groups for all government business units with AJA responsibilities	Justice agencies are now more responsive, although this varies across locations and agencies. (For example, the number of staff identifying as Aboriginal in Victoria's Department of Justice has increased from 4	
	Koori Recruitment and Career Development Strategy		
	Aboriginal Cultural Awareness Training		
	Aboriginal Community Justice Panels (providing support to Koories in police custody)	in 2000 to 119 in 2012)	
Objective 6: strengthen community justice responses	Regional Aboriginal Justice Advisory Committee (RAJAC) and Local Aboriginal Justice Advisory Committee (LAJAC) networks	Community justice responses have been strengthened. For example, Koori justice programs are now designed and delivered	
	Place-based strategies at Lake Tyers and Mildura	by or in close consultation with Koori communities, through RAJAC and LAJAC	
	Koori Mediation Program pilot	networks	
	Lateral violence initiatives		

Source: Adapted from Nous Group 2012.



Programs that promote community safety

It is immediately apparent that a wide range of different programs and interventions aimed at improving levels of community safety have been developed. These include those that have been specifically designed to be delivered in urban, regional and remote areas. Some of these programs aim to prevent problems from developing (termed 'primary prevention'); some target individuals or groups identified as 'at risk' ('secondary prevention'); yet others aim to address problems presented by those individuals or places identified as unsafe because problems have already occurred ('tertiary prevention'). Primary prevention initiatives constitute a universal service platform to promote safety for all members of the community, with secondary and tertiary prevention initiatives 'layered in' for those communities experiencing substantial problems. It is likely that any systematic response to improving community safety in Indigenous communities will involve targeted intervention at all three levels.

The programs and interventions described in this paper have been classified according to these key characteristics. As well, they are grouped into those that aim to:

- (a) prevent interpersonal violence
- (b) protect Indigenous children and families from abuse and neglect
- (c) address substance misuse
- (d) promote social and emotional wellbeing.

As noted above, this is not to suggest that other aspects of community safety are unimportant. There are also obvious overlaps between each of these areas. For example, data reported by researchers such as Bryant (2009) and Weatherburn et al. (2008) confirm that alcohol should be considered to be the most prevalent risk factor for violence and victimisation within Aboriginal communities. As such, the most effective community safety programs will address more than one of these areas.

Identification of studies

Those studies already identified by the Clearinghouse (labelled as evaluations) and others identified from a search of the major bibliographic databases (CINCH, PsycINFO, Web of Science, Informit Indigenous Studies Database, and Criminal Justice Abstracts) were used in this review. These databases were selected because they represent key citation sources in the criminal justice and crime prevention fields, cover both Australian

and international literature and include high-quality abstracts. In addition, searches were made of the Indigenous Justice Clearinghouse Research Briefs which have been written to make research findings more accessible to policy makers.

A set of key search terms, truncated as appropriate and in logically constructed search statements appropriate to each database, was used to guide the searches. These were developed for each of the four specific areas of community safety identified above, using commonly used terminology that appears in government reports and relevant literature. Only those items with a publication date from 1992 on (that is, items published in the last 20 years) were considered, to ensure that responses to the Royal Commission into Aboriginal Deaths in Custody (RCIADIC 1991) were included. The searches identified a total of 15,476 papers. The abstract of each paper was then reviewed, with duplicates and those that were not of direct relevance to Aboriginal communities discarded. This left a total of 306 papers, 78 of which related to programs that addressed violence, 73 to substance use, 83 to child abuse and neglect, and 72 to social and emotional wellbeing. Of these, only those that reported evaluation data were retained. This left 74 papers—10 evaluations of programs that aimed to prevent violence, 22 on substance misuse, 13 to prevent child abuse and neglect, and 29 that related to social and emotional wellbeing. Appendix C lists these studies.

The final pool of studies was then screened for methodological quality using the Maryland Scientific Methods Scale (Farrington et al. 2002), a system that ranks research designs according to the strength of internal validity (see Appendix B). Scores on this scale generally reflect the level of confidence that can be placed in an evaluation's conclusions about cause and effect—in other words, the degree of certainty that any observed changes are a direct result of a particular program or service. A score of 5 is indicative of what is considered to be the strongest evidence. Studies that have used other types of evaluation design are also listed in Appendix C—given that these are often considered important to the development of both policy and practice—for reasons discussed later in this paper.

Results

Only 11 of the studies were rated above a score of 4 on the Maryland Scale and these are outlined in Table 3 below. Approximately equal numbers of studies were identified across the three levels of prevention: primary, secondary and tertiary. However, the highest ranked studies tended to fall within the primary prevention group, evaluating programs that explicitly aim to prevent threats to interpersonal safety from developing.



Table 3: Illustrative programs to improve community safety and classification

References for the evaluations of these programs are in Appendix C.

	Author	Date	Target group	Prevention level	Study design	State/ territory	Geographic Iocation	Maryland rating
				Substance r	Substance misuse programs			
Fitzroy Valley Alcohol Restrictions report: evaluation	Kinnane et al.	2009	Community	Primary	Qualitative, quantitative, health/social data collection (for example, police, hospital), interviews, analysis of perceptions	WA	Regional	4
WA Diversion Program— evaluation framework: final report	Crime Research Centre, UWA	2007	Perpetrators	Tertiary	Recidivism data, outcomes, cost and legal analysis	WA	Urban/ remote	4
Moving beyond the restrictions—evaluation of the Alice Springs Alcohol Management Plan	Senior et al.	2009	Community	Primary/ secondary	Process evaluations, interviews, observations, descriptions, surveys, data collection, focus groups, tourist surveys	Ę	Urban	4
Indigenous National Alcohol and Other Drug Workforce Development Program: mid- term evaluation	Department of Health and Ageing	2007	Community	Primary	Discussions, review of program documents, progress reports, stakeholder discussions, semi-structured interviews	Australia	Rural/ urban/ regional	4
				Child abuse an	Child abuse and neglect programs			
ATSI (Aboriginal and Torres Strait Islander) Family Decision Making Program evaluation: 'Approaching families together 2002'	Linqage International for Department of Human Services	2003	Parents/ victims	Tertiary	Consultation, interviews, data analysis	Vic	Regional/ urban	4
STRONGfamilies Program (Stage 3): evaluation	Cant et al.	2007	Community	Primary	Interviews, comparisons with prior evaluations	Australia	Rural/ regional/ urban	4
Ngaripirliga'ajirri—an early intervention program on the Tiwi Islands: final evaluation report	Robinson & Tyler	2006	Children/ parents	Secondary	Observations, case study analysis, structured and semi-constructed interviews, pre/post treatment follow-up analysis, official record analysis	F	Remote	4
NTER evaluation report 2011	Roediger et al.	2011	Community	Secondary	Administrative, survey data, contrast measure evaluations and analysis	F	Regional/ remote	4
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Table 3 (continued): Illustrative programs to improve community safety and classification

			Target	Prevention		State/	Geographic Maryland	Maryland
	Author	Date	Date group	level	Study design	territory location	location	rating
				Social and er	Social and emotional wellbeing			
Mental Health First Aid: an international programme for early intervention	Kitchener & Jorm	2008	2008 International	Primary	Review of randomised trials, qualitative data	Australia		5
Bringing Them Home and Aboriginal Mental Health programs: evaluations	Wilczynski et al.	2007	2007 Community	Tertiary	Fieldwork, phone interviews, submissions, survey, literature review	Australia		4
NTER Evaluation Report 2011	Roediger et al.	2011	Community	Secondary	Administrative, survey data, contrast measure evaluations and analysis	F	Regional/ remote	4
Strong Women, Strong Babies, Strong Culture Program— the first eight years: monitoring of program	d'Espaignet et al.	2003	2003 Community— pregnant mothers	Primary	Correlation	E	Rural/ remote	4



Table 4 briefly describes some of the content and outcomes of the different types of program referred to in Table 3. The NTER evaluation report (Roediger et al. 2011) also provides a useful account of the range of different programs implemented in the Northern Territory.

References for the evaluations of these programs are in Appendix $\mathsf{C}.$

Table 4: Program overviews

Area addressed	Findings
Substance misuse	The evaluation report of the Fitzroy Valley Alcohol Restrictions (Kinnane et al. 2009) concluded that positive effects on domestic violence, public violence and antisocial behaviour (and an increase in families purchasing more food and clothes) had resulted from introducing a program that restricted the supply of alcohol into a community. Community members did, however, suggest that they could have been consulted more closely.
	The Indigenous National Alcohol and Other Drug Workforce Development Program focuses on establishing national and local partnerships across jurisdictions to build culturally appropriate services. This program was reported to have successfully built on past programs and resources, facilitated partnerships with different government agencies and used mainstream and Aboriginal networks that had expanded its reach (Department of Health and Ageing 2007).
	The evaluation of the Western Australian Diversion Program (Crime Research Centre 2007) reported the outcomes of three Western Australian programs: the Pre-sentence Opportunity Program, the Supervised Treatment Intervention Program and the Aboriginal Diversion Program. The evaluation examined health and drug outcomes for clients both pre- and post-program attendance, concluding that the program was well regarded by stakeholders and clients and efficiently managed.
Prevention of child abuse and neglect	The Strong Women, Strong Babies, Strong Culture Program focuses on effective parenting through healthy pregnancy management and clinical visits (d'Espaignet et al. 2003). Using quantitative data from hospitals, the evaluation was able to show an improvement in rates of live births and increased birthweight as a result of program participation.
	The STRONG families Program is a whole-of-government approach to developing stronger links between families and government services (Cant et al. 2007). Individual case studies were used to demonstrate that the program led to heightened capacity, family strength and the implementation of short- and long-term goals by participants.
	Ngaripirliga'ajirri—an early intervention program on the Tiwi Islands (Robinson & Tyler 2006) is a program for primary schoolchildren and their parents that focuses on developing children's social skills and implementing behaviour management strategies at home. Improvements were observed in relation to pre-program behaviours for those who participated in the program.
	The Family Decision Making Program focuses on enabling children and young people to stay safely in their family group. The evaluation involved 12 families and was thought to have reduced the rates of child protection notifications (Linqage International 2003).
Improving social and emotional wellbeing	The evaluation of the Bringing Them Home and the Aboriginal Mental Health programs covers four separate programs relevant to this area:
	 Link-Up—a national program that helps people affected by past government removal policies to locate their family, kin and history
	• the Bringing Them Home program, which provides counselling for individuals and families
	 the Social and Emotional Wellbeing Regional Centre Program, which focuses on service worker training and professional support for Aboriginal and Torres Strait Islander workers
	• the Mental Health Program, which develops and implements culturally appropriate approaches to mental health service delivery (Wilczynski et al. 2007).
	The evaluation found that these four programs were successful in reaching Aboriginal clients who would have otherwise been unlikely to access services to address social and emotional wellbeing.

Continued on next page



Table 4 (continued): Program overviews

Improving social and emotional wellbeing

Mental Health First Aid: an international programme for early intervention (Kitchener & Jorm 2008) focuses on giving the community the tools to recognise and administer early intervention for mental illness. The program extends the notion of 'first aid' and was considered effective in allowing family, kin or community members to detect and deal with mental illness early in its development.

Addressing violence

Memmott et al. (2001) examined 54 violence prevention program profiles in their review, classifying them in the following categories: support programs (counselling, advocacy), strengthening identity programs (sport, education, arts, cultural activities, group therapy), behavioural reform programs (men's and women's groups), community policing and monitoring programs (night patrols, wardens), shelter/protection programs (refuges, sobering-up shelters), justice programs (community justice groups), and mediation programs (dispute resolution). Although no data on program outcomes were reported, some useful descriptions of program content are provided. For example, support programs are described as providing forms of personal support for those adversely affected by violence, generally after an episode of violence has occurred. They offer assistance to the victims of family violence (most often women), rather than to the perpetrator, and can take the form of formal or informal counselling, legal aid leading to intervention of various kinds, and advocacy. Some support programs provide the victim with information regarding their legal rights and places where they might seek refuge or, alternatively, suggest strategies in which local action might be taken against violence.

Discussion

Knowledge about those programs that can be shown to lead to measurable outcomes is of use to policy makers when they are asked to decide where to channel resources. Communities can also use this knowledge to determine the types of program that have the most potential to improve safety in their local context. As Thomson et al. (2012:1) argues:

...access to the best, up-to-date knowledge and information is being increasingly recognised as crucial to bridging the gap between what is known and what is actually being done.

The aim of this Issues paper was to review published research that documents the outcomes of those programs and interventions with potential to improve interpersonal safety in Indigenous communities.

The most striking finding is that, despite there being substantial literature on topics relevant to community safety (over 15,000 papers were identified in the initial searches), only a small number of evaluations have been published that describe the effects of specific programs offered to Aboriginal participants or within Aboriginal communities. When these are considered in terms of what is known about their impact on key indicators of community safety, the limitations of the current evidence base become very apparent. For example, few of the published evaluations involved the use of any type of comparison group by which to assess the effects of the program, and none directly assessed the effects of programs on rates of violence (whether these are self-reported or officially recorded). In addition, a range of different outcomes measures have been used across different studies, making it impossible to aggregate the results in a way that allows general statements about effective practice to be made.

What we know

Concerns about issues relevant to interpersonal safety in Indigenous communities have been well-documented, although it is clear that community safety is not a problem in all communities. The causes of threats to community safety are best understood as being both interrelated and intergenerational and most likely to be ameliorated through responses developed in partnership with local communities. Indeed, this was a notable feature of those programs identified in these searches as being either effective or promising (for example, Cant et al. 2007; Urbis Keys Young 2006). It is also apparent that, despite a lack of published information reporting program outcomes, individual stories of success are not hard to locate (see Appendix C). In short, there is a wealth of practice-based knowledge available to those who want to implement new programs (for example, Atkinson & Kerr 2003; Blagg 2000; Mitchell 2000; Spooner 2007).

What works

There are few programs that have been evaluated to a standard that allows us to conclude that they have 'worked', even though these are likely to represent only a subset of the programs that actually help to improve community safety. In other words, evaluation of these programs lags behind practice. Evidence of effectiveness—if this is defined against widely used criteria for evidence-based practice (such as the presence of evaluation evidence from studies classified as methodologically rigorous)—is available to support alcohol restrictions and management, court diversion programs, and workforce development in relation to substance use. Family support and early intervention programs can help to prevent child abuse and neglect, and a range of mental health interventions are available to improve levels of social and emotional wellbeing.



Another way to make sense of these findings is to apply a public health framework, such as that employed by Smallbone et al. (2008), to coordinate programs aiming to prevent child sexual abuse. Table 5 shows that most of what is currently known about effectiveness relates to primary prevention programs offered at the community level. Programs that target offenders, victims and/or situations appear to be either underdeveloped

or under-evaluated, and yet evaluations of these types of program in non-Indigenous populations suggest that they can be effective. Take, for example, the large body of international evidence that demonstrates that rehabilitation programs for high-risk offenders can have a substantial impact on rates of re-offending (Andrews & Bonta 2010).

Table 5: What we already know about what works

Targets	Primary prevention	Secondary prevention	Tertiary prevention
Offenders	No studies identified	No studies identified	Substance misuse:
			- diversion programs
Victims	No studies identified	No studies identified	Child abuse/neglect:
			- family decision making
Situations	No studies identified	Child abuse/neglect: - Northern Territory Emergency Response	No studies identified
Communities	Substance misuse:	Substance misuse:	Social and emotional wellbeing:
	- alcohol restrictions	- alcohol management plans	- mental health programs
	- alcohol management plans	Child abuse/neglect:	Child abuse/neglect:
	 workforce development programs 	- early intervention	- family decision making
	Social and emotional wellbeing:		
	 reconnect with identity and culture 		
	- mental health first aid		
	Child abuse/neglect:		
	 early intervention with mothers 		
	- STRONG families Program		

One of the most notable findings of this review is the lack of consistent available evidence to support the delivery of programs specifically aimed at preventing violence in Indigenous communities. Indigenous communities are 'working hard, often despite immense odds, to tackle the problem of violence' (Cripps & Davis 2012:6) and yet few evaluations of the outcomes of these efforts appear to have been published. Cripps and Davis describe what they consider to be 'promising' efforts to reduce Indigenous family violence, which include government and community initiatives, as well as a range of support mechanisms for victims. The programs that they consider to hold the most promise include victim support programs, behavioural reform programs, community policing and monitoring, justice programs, mediation programs, education and awareness programs and composite programs, as well as alcohol

restriction initiatives. However, they also conclude that the lack of formal evaluation of many of these programs makes it difficult to ascertain their effectiveness, and that long-term follow-up of participants is required. Similar comments might also be made about those programs specifically addressing petrol sniffing and other substance abuse, including those tied to the Australian Government's Petrol Sniffing Strategy. This is another critical aspect of community safety (particularly in remote communities) for which there is a lack of evidence regarding program effectiveness.

Another potentially valuable source of information about what is likely to 'work' comes from programs and service responses to community safety that have been shown to be effective in other countries and with other cultural groups, including non-Indigenous groups from the



majority culture. For example, the US Office of Juvenile Justice and Delinquency Prevention (see http://www.ojjdp.gov">http://www.ojjdp.gov) has published a range of resources likely to be useful to those developing programs for young offenders, as has the 'Blueprints for Violence Prevention' project (http://www.colorado.edu/cspv/blueprints/). This latter project aims to provide communities with access to a number of demonstrably effective violence prevention programs for use with young people. The Blueprints website includes a matrix review of over 400 programs that have been reviewed by Blueprints or other key violence prevention agencies.

World Health Organization (WHO) publications are also relevant. One WHO review, for example, suggests that any comprehensive strategy to prevent child maltreatment should address an array of risk factors—ranging from cultural norms conducive to child maltreatment through to unwanted pregnancies. Support for families by means of home visits and training programs for parents is identified as the prevention strategy with the most evidence of effectiveness (WHO & ISPCAN 2006). Another review of the outcomes of substance abuse prevention programs reported largely positive results for activities that reached into schools and which were supported by the mass media facilitating the transfer of prevention messages (WHO 2007). In addition, a range of other resources exist that are relevant to the treatment and management of mental health disorders, including depression and suicide (WHO 2008, 2009).

The World Health Organization's review of violence prevention programs (WHO 2010) is a particularly useful resource. This identified 'strong' evidence to support the use of the following: parent training (including nurse home visitation), social development programs for adolescents (that aim to build social, emotional, and behavioural competencies), improving drinking environments, school-based programs to address gender norms and attitudes, and advocacy support programs. 'Emerging' evidence (although it is not clear how this is defined) was identified for a range of other programs including parent-child programs, regulating sales of alcohol, and life-skills interventions. These span the primary, secondary and tertiary levels of intervention. Furthermore, the growing body of international evidence about their effectiveness provides a rationale for considering how such programs might be adapted and implemented in Indigenous communities. Of course, this would need to follow extensive consultation (see above) and focus on areas where high levels of needs can be demonstrated (Macklin & Gilbert 2011). Our reading of the evidence suggests that a one-size-fitsall approach, or one that is imposed on a community, is not likely to be successful. The breadth of programs

identified in the WHO report further highlights the need for whole-of-community approaches involving a range of different programs that can collectively contribute towards the broad goal of improved interpersonal safety. From a public health perspective, this would involve a universal platform of programs, with secondary/tertiary interventions layered in for communities that have been identified as 'at risk' or in distress.

What we don't know

Relatively little is known about the impact of situational or place-based approaches on community safety. Although there is no generally accepted definition of what the term 'place-based' means, it is typically used to refer to locally driven responses to needs identified in a specific geographical location. Place-based initiatives are seen as having the potential to succeed in Aboriginal communities because they are more responsive to local needs (Richards et al. 2011). Gilbert (2012) does, however, argue that many of the current initiatives have, thus far, had only limited success in achieving good levels of service coordination and partnership. There would appear to be scope for much more research in this area.

We also do not know when programs that have been developed for use in one particular area can be successfully imported into another. For example, the transfer may be uninformed (because of insufficient knowledge about the original program and how it operated), incomplete (because not all of the crucial elements of the program were transferred), or inappropriate for the economic, social, political and ideological conditions in the new location (Dolowitz & Marsh 2000). This latter point is constantly reinforced in Aboriginal discourse, especially given that an 'imported' program is, by definition, one that has not been developed in partnership with local communities. Nonetheless, although some of the programs identified in these searches have been designed to meet the specific needs of particular communities (for example, Robinson & Tyler 2006), others do appear to have wider applicability (for example, Kitchener & Jorm 2008).

These issues are particularly pertinent when one considers the differences between communities in which Aboriginal people live. Statistics show that most Aboriginal people live either in the major cities (32%) or in regional areas (43%), with only around one-quarter living in remote areas (AIHW 2011). Both Willis (2010a) and Capobianco (2009) have discussed the influence of geographical context on community safety, particularly in relation to aspects of safety specific to urban or rural areas. In the Willis 2010a survey, participants from remote communities, small country towns and larger



towns/regional centres/cities identified different concerns about safety. For example, in remote communities, problem gambling was one of the most serious concerns, as was overcrowding, followed by children not going to school, mental health problems, young mothers not knowing how to care for children, and violence within families. For respondents from small towns, the majority identified overcrowding as the biggest problem, along with misuse of alcohol both publicly and in the home. In the larger cities, however, child neglect was the major issue, followed by family violence, mental health, and young people being out unsupervised at night. Those from urban areas were also more concerned about illegal drugs. This suggests that different types of community safety programs will be appropriate for different types of communities.

Limitations and ways forward

It is important to first note that only those evaluations identified in the searches of published literature are reported here. This is the result of our attempt to conduct a systematic review of the available evidence to support program delivery. The findings of the many evaluations that take place but which have not been published are not included and, as a consequence, some important programs may have been overlooked. For example, the NTER evaluation report (Roediger et al. 2011) contains a directory of Indigenous-specific evaluations for the period 2001–2006; this directory describes a number of different initiatives that were not captured in these searches, but may still have been subject to evaluation. It is also possible that the way in which the searches were constructed (choice of key terms and databases) meant that not every relevant program evaluation was identified.

A particularly important question arises in relation to how the quality of program evaluations should be assessed. Scales such as the Maryland Scale (used to classify studies in this review) privilege certain types of knowledge, in particular that which has been derived from evaluations that have implemented experimental or quasi-experimental research designs. This approach, although widely adopted throughout the health sciences as the foundation for how 'evidence-based practice' is defined (NHMRC 1999), is seen by some as an inappropriate method for determining the effectiveness of socially focused interventions (Hope 2005). We agree that those studies designed in ways that are considered to be more methodologically rigorous will be more likely to overlook or underestimate the effects of other drivers of effective program delivery, such as the need for self-determination and cultural safety (ATSISJC 2011; Edney 2001; Willis 2010a). In short, the results of this

type of search may not adequately consider the effects of programs that are 'holistic, integrated and sustained' (SCAG Working Group on Indigenous Justice 2010:24).

What is also clear is that many of the evaluations identified in our searches have used interview or focus group methodologies. These are included in this paper (see Appendix C) because they are typically considered to be the evaluation designs of choice in the community. They draw attention to a range of implementation issues, including participants' qualitative experience of the program, contextual factors and cultural safety. The focus of such studies is on different types of evaluation questions, including those that consider:

- · the extent to which communities are consulted
- the quality of program implementation
- the relevance of the program to local needs
- the impact of a program on community capacity building
- issues relating to cost and sustainability.

Furthermore, they are often conducted in environments in which the capacity to undertake controlled or randomised trials is very limited. An important question that arises then is the extent to which public policy in this area should be informed by evidence-based practice or by the 'practice-based evidence' typically described in this type of study.

In our view, there is a need to collect both types of data and the importance of practice-based evidence should not be underestimated. It not only provides the broad base from which pure 'evidence-based practice' can be generated, but also focuses attention on the processes of program delivery that are critical to effectiveness. At the same time, however, the absence of robust evidence on program outcomes is likely to constrain the further development of new programs that may well be effective, as well as threaten the sustainability of those that are already being delivered. Indeed, the need to rigorously evaluate the outcomes of the extensive range of programs that have been developed and delivered in Aboriginal communities is acknowledged in the most recent Closing the Gap reviews (for example, Allard et al. 2010; Anderson & Wild 2007; Macklin & Gilbert 2011), and is further reinforced by the findings of this Issues paper.

There is, then, a need for more evaluation using mixed methods (that is, both quantitative and qualitative methodologies) that consider program processes, impacts and outcomes. As policy makers seek to replicate, generalise or scale up effective aspects of service delivery, they will need not only to consider the evidence that exists about program outcomes but also to understand how and why particular programs have been regarded as successful. The challenge is twofold:



first, to have greater clarity about the community safety outcomes that programs should be expected to achieve and, second, to find ways to reliably document program processes and their capacity to produce changes in these outcome variables. It is particularly important to find ways to realise these aims in relation to multi-component and holistic programs—such as those, for example, that aim to protect people from both violence and abuse and those that aim to address violent and offending behaviour. There is also a need to consider how generic and community-wide programs, particularly those that focus on youth (such as providing extracurricular activities), can contribute to improved community safety.

Of course it is easy to advocate for more evaluation work to be published but the practice of designing and implementing such studies is far from straightforward. Impact and outcome evaluation should not be regarded as an everyday commission, and any thorough and rigorous study will be costly in terms of both time and money and thus require justification (Stern et al. 2012). Nonetheless, it would greatly assist policy makers in their attempts to better target funding to programs capable of producing evidence, as well as to provide the required service, if future program evaluations were methodologically rigorous. Some useful first steps to support this process would be to:

- Encourage and assist program staff to develop 'logic models' that clearly articulate the mechanisms by which program inputs relate to both outputs and their intended outcomes. Few of the evaluations identified in these searches attempted to describe the underlying logic of the program, making it difficult to interpret the meaning of any outcome data that were reported.
- Implement and evaluate promising programs on a large scale, and across jurisdictions, such that it becomes possible to assess their impact on higher level indicators of outcome (for example, crime rates, child protection notifications). This would require programs to be funded on a sustainable basis.
- Identify or develop measures that can be routinely used to assess both the short-term and long-term impact of interventions (Willis 2010b). There appear to be relatively few valid, reliable and culturally safe measures available to evaluators to monitor changes over time on key issues (such as perceptions of safety in the community, levels of social and emotional wellbeing, community engagement, personal sense of empowerment or efficacy, and family strength).

- Identify clear criteria by which judgements about what constitutes an effective program can be made. This would involve developing methods that can be used across evaluations to integrate data on program outcomes with information about how program participants and their communities have received the program.
- Develop guidelines that can be used to help determine the likelihood of a particular program that has been effective in one area succeeding in other contexts and communities, including partnership-building processes to ensure local input and decision making.
- Conduct an analysis of how a lack of capacity or resources and a lack of information sharing across jurisdictions or sectors can impact on the ability to measure outcomes effectively.

Conclusion

Systematic reviews use transparent procedures to find, evaluate and synthesise the results of relevant research in a way that makes research knowledge more readily accessible. Although it is likely that much of what is known about programs that work in the Indigenous context will not be reported in the form of published articles or papers, the evidence presented in this Issues paper draws together the relatively small subset of 'what is known' about effective programs when stringent criteria for effectiveness are applied. This type of information is likely to have value for policy makers and communities alike.

As well as highlighting the range of different programs with potential to improve interpersonal safety in Indigenous communities, the evidence presented in this Issues paper draws attention to the substantial gaps that exist in current knowledge. There is an obvious, and we would suggest, pressing need to increase the number of community safety programs conducted in an evidence-generating way so that knowledge can quickly accumulate about those programs that best meet the needs of the different communities in which Aboriginal people live. This may help to 'prove' many of the principles and practices to which Aboriginal people have drawn attention in the practice-based literature—in turn, helping these types of program to attract funding and to gain broader acceptance in the field.



Appendix A:

The Closing the Gap Clearinghouse Assessed Collection includes summaries of research and evaluations that provide information on what works to overcome Indigenous disadvantage across the seven Council of Australian Governments building block topics.

Table AI contains a list of selected research and evaluations that were the key pieces of evidence used in this issues paper. The major components are summarised in the Assessed collection.

To view the Assessed collection, visit < http://www.aihw.gov.au/closingthegap/collections/>.

Table A1: Assessed collection items for *Programs to improve interpersonal safety in Indigenous communities: evidence and issues*

Title	Year	Author
Fitzroy Valley alcohol restriction report: an evaluation of the effects of alcohol restrictions in Fitzroy Crossing relating to measurable health and social outcomes, community perceptions and alcohol related behaviours after a 12 month period http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=4850&type=ac	2009	Kinnane S, Farringdon F, Henderson-Yates L & Parker H
WA Diversion Program – Evaluation Framework (POP/STIR/IDP): final report for the Drug and Alcohol Office http://www.aihw.gov.au/closingthegap/ltemDetails.aspx?id=5303&type=ac	2007	Crime Research Centre, University of Western Australia
Moving beyond the restrictions: the evaluation of the Alice Springs Alcohol Management Plan http://www.aihw.gov.au/closingthegap/ltemDetails.aspx?id=5408&type=ac	2009	Senior K, Chenhall RD, Ivory B & Stevenson C
Mid term evaluation of the Indigenous National Alcohol and Other Drug Workforce Development Program http://www.aihw.gov.au/closingthegap/ltemDetails.aspx?id=5408&type=ac	2007	Department of Health and Ageing
A.T.S.I. Family Decision Making Program evaluation: 'Approaching families together 2002': an evaluation report for Rumbalara Aboriginal Cooperative Ltd. and the Department of Human Services – Child Protection http://www.aihw.gov.au/closingthegap/ltemDetails.aspx?id=8950&type=ac	2003	Linqage International
Evaluation of the STRONG families Program: Stage 3 http://www.aihw.gov.au/closingthegap/ltemDetails.aspx?id=9870&type=gc	2007	Cant R, Penter C & Henry D
Ngaripirliga'ajirri—an early intervention program on the Tiwi Islands: final evaluation report http://www.aihw.gov.au/closingthegap/ltemDetails.aspx?id=4806&type=ac	2006	Robinson G & Tyler W
Northern Territory Emergency Response evaluation report 2011. http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=9294&type=gc	2011	Roediger KJ, Putt J, FaHCSIA, Allen Consulting Group, AIC, AIHW et al.
Mental Health First Aid: an international programme for early intervention http://www.aihw.gov.au/closingthegap/ltemDetails.aspx?id=9596&type=ac	2008	Kitchener BA & Jorm AF
Evaluation of the Bringing Them Home and Indigenous Mental Health programs: final report http://www.aihw.gov.au/closingthegap/ItemDetails.aspx?id=2339&type=ac	2007	Wilczynski A, Reed-Gilbert K, Milward K, Taylor B, Fear J & Schwartzkoff J
Monitoring the 'Strong Women, Strong Babies, Strong Culture Program': the first eight years http://www.aihw.gov.au/closingthegap/ltemDetails.aspx?id=2447&type=ac	2003	d'Espaignet ET, Measey ML, Carnegie MA & Mackerras D



Table A2 contains a list of Closing the Gap Clearinghouse issues papers and resource sheets related to this resource sheet.

To view the publications, visit http://www.aihw.gov.au/closingthegap/publications/>.

Table A2: Related Clearinghouse resource sheets and issues papers

Title	Year	Author
Community development approaches to safety and wellbeing of Indigenous children	2010	Higgins DJ
Strategies to minimise the incidence of suicide and suicidal behaviour	2013	Closing the Gap Clearinghouse
Strategies and practices for promoting the social and emotional wellbeing of Aboriginal and Torres Strait Islander people	2013	Closing the Gap Clearinghouse
Trauma-informed services and trauma-specific care for Indigenous Australian children	Forthcoming	Atkinson J

Appendix B: Search terms, results and classification criteria

Tables B1 and B2 show the terms that were searched for in the research conducted for this Issues paper, and the number of papers identified.

Table B1: Search terms

Aborigin* OR Indigen* OR Torres Strait AND

Evaluation OR Program OR Intervention OR Diversion OR Outcome OR Impact OR Initiative AND

Child neglect OR Child abuse OR Child* OR Young OR Parent* AND

Physical OR Sexual OR Emotion* OR Maltreat* OR Substantiat* OR Victim* OR "Self esteem" OR Violen* OR "Cultural strength" OR Remov* OR Protection OR Care OR Services OR Family

Anxiety OR Depress* OR Wellbeing* OR Trauma OR disorder OR Discriminat* OR Dispossess* OR Psychosis* OR Stress* OR Dislocat* OR Disadvantage OR Trauma OR Grief OR Loss OR "Stolen Generation*" OR "Cultural Identity" OR Healing OR Identity AND

Grief OR Loss OR Poverty OR Remote* OR "Physical health" OR Incarcerat* OR "Child removal*" OR Violence OR Abuse OR Land OR Cohesion OR Cultur* OR Spiritual OR Ancestry OR Pregnancy

Alcohol OR Drug OR Ganja OR Amphetamin* OR Marijuana OR Cannabis OR Paint OR Petrol OR Tobacco OR Inhalant* OR Sniff* OR Inject* OR Intravenous OR Heroin OR "Substance misuse" OR "Substance abuse" OR Benzodiazepines OR Opal OR Sedatives OR Tranquil* OR hallucinogen* OR Meth* OR Cocaine OR Kava AND

Trauma OR Grief OR Loss

Violence OR Conflict OR Crim* OR Offen* OR "Lateral violence" OR "Domestic Violence" OR "Family Violence" OR "Partner Violence" OR "Sexual violence" OR "Youth Violence" OR Abuse OR Suicide OR "Self harm" OR "Self Directed Violence" OR Firearm OR Assault OR Homicide OR Rape OR "Child Violence" OR Altercation OR "Group Violence" OR "Psychological Violence" OR "Economic Violence" OR "Cyclic Violence" OR "Dysfunctional community syndrome" OR Fight* OR "Inter-Racial Violence"



Table B2: Number of papers

			Area		
Database	Violence	Substance misuse	Child abuse and neglect	Social and emotional wellbeing	Total
CINCH/PsycINFO/ Clearinghouse searches	380	103	289	444	1,216
Web of Science	845	1,386	1,141	6,644	10,016
Informit Indigenous Studies database	1,050	691	803	621	3,165
Criminal Justice abstracts	264	359	140	316	1,079
Total	2,539	2,539	2,373	8,025	15,476

Table B3 shows the Maryland Scientific Methods Scale that was used to screen for methodological quality.

Table B3: Maryland Scientific Methods Scale

Rating	Description
Level 0: qualitative study	Studies that use interviews, focus groups or other qualitative methods
Level 1: correlation study with no comparison group	Studies looking at the correlation between a program and an outcome measure at a point in time or those using a single, post-treatment survey of those who have received treatment
	Analysis of administrative data to identify factors correlated to reunification and re-entry
Level 2: study in which a temporal sequence between the program and the recidivism outcome is clearly observed (prepost study), or the presence of a comparison group without demonstrated comparability to the treatment group	Studies where the comparability of the comparison groups is seriously compromised and no attempt has been made to control for this; that is, pre-post only studies; or studies where the only comparison is between completers and non- (or partial) completers of a particular treatment
Level 3: a comparison between two or more comparable units of analysis, one with and one without the program (no random assignment to groups)	A comparison between two or more comparable units of analysis, one with and one without the program
Level 4: a comparison between multiple units with and without the program, or using comparison groups that evidence only minor differences	Studies in which it has been clearly demonstrated that, before the intervention, there is very little difference between comparison groups
Level 5: random assignment and analysis of comparable units to program and comparison groups. Differences between groups are not greater than expected by chance. Units for random assignment match units for analysis	Studies in which subjects are randomly assigned to groups. The strongest studies will also attempt to 'hide' the group assignments from those involved in the research

Source: Adapted from Farrington et al. 2002.



Appendix C: Studies identified in the searches

Abbreviations

CN Child abuse and neglect

SEWB Social and emotional wellbeing

SM Substance misuse

V Violence

AIHW (Australian Institute of Health and Welfare) 2008. The effectiveness of the Illicit Drug Diversion Initiative in rural and remote Australia. Drug statistics series no. 19. Cat. no. PHE 96. Canberra: AIHW. Viewed 12 March 2013, http://www.aihw.gov.au/ publication-detail/?id=6442468079>. (SM)

Ainsworth G & McRae D 2006. Successful practice. What Works. The Work Program. Improving outcomes for Indigenous students. Melbourne: National Curriculum Services & Canberra: Australian Curriculum Studies Association. Viewed 12 March 2013, http://www.whatworks.edu.au/upload/1251417159008 file SuccessPrac.pdf>. (SEWB)

Atkinson G & Kerr S 2003. The Purro Birik Social and Emotional Wellbeing Strategy 1999–2002 (Indigenous mental health services) evaluation report. Report to Victorian Aboriginal Community Controlled Health Organisations Inc. and Mental Health Branch, Victorian Department of Human Services. Fitzroy: Victorian Aboriginal Community Controlled Health Organisations Inc. Viewed 5 March 2013, http://www.health.vic.gov.au/mentalhealth/publications/koori-mh-0903.pdf>. (SEWB)

Bagshaw D, Chung D, Couch M, Lilburn S & Wadham B 2000. Reshaping responses to domestic violence: final report. Canberra: Partnerships Against Domestic Violence, Office of the Status of Women, Commonwealth Department of the Prime Minister and Cabinet. Viewed 12 March 2013, http://wesnet.org.au/wp-content/uploads/2012/07/PADV-Reshaping-responses.pdf>. (V)

Bailie RS, McDonald EL, Stevens M, Guthridge S & Brewster DR 2011. Evaluation of an Australian indigenous housing programme: community level impact on crowding, infrastructure function and hygiene. Journal of Epidemiology and Community Health 65(5):432–7. doi:10.1136/jech.2009.091637. (SEWB)

Bamblett M, Bath H & Roseby R 2010. Growing them strong, together: promoting the safety and wellbeing of the Northern Territory's children. Report of the Board of Inquiry into the Child Protection System in the Northern Territory 2010. Darwin: Northern Territory Government. Viewed 12 March 2013, http://www.childprotectioninquiry.nt.gov.au/report_of_the-board-of-inquiry. (CN)

Benzies K, Tough S, Edwards N, Mychasiuk R & Donnelly C 2011. Aboriginal children and their caregivers living with low income: outcomes from a two-generation preschool program. Journal of Child and Family Studies 20(3):311–18.doi:10.1007/s10826-010-9394-3. (CN)

Billing K 2011. 'Sowing the seeds for change': a process evaluation of the Te Kakano, the SAFE Programme for Maori men who have sexually offended against children. Summary report. Auckland, NZ: SAFE Network Inc. Viewed 12 March 2013, http://www.safenetwork.co.nz/assets/Uploads/22Sowing-the-seeds-for-change22-a-process-evaluation-of-Te-Kakano-2011.pdf. (V)

Blagg H 2000. Crisis intervention in Aboriginal family violence. Summary report. Canberra: Partnerships Against Domestic Violence, Office of the Status of Women, Commonwealth Department of the Prime Minister and Cabinet. (V)

Burns CB, Currie BJ, Clough AB & Wuridgal R 1995. Evaluation of strategies used by a remote aboriginal community to eliminate petrol sniffing. Medical Journal of Australia 163(2):82–6. (SM)

Cant R, Penter C & Henry D 2007. Evaluation of the STRONGfamilies Program: Stage 3. Perth: Social Systems & Evaluation. Viewed 12 February 2013, http://www.strongfamilies.wa.gov.au/UserDir/Documents/Public/Evaluation_of_the_Sf_Program-Stage_Three_Final_May2007.pdf. (CN)

Carnarvon Family Support Service 2003. Best practice for early intervention and prevention of domestic violence in the Gascoyne region. Canberra: Australian Government Department of Family and Community Services. Viewed 13 March 2013, http://pandora.nla.gov.au/tep/42861>. (V)

Caruana C 2010. Healing services for Indigenous people. Family Relationships Quarterly no. 17. Melbourne: Australian Institute of Family Studies, 3–9. Viewed 6 March 2013, http://www.aifs.gov.au/afrc/pubs/newsletter/frq017/index.html. (SEWB)

Chikritzhs T, Stockwell T & Pascal R 2005. The impact of the Northern Territory's Living With Alcohol program, 1992–2002: revisiting the evaluation. Addiction 100(11):1625–36.doi:10.1111/j.1360-0443.2005.01234.x. (SM)



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Abbreviations

AIC Australian Institute of Criminology

AIHW Australian Institute of Health

and Welfare

AJA Aboriginal Justice Agreement

FaHCSIA Department of Families, Housing,

Community Services and Indigenous

Affairs

COAG Council of Australian Governments

LAJAC Local Aboriginal Justice Advisory

Committee

NATSISS National Aboriginal and Torres Strait

Islander Social Survey

NT Northern Territory

NTER Northern Territory Emergency

Response

RAJAC Regional Aboriginal Justice Advisory

Committee

RCIADIC Royal Commission into Aboriginal

Deaths in Custody

Vic Victoria

WA Western Australia

WHO World Health Organization

Terminology

Indigenous: 'Aboriginal and Torres Strait Islander' and 'Indigenous' are used interchangeably to refer to Australian Aboriginal and/or Torres Strait Islander people. The Closing the Gap Clearinghouse uses the term 'Indigenous Australians' to refer to Australia's first people.



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