

SUBMISSION TO THE CONSULTATION ON

A Continuum of Care
To Prevent Youth Offending and Re Offending



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Executive Summary and recommendations

Executive Summary

This submission advocates for an expansion of the current range of out-of-home care options available to young people in or at risk of contact with the Youth Justice system. In particular Anglicare would like to see an increase in access to primary and secondary intervention and prevention support and an improvement in the availability, quality and effectiveness of tertiary interventions. Most importantly Anglicare believes that a trauma-informed approach to service delivery must be embedded in the provision of supports and services for all young people involved in the Child Protection and Youth Justice systems.

Anglicare recommends that the Tasmanian Government:

1. Coordinate the identification and development of a cohesive suite of upstream family support programs across Tasmania. This should include universal education and training for parents and targeted support for families at risk of difficulties.
2. Increase funding to Gateway's Integrated Family Support Services, Targeted Youth Support Services and Supported Youth Programs to enable the provision of earlier and more intensive support for families and young people experiencing multiple difficulties.
3. Develop and resource a suite of diversionary options, including youth hubs, mentoring programs, alternative education and training programs, and sequential outdoor and adventure therapy options for young people at risk of deeper involvement in youth justice, including detention.
4. Continue to fund those programs already providing effective support towards health, wellbeing and vocational outcomes for young people involved in youth justice.
5. Develop and resource services that support young people to better meet bail conditions, including the provision of suitable housing and support if needed, based on trauma-informed approaches.
6. Develop and resource a wider range of intensive therapeutic residential care facilities for young people in need of out-of-home care, with an emphasis on ensuring young people can maintain positive links with community, including vocational pathways and relationships with positive adult role models.
7. Ensure that the proposed expansion of Tasmania's out-of-home care system includes the establishment of residential treatment facilities with capacity to provide intensive clinical support for young people with mental health, drug and alcohol and behavioural difficulties.
8. Develop and resource an innovative suite of alternatives to detention based on the application of sound restorative justice principles, offender management techniques, and best practice in therapy and rehabilitation for young people who have experienced trauma.
9. Require that Ashley staff work with youth justice workers and community service staff to ensure that each young person entering Ashley develops an 'exit plan' that includes provision of suitable housing and support to the level they require prior to release, based on the young person's needs and capacities.
10. Require that Ashley staff create and sustain links with community such that young people detained at Ashley maintain vocational pathways and relationships with positive adult role models whilst detained, and support these links in the form of an effective after-care plan upon release.

11. Develop and resource an innovative suite of pre- and post-release programs that are integrated with the community to ensure that young people being released from Ashley have clearly identified vocational pathways and are ready to function in civilian life in pro-social ways.
12. Establish a collaborative continuum of support for children and young people experiencing difficulties relating to family breakdown, homelessness and anti-social and offending behaviours that includes information-sharing and effective case conferencing based on trauma-informed approaches.
13. Embed trauma-informed approaches in all Child Protection and Youth Justice services (including Ashley), and consider establishing an organisational culture like the Sanctuary model within all youth-related Government services.

Introduction

Anglicare Tasmania welcomes this opportunity to provide a submission to the consultation on a continuum of care to prevent youth offending and re-offending. This submission is adapted from Anglicare's previous response to the Commissioner for Children's consultation on diversions and alternatives to secure detention for young people in this state. It does not address all the questions outlined in the consultation paper. Rather it focuses on those which are best informed through the experiences of our services and our research team.

Anglicare is committed to finding the right balance between protecting children, ensuring community safety, deterring criminal behaviours, promoting personal responsibility and maximising rehabilitation. It is also committed to recognising the underlying causes and causal pathways towards youth crime on a case by case basis and to contributing towards discussions about the range of services and interventions required to both prevent the onset of offending and reduce re-offending among young people in Tasmania.

Anglicare Tasmania

Anglicare Tasmania is the largest community service organisation in Tasmania, with offices in Hobart, Glenorchy, Launceston, St. Helens, Devonport and Burnie, and a range of outreach programs in rural areas. Many of Anglicare's services provide support to young people involved in the Youth Justice system, including in areas of outreach, emergency relief, counselling, mediation and family support, therapeutic intervention, accommodation support, vocation end employment services, mental health services, acquired brain injury, disability and drug and alcohol support.

For young people and families experiencing difficulties in relation to legal and criminal issues Anglicare's Children, Families and Community stream provides direct support through delivery of the Supported Youth Program (SYP) and Therapeutic Residential Care (TRC). The SYP offers intensive case management and therapeutic intervention to young people aged 10 to 18 with multiple risks and who, without intensive support, would have increased interactions with both child protection and youth justice. TRC provides a group home and supports within a therapeutic milieu (which is trauma and attachment informed) to young people aged 12-18 who are clients of the statutory Child Protection system and who are displaying anti-social behaviour, are disengaged with education, and may already be involved in the Youth Justice system.

Alongside service provision, Anglicare's Social Action and Research Centre (SARC) conducts research, policy and advocacy work with a focus on the needs of Tasmanians on low income, including in areas that closely intersect with youth justice. In recent years we have provided formal responses to the Department of Justice discussion paper 'Breaking the Cycle: Tasmania Corrections Plan 2010-2020' (2010), the Reform of the Youth Justice Act (2009), the Children's Therapy Report (2008), and the Legislative Council Select Committee Inquiry on Ashley, Youth Justice and Detention (2007).

This submission is informed by a literature review of research evidence, by staff consultations, and by findings from two research projects which will shortly be published. One project focused on parents' experiences of the Tasmanian Child Protection system (Hinton forthcoming) and the other examined youth homelessness in the state with a focus on those young people exiting Ashley Detention Centre and those exiting the out-of-home care system (Pryor forthcoming). Both involved interviewing numbers of young people and parents about their experience of services and what kind of support they would like to see available.

Primary Intervention and Prevention Strategies

Q 2.1 Observations about current options in Tasmania

Much is known about the risks and causal pathways that lead to youth crime and detention, about how to protect young people from criminal pathways, and about what does and doesn't work in keeping young people out of detention (Australian Institute of Criminology 2002; Cunneen & White 2011). Alongside this body of knowledge, many theories and recommendations exist for supporting young people towards full participation in the social and economic life of their community (VicHealth 1999). We need to prevent offending by reducing risk factors and providing and boosting protective factors.

For Anglicare, most crimes undertaken by children and young people are a symptom of a failure to meet their basic needs rather than an intrinsic motivation towards anti-social or criminal behaviours. In order to reduce youth offending and minimise the need for youth detention, our view is that attention must be paid to meeting the basic needs of families, including the provision of adequate access to housing, electricity, food, transport, education and employment, along with close care for families that are struggling, and adequate support for children.

Anglicare's SARC team recently visited Ashley to interview young people about their experiences of homelessness. According to self-report, all those interviewed had experienced homelessness, all had involvement in the Child Protection system, and most had out-of-home care experiences. All interviewees stated that family breakdown (including domestic violence and lack of a secure home environment) were causal factors for both their homelessness and involvement in youth crime. Broader findings demonstrate that causes of youth homelessness intersect with involvement in youth justice in the following areas: family violence and arguments, neglect, absent parents (including an incarcerated parent), parent and family problems (e.g. parental drug or alcohol use), teenager problems (such as a need for autonomy and independence), changing parent-teen relationships, family breakdown, pressures of single-, and step-parent households, inadequate child protection and lack of appropriate housing options (Pryor, forthcoming). These findings match data provided to the Commissioner for Children by the Department of Health and Human (Commissioner for Children 2012), data provided by specialist homelessness services to the Australian Institute of Health and Welfare (AIHW 2012), Australian Bureau of Statistics data (ABS 2011), and data relating to youth justice in Tasmania (AIHW 2012). Given the socio-economic vulnerabilities and potentially harmful life trajectories of young people involved in the Youth Justice system we need to look at primary intervention.

Various innovative strategies and programs have been developed and implemented in an attempt to address risk factors and enhance protective factors within a variety of contexts for young people at risk of criminal behaviours. These include preventative approaches such as developmental and early intervention strategies, diversionary strategies to keep young offenders out of the criminal justice system and crime prevention strategies, such as situational crime prevention and crime prevention through environmental design (Drug and Crime Prevention Committee 2008).

Whilst some effective preventive, early intervention and diversionary programs exist in Tasmania early identification and intervention needs to be offered to more children and young people and their families.

Recommendation 1. Coordinate the identification and development of a cohesive suite of upstream family support programs across Tasmania. This should include universal education and training for parents and targeted support for families at risk of difficulties.

Recommendation 2. Increase funding to Gateway’s Integrated Family Support Services, Targeted Youth Support Services and Supported Youth Programs to enable the provision of earlier and more intensive support for families and young people experiencing multiple difficulties.

Secondary intervention and prevention strategies

‘I was in with me mates, and then just started doing crime, ‘cos I didn’t really have anywhere that was like home. So I just sat and did crime, and then came here [to Ashley]... That’s how you get yourself into trouble, cos you’re always looking for something to do. You can’t just go home and watch a movie. Can’t go home and relax’ (Ashley detainee, Male, 17 years, cited in Pryor forthcoming).

Q 3.1 Observations about the current options in Tasmania

Young people involved in the Youth Justice System need supports that are collaborative, well-coordinated and backed up by a continuum of support that can flex in intensity over time. Such supports need to be based on the changing physical, emotional, mental and developmental needs of each young person, with a recognition that the adult legal age of 18 is not always indicative of a mental and emotional capacity for independence, particularly when there are histories of trauma.

A major review of juvenile justice strategies (Australian Institute of Criminology 2009) concluded that programs with certain characteristics have the best chance of producing effective outcomes in preventing offending and reducing recidivism. These characteristics are the ability to address numerous risk factors, work across a variety of social settings, target a young person’s individual needs through case management approaches, combine a variety of therapies, alter the way a young person thinks and acts and ensure programs are culturally specific. Specific recommendations in relation to Indigenous young people include the need to include culturally appropriate strategies, such as the meaningful participation of families, communities and elders (Niebling & Gunton 2008).

Q 3.2 What best practice secondary intervention and prevention strategies could be introduced

Anglicare proposes four approaches which are supported by research evidence, best practice in other jurisdictions and our own service delivery experience.

Firstly Anglicare would like to see the intentional, strategic and integrated use of outdoor and adventure therapy for young people involved in the Youth Justice system (Stott 2009). Wilderness therapy programs have been found to be more effective than traditional means in terms of rehabilitating juvenile delinquents (Bedard et al 2003, Bedard 2004). Whilst we do not support the coercive forms of wilderness camp that have been popularised in the United States (for example ‘Brat Camp’), nor the punitive forms of boot camp that have been trialed and failed in various Australian jurisdictions including the Northern Territory, Western Australia and New South Wales (Atkinson 1995); we are in favour of the therapeutic and rehabilitative forms of outdoor and adventure intervention that have been demonstrated to be effective in achieving short-and long-term outcomes relating to health, wellbeing, social and economic participation, and reduced recidivism (Bowen 2012).

The therapeutic use of outdoor and adventure therapy programs for young people at risk of, or already involved in the Youth Justice system (for example The Outdoor Experience in Victoria¹ for young people with youth justice involvement, drug and alcohol misuse and mental health issues) is an underdeveloped area in Tasmania. Similar to a use of creative art, dance and movement therapies, outdoor and adventure therapy interventions engage young people in physical activity, social connection, skill development and confidence-building. In a meta-analysis of wilderness challenge programs for delinquent youth, Wilson and Lipsey (2000) found that programs involving relatively intense physical activities or with therapeutic enhancements produce the greatest reductions in delinquent behaviour. These forms of therapy are de-stigmatised, and can serve to address personal causal factors for antisocial and offending behaviours. The therapeutic use of challenge in outdoor environments has been found to meet the developmental and risk-taking needs of young people involved in criminal activity, and when integrated with the wider social networks of a young person, can serve as a powerful catalyst for healing and rehabilitation (Pryor, 2009). Our view is that the therapeutic use of outdoor and adventure therapy can engage young people in positive change in physical, psychological, social and sub-cultural domains in ways that concurrently protect children, ensure community safety, deter criminal behaviours, promote personal responsibility and maximise rehabilitation.

A model of outdoor and adventure therapy which incorporates trauma-informed counselling, education and training, mentor relationships and meaningful links with the community, within a Youth Justice system that provides a collaborative continuum of support would reset the culture of Youth Justice in Tasmania, and reduce the need for secure isolated detention for many young people.

Secondly and using service delivery experience Anglicare proposes that there is a need for more 'youth hubs' in Tasmania. Youth hubs offer an age-appropriate one-stop shop for young people needing various types of assistance, including Centrelink and health and education. They are safe places for young people to connect with others, develop healthy relationships with workers and peers, and engage in meaningful activities.

Thirdly more mentoring programs linked to vocational pathways are also required (for example the XLR8 Mentoring program in Victoria). Benchmarks for safe and effective mentoring programs with young people involved in criminal behaviours have been set by the Australian Youth Mentoring Network. These include the importance of effective planning and design, management and governance, evaluation, staff, screening and selection of mentors, orientation and training of mentors, matching mentors to young people, monitoring and support, and the closing of mentor relationships (AYMN 2009).

Lastly there is a need to develop and resource the provision of alternative education and training for young people at risk of or involved in youth justice. In order to be able to learn, young people who have experienced trauma need safe and therapeutic school and training environments. As well as allowing healing to occur, structure, one-on-one support, and tailored activities enable the successful management of stress and hyperarousal. Baltara² in Victoria is an example of a trauma-informed alternative school environment operating in a number of settings, including in secure detention. The 'Transforming Trauma Project'³ is a successful example of a trauma-informed approach to the provision of education that is currently being piloted in a number of Tasmanian schools. From Anglicare's perspective these programs should be expanded in Tasmania and embrace a younger age group and wider vocational options.

¹ <http://www.jss.org.au/toe>

² www.baltara.vic.edu.au

³ <https://www.education.tas.gov.au/documentcentre/Documents/Transforming-Trauma-End-of-Year-Report-LSN-LSS-2012.pdf>

Recommendation 3. Develop and resource a suite of diversionary options, including youth hubs, mentoring programs, alternative education and training programs and sequential outdoor and adventure therapy options for young people at risk of deeper involvement in youth justice, including detention.

Tertiary intervention and prevention strategies

4.1 Observations about the current options

Criminal sanctions that rely on punishment alone to reduce juvenile recidivism are politically and publicly appealing, particularly in the face of serious and violent offences, yet are not empirically supported. Secure detention and other forms of punishment are not found to be effective in terms of behavioural change, either in the short term or longer term (McGuire & Priestley 1995). According to O'Connor & Cameron (2002), the most effective treatment for young people displaying anti-social and criminal behaviours is to minimise their formal contact with the Youth Justice system, including use of diversionary strategies to avert deeper youth justice involvement.

In Tasmania a number of diversionary strategies are in place, supported in Hobart by a Magistrate piloting a youth court which seeks to emphasise restorative justice principles and divert young people away from detention. Yet in Anglicare's experience, Tasmania needs more diversionary strategies for young people, both prior to and after early engagement with the Youth Justice system. Anglicare recognises that diversionary strategies must necessarily include keeping children safe at home or providing a stable alternative home environment for young people in need of out-of-home-care.

Anglicare recognises the need to ensure community safety and deterrence for young people from engaging in criminal activity yet currently there are no alternatives to detention. This means that detention is not used as a 'last resort', but as an 'only option'. Alternatives to detention that emphasise rehabilitative and restorative principles over punitive sanctions for young people do not exist in Tasmania. This means that punishment, deterrence and community safety are afforded at the expense of the wellbeing and rehabilitation of children and young people in our Youth Justice system.

Compounding this imbalance is the reality that limited bail options exist for young Tasmanians. Young people do not have enough support to avoid breaching bail, and are subsequently remanded in Ashley, sometimes for long periods of time. Many young people detained at Ashley are there for a lack of alternative placement options and support (along with other issues). This reality illustrates the dire lack of alternative placements and support for young people in need of out-of-home care in Tasmania.

To illustrate problems associated with lack of housing and support, we offer the example of an Anglicare client who was at risk of being sent to Ashley due to an assault and arson charge pending for twenty weeks. During this time it was negotiated that the client would spend six weeks in each of the youth shelters of the north and northwest. Within the same time-frame, a report from a forensic psychologist recommended that this young person should not be in congregate care, but needed one-on-one, twenty-four hour care. At the end of the 20 weeks, Anglicare negotiated with DHHS and again there was no option for this young person other than placement in a youth shelter. No appropriately trained foster carers were available, and this person was not yet 16 so was unable to legally live independently. In other jurisdictions, state and territory Governments fund a broader range of community housing options that allow young people to receive intensive support, therapy and rehabilitation whilst also continuing their education and the development of positive relationships outside of the residence (for example in Hurstbridge Farm in Victoria, plus examples in New South Wales, the Northern territory and Western Australia) (McLean et. Al 2011).

Tasmania's only secure environment has not proven effective in making a lasting difference in the lives of children and young people; nor has it been effective in reducing recidivism. According to Corrections Victoria (2007), effective offender management is underpinned by three complementary theories: 1) the 'risk-need' approach, a psychological theory of antisocial behaviour which focuses on preventing recidivism and protecting the community; 2) the 'good lives' model, a broader psychological theory of antisocial behaviour with an additional focus on enhancing offender's skills in an attempt to further reduce recidivism; and 3) the 'therapeutic jurisprudence' approach, a legal theory with concern for the wellbeing of individuals within the criminal justice system, highlighting the need for correctional staff to engage with offenders in pro-social ways. Whilst Ashley staff and programs may be understood to meet these effective offender management strategies, isolation from the young persons' community should only happen on rare occasions. Our view is that ongoing healthy connections with community are an integral aspect of healing and an essential aspect of rehabilitation that seeks to strengthen a young person's involvement in the social and economic life of their community.

If young people are detained in secure facilities, we have an obligation to ensure they are better off on their release than upon their entry into detention. According to James (1993), effective interventions must include the family, schools and the community to ensure that long lasting change can be achieved, 'Only when young offenders can be treated in their home environments can they have a reasonable chance of maintaining some of their newly learned skills' (cited in Atkinson 1995 p.4). Such statements reiterate the importance of pre- and post-release support for young people being released from detention. If as a last resort, young people are detained, then they must be given adequate support to re-enter civilian life and re-connect with positive pathways towards social and economic inclusion, which must include access to housing and support if needed. If detainees are parents, then facilitating some level of contact and reunion with their children is considered a priority.

Information from a range of information sources reveals that young people leaving Ashley do not always have an 'exit plan' in place. One reason given for this is that the Department does not require that young people on remand have 'exit plans'; another response is that 'exit plans' are developed but are not always carried out by young people. Save The Children report frequently encountering this problem when attempting to support young people being released from Ashley (Pryor, forthcoming). Anglicare staff have noticed a tangible deterioration in young people's capacity and condition post-Ashley. In addition to the positive education and training that some young people receive, they also can have detrimental experiences, such as strip searches, or the formation of friendships with other young people who present a risk to their safety, or promote and instill more anti-social behaviours.

In 2012, Anglicare's researchers interviewed a young man who was released from Ashley to the streets of Launceston with the clothes he wore and items of furniture he has made whilst in detention. His 'exit plan' included appointments with youth justice workers, an appointment with a drug and alcohol counselor, a tentative arrangement to attend an alternative education program, and information that whilst no beds were available in any youth shelters at present, a bed might become available in six weeks' time. What was this young person to do? The next contact the Anglicare researchers had with this young person was when he called from Risdon Prison hoping for some support upon release.

Question 4.2 Best practice tertiary intervention or prevention strategies

An Australian Institute of Criminology review of current literature on youth crime prevention found that the most effective models are those that include a therapeutic component, provide skills that can be generalised to the participants' environment, and include an aftercare program (Day et al. 2004).

A diversionary program already operating in Tasmania and proving effective is the DHHS funded Supported Youth Program (SYP) run by Anglicare in the north and northwest of Tasmania. In two and a half years of operation SYP has supported 100 young people, with only one of these going on to a Child Protection

Order. This result is a significant success given the complex family histories of all young people involved in the program. The following table provides further details about SYP outcomes for young people.

Table 1. Supported Youth Program Outcomes (Anglicare 2012)

| Supported Youth Program Outcomes |
|--|
| <ul style="list-style-type: none"> • Reduced offending and/or re-offending - Upon referral to SYP more than 80% of young people were offending and/or reoffending; since engagement with SYP this number has reduced by 50%. • Improved developmental outcomes for young people - Upon referral less than 10% of young people had suitable developmental outcomes; since engagement with the program, 85% of young people have had significantly improved developmental outcomes. • Improved wellbeing and safety - Upon referral less than 10% of young people had appropriate wellbeing and safety outcome; since engagement with the program, 80% of young people have had significantly improved wellbeing and safety outcomes. • Reduced individual and family risk factors and/or reduced impact of risk factors coupled with increased protective factors - Upon referral more than 95% of young people were experiencing individual and family risk factors and had limited protective factors; since engagement with the program 85% of young people have significantly improved protective factors and reduced individual and family risk factors. • A lower rate of notifications and/or re-notifications to Child Protection services for individual young people post intervention - Upon referral 80% of young people had one or more notifications to Child Protection; since engagement with the program this number has reduced by 60%. • Increased levels of connectedness with family, community and schools - Upon referral less than 10% of young people were connected with family, community and school; since engagement with the program, 80% of young people are now connected with family, community and school. • Stability in accommodation and reduced risk of homelessness and/or inappropriate accommodation - Upon referral more than 90% of young people were at risk of homelessness and/or inappropriate accommodation; since engagement with the program more than 80% of young people have secured appropriate accommodation. • Improved capacity to maintain tenancy - Upon referral 100% of clients had not maintained a tenancy; since engagement with the program 14% of young people have secured and maintained their own tenancy. |

Safe places that offer a healing environment for young people who have experienced family breakdown, abuse, neglect, homelessness and trauma are lacking in Tasmania. Very few positive outcomes can be achieved if young people are homeless. They need a secure, stable and appropriate home environment in order to build pro-social skills and be able to participate in social and economic activities. Ashley currently fills a service gap that may be better and more cost-effectively met by the establishment of a broader suite of placement options for young Tasmanians in need of out-of-home care. To illustrate this, a table of international housing and support options is provided, adapted from the work of Stuart and Saunders (2008). It includes residential provision with intensive support and training in trauma informed care. Also required are more short term emergency beds for young people, more long term foyer-type facilities and more youth specific units through Housing Tasmania.

Table 2. Spectrum of out-of-home care options, including detention (adapted from Stuart & Saunders 2008)

| Less intensive | International range of out-of-home care support options provided to children and young people | Tasmanian out-of-home care options currently provided (% of total children on care and protection orders placed in each option in Tasmania, June 2011) |
|--|--|---|
|  | Independent living, with support | In Tasmania this includes support in public or community housing, or private rental (2.7%) |
| | Receiving homes – home-based care provided by families | Emergency foster care placements are provided |
| | Kinship care – home-based care provided by adults with kinship bonds | Short-term kinship care placements with extended family members are provided (27.4%) |
| | Conventional foster care – home-based care provided by unrelated non-kin adults | Foster care placements are provided where possible (42.3%) |
| | Treatment foster care (specialized or therapeutic foster care) – foster care provided by adults trained in therapeutic trauma-informed care | None exist - therapeutic foster care exists only in so much as the level of training foster carers receive (general, advanced or complex) |
| | Family group care – foster care provided by trained adults, either in a home environment or facility, supported by staff working shifts | Family group homes exist but are predominantly for sibling groups, and are not necessarily staffed by adults trained in therapeutic trauma-informed care (2.1%) |
| | Congregate care (staffed group care or residential care) – workers provide direct care on a rostered or shift-work basis | Congregate care exists but are not supported by multidisciplinary teams and do not necessarily provide a therapeutic or treatment aspect by design (Residential Care) |
| | Therapeutic residential care –intensive care placement for young people in statutory care within a residential setting, aims to address complex issues | TRC exist in all three Tasmanian regions, some of which employ trauma-informed approaches (1.6%) |
| | Residential treatment care – a fully staffed group home under a common clinical supervisory structure, which may include treatment programs | None exist in Tasmania |
| | Psychiatric hospital (secure treatment unit care) – similar to residential treatment care only with the additional capacity to medicate or certify/secure a young person | None exist in Tasmania |
| | Therapeutic secure care/community setting - therapeutic residential care or residential treatment care provided in a community setting with capacity for containment | None exist in Tasmania |
| | Secure care/correctional facility – locked facilities to which young people are sent by court order, which do not generally provide therapeutic input | Ashley Youth Detention Centre is Tasmania’s only secure facility, and the only placement option after TRCs available to young people in need of intensive support |
| | More intensive | |

Pre- and post-release support should be developed to such an extent in Tasmania that these processes become integral to the reparative, restorative and rehabilitative potential within youth detention. In order to facilitate this an ‘exit plan’ should be developed at the time a young person enters Ashley. Adequate ‘exit plans’ and appropriate after care should be considered core business for Ashley in relation to every young person detained in the facility. Whether the young person has been sentenced or held on remand, and regardless of the length of detention, planning and preparation for release should begin at the outset of detention. Service experience shows that it is essential that the young person feels a sense of ownership over this process, that they know what they are working towards, and are equipped to achieve the plan,

including having the skills required of them to fulfill the plan. Part of this planning should include connecting with community-based support structures so that those services are ready to support the young person upon release. In Anglicare's experience, community-based service workers are in a better position to offer ongoing support for young people both before, during and after time spent at Ashley.

Community conferences offer a step towards reparation and restorative justice aims. However they are presently difficult to organize. Sometimes the victim does not wish to attend and sometimes police and youth justice workers are ill equipped to assist positive outcomes in the community conference process. These practices need to be developed further, and be trauma-informed for greater effect.

Recommendation 4. Continue to fund those programs already providing effective support towards the health, wellbeing and vocational outcomes for young people involved in youth justice.

Recommendation 5. Develop and resource services that support young people to better meet bail conditions, including the provision of suitable housing and support if needed, and based on trauma-informed approaches.

Recommendation 6. Develop and resource a wider range of intensive therapeutic residential care facilities for young people in need of out-of-home care, with an emphasis on ensuring young people can maintain positive links with community, including vocational pathways and relationships with positive adult role models.

Recommendation 7. Ensure that the proposed expansion of Tasmania's out-of-home care system includes the establishment of residential treatment facilities with capacity to provide intensive clinical support for young people with mental health, drug and alcohol and behaviour difficulties.

Recommendation 8. Develop and resource an innovative suite of alternatives to detention based on the application of sound restorative justice principles, offender management techniques, and best practice in therapy and rehabilitation for young people who have experienced trauma.

Recommendation 9. Require Ashley staff to work with youth justice workers and community service staff to ensure that each young person entering Ashley develops an 'exit plan' that includes provision of suitable housing and support to the level they require prior to release, based on the young person's needs and capacities.

Recommendation 10. Require that Ashley staff create and sustain links with community such that young people detained at Ashley maintain vocational pathways and relationships with positive adult role models whilst detained, and support these links in the form of an effective after-care plan upon release.

Recommendation 11. Develop and resource an innovative suite of pre- and post-release programs that are integrated with the community to ensure that young people being released from Ashley have clearly identified vocational pathways and are ready to function in civilian life in pro-social ways.

Additional Questions

Question 5.1 Ensuring better coordination and integration of services along the continuum.

Anglicare's service delivery experience suggests that collaboration, continuity and integration are missing when it comes to providing supports for young people at risk of family breakdown, homelessness, mental ill health, drug and alcohol misuse, and involvement in youth justice. Anglicare believes the best way of enhancing diversionary measures in the Tasmanian context is to establish a continuum of supports state-wide for young people from primary school, through high school and into young adulthood. A successful continuum of support would enable the Department of Education, Police, Youth Justice, and other services to meet regularly and share information to ensure that no young person is disconnected from essential

support. An example of good collaboration occurs in the north where the SYP works closely with Youth Justice and Child Protection to host Collaborative Case Conferences. For each SYP client, these three agencies work together to better meet the needs of the young person.

An integrated continuum of support would help to prevent duplication and overlap between services. A continuum of support based on trauma-informed approaches would mean that any young person experiencing difficulties associated with family breakdown, homelessness, antisocial behaviours and other issues would receive care sensitive to trauma, meaning that healing can begin to occur at an earlier time, hopefully preventing the worst in terms of life trajectory. A wider suite of diversion options would greatly assist young people at risk of or already involved in youth justice, and presumably help to reduce detention rates.

Recommendation 12. Establish a collaborative continuum of support for children and young people experiencing difficulties relating to family breakdown, homelessness and anti-social and offending behaviours that includes information-sharing and effective case conferencing based on trauma-informed approaches.

Underpinning strategy: a trauma-informed approach

Links between childhood abuse, neglect and trauma, and pathways towards involvement in youth offending behaviours are well established. Research in neurobiology has found that severe abuse and neglect impacts on the development of children's brains (van der Kolk 2005). When safety and care (bonding) are absent, the development of children's core neural networks are affected in ways that can lead to difficulties in controlling emotions, focusing, thinking logically, and taking on new information. Because the brain regulates so many aspects of a person's life, the impacts of trauma in early life can be devastating and lifelong. Understanding the impact of extreme stress and trauma on children and young people's brains helps us understand what they need, and how to support their healing. Evidence arising from Trauma Theory, Neurosequential Model of Therapeutics, Poly Vagal Theory and Attachment Theory suggest that a Youth Justice system that fails to take account of and treat the trauma histories of young people will likely neglect to address key causal factors and fail to change offending behaviours.

Anglicare staff believe a trauma-informed approach needs to be embedded in the provision of services and supports for all young people involved in the Child Protection and Youth Justice systems. A trauma-informed approach requires that all staff working with young people at risk of or displaying offending behaviours understand the physiological and neurological effects of trauma, and the importance of emotional and physical safety, positive secure relationships, and prevention of re-traumatisation.

For staff working within Anglicare's Children, Families and Community stream, the Sanctuary model offers an effective means of embedding trauma-informed practices in work with young people. The Sanctuary model originated in the Andrus Children's Centre in New York, and is used worldwide within residential care, mental health, forensic and community settings. It employs a systems-level approach that targets all staff and the practices of entire organisations. The focus is on creating a sensitive environment within which specific trauma-focused psycho-education interventions can be carried out in conjunction with family members where possible. Core elements include the development of a culture of non-violence (safety skills), emotional intelligence (affect regulation/management skills), inquiry and social learning, shared governance (self-discipline and appropriate use of authority), open communication, healthy interactions, social responsibility, and growth and change (Bloom & Yanosy-Spreedhar 2008). A central tenet of the Sanctuary therapeutic practice framework is the need to stabilise the living environments of all children and youth who are in need of out-of-home-care. In addition, the Sanctuary Model creates an environment that protects staff working in this difficult area.

From Anglicare’s perspective training in trauma-informed care for Ashley staff and Children’s Court staff would greatly assist the legal and rehabilitative pathways of young people, including more effective cautioning and diversions from detention. The Children’s Court needs to embed trauma-informed approaches, become more age-appropriate for young people, and take greater care to explain court processes to both young people and their workers to maximise the support offered.

Recommendation 13. Embed trauma-informed approaches in all Child Protection and Youth Justice services (including Ashley), and consider establishing an organisational culture like the Sanctuary model within all youth-related Government services.

Conclusion

Anglicare is keen for the Tasmanian Government to make full use of contemporary evidence-based strategies to prevent, intervene early, and divert young people away from the criminal justice system and detention. Alongside a clear need for alternatives to detention, there is a need for a suite of accommodation and support options for young people. The key to an effective diversionary system is a combination of timing, flexibility, and having a range of options available to ensure that as each young person changes and grows, their needs continue to be met in tailored and flexible ways until independence is attained. If young people are detained then we have a responsibility to provide best practice in after care, which includes adequate access to ‘exit planning’, and a continuation of any therapeutic and vocational pathways inspired or undertaken whilst in detention.

Anglicare’s view is that the Youth Justice system will be strengthened if reforms are undertaken alongside reforms in the Child Protection system and the provision of more housing solutions for young people in need of out-of-home care in Tasmania.

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