

STRENGTHENING COMMUNITY SAFETY BILL 2023

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Committee Secretary
Economic and Governance Committee
Parliament House
George Street
Brisbane QLD 4000

Dear Committee Members

Thank you for inviting submissions on the Strengthening Community Safety Bill 2023.

The Institute for Urban Indigenous Health (IUIH) is the regional Aboriginal and Torres Strait Islander community controlled health organisation for South East Queensland. We provide comprehensive primary health care, aged care, disability support and social support services, including housing support, legal services and family and youth wellbeing programs, to our growing region.

IUIH is well placed to comment on the Strengthening Community Safety Bill 2023 and the Government's response to youth crime more broadly. Every day we are working with Aboriginal and Torres Strait Islander families, with parents, children, youth, young adults, and with elders. We see engage with people in clinics, in early childhood care setting, in primary and high schools, and in the streets, parks and gathering places of our community. We work with individuals and families at all stages of their lives and in all circumstances.

As an organisation we understand the concerns of community around youth crime, and in particular repeat offenders. the outset, we acknowledge the experiences of victims of crime and their right to safety and freedom from harm. These crimes impact our communities too. From We acknowledge the suffering and trauma experienced by those impacted by youth crime, including the family and friends of Emma Lovell.

The evidence on why young people commit crimes, their pathways to offending behaviour and how best to tackle this is abundant and consistent. Very simply, we must address the underlying causes of disadvantage, strengthen the protective factors around our young people, intervene early at the first indications of young people disengaging and exhibiting high-risk behaviours, and for those that have committed offences, particularly repeat offenders, we must offer comprehensive and intensive wrap around supports that provide and ongoing positive connection to community and culture.

IUIH is concerned that the proposed reforms will not achieve the intended aim of improving community safety in the longer term and that the proposed Bill will disproportionately impact and further disadvantage Aboriginal and Torres Strait Islander young people in SEQ.

We would welcome the opportunity to work with Government on constructive responses to youth crime and call on a significant investment from Government in the Aboriginal and Torres Strait Islander community controlled sector to deliver downstream prevention and early intervention efforts that will avoid the incarceration of Aboriginal and Torres Strait Islander young people and strengthen the long term safety of our community.

Accordingly, I enclose a copy of our submission. If you require any further information, please Dawn Schofield, Strategic Policy Advisor, via policy@iuih.org.au.

Yours sincerely



ADRIAN CARSON
Chief Executive Officer

Encl. *IUIH Submission to the Inquiry into the Strengthening Community Safety Bill 2023*

Institute for Urban Indigenous Health (IUIH) Submission to the Economics and Governance Committee Inquiry into the Strengthening Community Safety Bill 2023

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About the IUIH Network

The Institute for Urban Indigenous Health Ltd (IUIH) is a not-for-profit Aboriginal and Torres Strait Islander Community Controlled Health Service (CCHS) which leads the planning, development, and delivery of comprehensive primary health care and social support services for Aboriginal and Torres Strait Islander people in the South East Queensland (SEQ) region.

IUIH was established in 2009 by its four founding Member Organisations:

- Aboriginal and Torres Strait Islander Community Health Service (ATSICHS) Brisbane Limited
- Kalwun Development Corporation Limited (Kalwun Health Service)
- Kambu Aboriginal and Torres Strait Islander Corporation for Health
- Yulu-Burri-Ba Aboriginal Corporation for Community Health

Since then, IUIH has established the Moreton Aboriginal and Torres Strait Islander Community Health Service.

Together these entities comprise the IUIH Network of 19 clinics across SEQ (see Attachment A). Each member CCHS retains its own governance, with IUIH acting as the regional lead or 'backbone' of the Network. At IUIH we undertake planning, service development, purchasing, and advocacy for our regional Network, and provide a range of regional health and social support services, including psychologists, social workers, peer support workers, health workers with mental health and alcohol and other drug qualifications and a psychiatric registrar. We also provide regional legal services and a and a Prison Transition Support Service for adults.

The IUIH Network is exponentially increasing access to comprehensive care delivered through regionally integrated health systems, known as the IUIH System of Care (ISoC) (Attachment B). This 'no wrong door' approach empowers community members to access the care they need in a single, trusted, culturally safe location. Focussing on more than physical health, the ISoC addresses the social, emotional and cultural wellbeing of the client and their community.

From an initial five clinics, the IUIH Network now offers 19 clinics, and has seen regular Indigenous client numbers increase from 8,000 in 2009 to over 37,400 in June 2022. Research indicates that the IUIH model of care is closing the Health Adjusted Life Expectancy gap 2.3 times faster than usual care.ⁱ The internationally recognised Birthing in Our Community Program has closed the gap in preterm birth rates and birth weights.ⁱⁱ

The IUIH Network is also the largest Aboriginal and Torres Strait Islander CCHS in Australia, operating an annual budget of over \$150 million, employing over 1,500 staff, 60% of whom identify as Aboriginal and/or Torres Strait Islander. Doing our part to Close the Gap in Indigenous unemployment, IUIH prioritises the provision of employment opportunities for Indigenous people across SEQ and has a comprehensive workforce pipeline to develop large numbers of health professionals and workers capable of providing culturally safe care. This workforce strategy includes school based, VET traineeships, university placements, and ready to work programs. IUIH's commitment to culture in all areas is reinforced by the Network's status as a significant employer of Indigenous people in SEQ, meaning IUIH is run by the community, for the community.

Context

Based on the most recent census data, SEQ has the largest and the fastest growing Aboriginal and Torres Strait population in Australia. Around 100,000 Aboriginal and Torres Strait Islander people reside in the region, it is home to 43% of Queensland's Indigenous population, and the population has nearly doubled in the last 10 years.ⁱⁱⁱ

Based on the 2021 census, in Queensland around 21.6% of the of the Aboriginal and Torres Strait Islander population are aged 10-19 years.^{iv} In Southeast Queensland (SEQ) this equates to around 22,103 Aboriginal and Torres Strait Islander young people under the age of 20 years.^v

The majority of young Aboriginal and Torres Strait Islander Queenslanders have a strong connection to family, community, and culture, are taught and make “Deadly Choices” for their physical and mental health, establish positive relationships with peers, are engaged in education or work, and have no contact with the youth justice system.

However, in 2020-2021 young Indigenous Queenslanders aged 10-17 years were more than 20 times more likely to end up in detention than non-Indigenous youth^{vi}.

Compared to non-Indigenous youth, Indigenous youth experience significant disadvantage. In Australia, Indigenous adolescents experience poorer health and mental health outcomes and higher rates of mortality, 80% of which is potentially avoidable.^{vii} Young Indigenous Queenslanders are also more likely to live in low socioeconomic communities and households, to witness or be victims of violence, have contact with the child protection system, to leave school early, to be unemployed, and to have been in youth detention.^{viiiix}

Our early life experiences, through infancy, childhood, and adolescence can have a profound impact on our life course. For Aboriginal and Torres Strait Islander peoples these early life experiences are set on a foundation of intergenerational trauma and disadvantage because of colonisation, past government policies, and institutional and community racism.

While there is a place for youth detention, it is well established that imprisonment perpetuates the disadvantage that causes offending behaviour, and that young people who are incarcerated are more likely to reoffend. Equally well established is the evidence on what can be done to support communities and families to strengthen the protective factors that reduce the risk of young people offending.^x.

Application of the Human Rights Act (QLD) 2019 ('HRA')

Section 26(2) of the HRA provides that every child has the right, without discrimination, to protection that is needed by the child and is in their best interests as a child. This provision recognises that children require special protection based on their particular vulnerability, with that protection to be afforded to the child by the child's family, society and the State.^{xi}

Section 43 of the HRA provides that, in exceptional circumstances, Parliament may expressly override the application of the HRA by way of an override declaration. The examples of exceptional circumstances in the HRA include *war, a state of emergency or an exceptional crisis situation constituting a threat to public safety, health or order*. Article 4 of the International Convention on Civil and Political Rights, on which the override provisions of the HRA are based, refers to a public emergency which ‘threatens the life of a nation’ and is ‘officially proclaimed’.

The *Statement of Exceptional Circumstances* accompanying the Bill provides for the HRA to be overridden in relation to the amended s29 of the Bail Act and the proposed new sections 150A, 150B and 246A of the Youth Justice Act 1992.

The justification for overriding the HRA is that the growth in the number of serious repeat offenders is an ‘exceptional crisis situation constituting a threat to public safety’. It is important to note that, while the Childrens Court of Queensland Annual Report shows that the number of young people categorised as serious repeat offenders under the Serious Repeat Offender Index increased in 2021-2022, the Report goes on to explain that ‘this is the first time those young people have been measured against the Serious Repeat Offender Index so that may account for the difference’.^{xii}

We further note that in 2021-22 there was a decrease in finalised appearances before the Court and a decrease in the numbers of distinct young people who are convicted of charges.^{xiii}

We do not agree with the justification to override the HRA in this instance or that the current community concerns in relation to youth offending can be characterised as an exceptional circumstance within the meaning of section 43 of the HRA.

Long-term impact of the proposed reforms

The *Statement of Compatibility* that accompanies the Bill acknowledges that these reforms will have a greater impact on Aboriginal and Torres Strait Islander people and lead to more Aboriginal and Torres Strait Islander people being incarcerated for longer periods of time. IUIH is very concerned about the long-term impact of these reforms on the overall health and wellbeing of Aboriginal and Torres Strait Islander children, families and communities.

Health and wellbeing outcomes for Indigenous Queenslanders are intertwined with the involvement of Indigenous people in the criminal justice system. Health issues such as mental health conditions, alcohol, substance abuse and cognitive disabilities are key drivers of incarceration rates.^{xiv} Many children in the youth justice system have disabilities or mental health conditions which, left undiagnosed and untreated, increase the risks of re-offending.

The 2021 Queensland Youth Justice Census indicates that of all the children in detention (Indigenous and non-Indigenous) 15% had at least one diagnosed or suspected disability, 45% had at least one diagnosed or suspected behavioural and/or mental health disorder, 52% totally disengaged from education, training or employment, 32% in unstable or unsuitable accommodation, 78% had used substances (alcohol, drugs, cigarettes, solvents), 51%

had experienced or been impacted by domestic and family violence.^{xv} Based on interstate research, these rates can reasonably be assumed to be higher amongst Indigenous youth in Qld detention centres.

In addition, experience with the justice system can have adverse health impacts on offenders, victims and their families. For example, Indigenous community members in custody report experiencing difficulties due to the severed emotional attachments to loved ones and connection to country.^{xvi}

There is clear evidence that detention can be harmful to children and that alternatives to detention (including diversion and therapeutic interventions) are more likely to reduce re-offending and recidivism. There is also ample evidence that the younger children are when they first have contact with the justice system, the greater the likelihood that they will re-offend.^{xvii}

IUIH strongly supports the recent open letter to Parliament, supported by over 40 groups, calling for Parliament to 'implement evidence-based solutions to youth crime that actually work'.^{xviii}

Inconsistency with Closing the Gap targets and priority areas

Both the Queensland and Federal governments have made long term commitments to addressing the health and social inequities experienced by Indigenous youth, including through specific Closing the Gap Targets for education, youth employment, and the over-representation of Indigenous youth in the child protection system and youth justice system.

IUIH is of the view that the proposed Bill will have a significant impact on the ability of Government's to achieve these targets. Significant and coordinate investment from across Government sectors is required to ensure that vulnerable Indigenous youth and their families are connected to culture and to community in a positive way and are supported to engage or re-engage in activities and behaviours that contribute to their own health and wellbeing and self-determination.

The National Agreement on Closing the Gap (July 2020)^{xix} and the Queensland Government's Closing the Gap Implementation Plan^{xx} acknowledges that community controlled organisations are better for Indigenous people, achieve better results, and employ more Indigenous people over mainstream services. This is why community controlled organisations, such as IUIH, are critical to ensuring that Indigenous Queenslanders people have equitable access to comprehensive, culturally appropriate social support services that are embedded within a fully integrated model of primary healthcare.

Community-controlled responses to youth crime

The IUIH System of Care (ISoC) (see Attachment 2) recognises the interconnected nature of health outcomes with the social and cultural determinants of health. Our ISoC focuses on not just the physical health of the individual but also the social, emotional and cultural wellbeing of the client, their family and their community. The ISoC is based on targeting the social determinants of health while also simultaneously influencing mainstream policy and strengthening linkages with mainstream service systems. Importantly, all aspects of community and

organisational operations across the IUIH Network are underpinned by the IUIH Cultural Integrity Investment Framework, which grounds our services in Aboriginal ways of seeing, knowing, doing, belonging and being. This model has become nationally recognised as an evidence-based and best practice approach to making real progress in closing the gap.

It is our submission that community-controlled organisations are best placed to design and deliver holistic, targeted and effective programs and services to support Aboriginal and Torres Strait Islander children, young people and their families who are at risk of, or are engaged with, the youth justice system. IUIH calls on the government to consider justice re-investment models to ensure that early intervention, therapeutic, social health and family-wellbeing responses to youth offending are adequately funded, noting additional funding will be required to address the impacts of the proposed Bill, should it pass.

The Queensland Government's Working Together, Changing the Story, Youth Justice Strategy 2019-2023 clearly states and outlines the evidence that prevention works, and that detention is not the most effective way of reducing youth crime, and commits to delivering more community-based options to support young people, families, and communities.

Prevention and intervention in early childhood can have positive outcomes for young children experiencing risk factors associated with involvement in crime, and research has identified risk factors and protective factors that can influence offending behaviour.^{xxi} These risk and protective factors relate to the individual (intelligence, empathy, coping skills, moral values, school engagement), their social environment (friendships), their family (supportive, stable, involved), and their community (connected, strong cultural identity, services and infrastructure).

The connection between health outcomes and social determinants is long established, and there is increasing evidence of the impact the first 2000 days of life, between conception and the start of primary school, has across the lifespan, including on school performance, adolescent pregnancy, drug and alcohol misuse, antisocial and violent behaviour and involvement with the criminal justice system in the adolescent years.^{xxii} As such, when looking at strategies and initiatives targeting the health and wellbeing of young people, it is important to consider investment in the first 2000 days. IUIH is currently expanding our successful Birthing in our Community Program (BiOC) to provide care and support beyond the antenatal and post natal period to include the first 2000 days.

Supporting young people requires a holistic approach, with strong partnerships between sectors and agencies, and effort along a continuum from prevention to early intervention and acute or crisis support. It is critical that Indigenous youth can access services that are Indigenous-led, and connected to community and culture. Through our SEQ First Nations Health Equity Strategy,^{xxiii} the IUIH Network in partnership with the Mater Health Service, and the SEQ Hospital and Health Service and Primary Health Networks, has prioritised supporting vulnerable young people as a key action to accelerating efforts to close the gap and achieve health equity.

We are actively working with partners to strengthen referral pathways to IUIH and our regional model of care to support early intervention for young people who may be displaying first signs of high-risk behaviours or experiences, such as violent behaviour at school/first suspension, emergency department presentations

presentation for self-harm, first episode of detention, or concerns of abuse or neglect in the family environment. However, this work is currently unfunded.

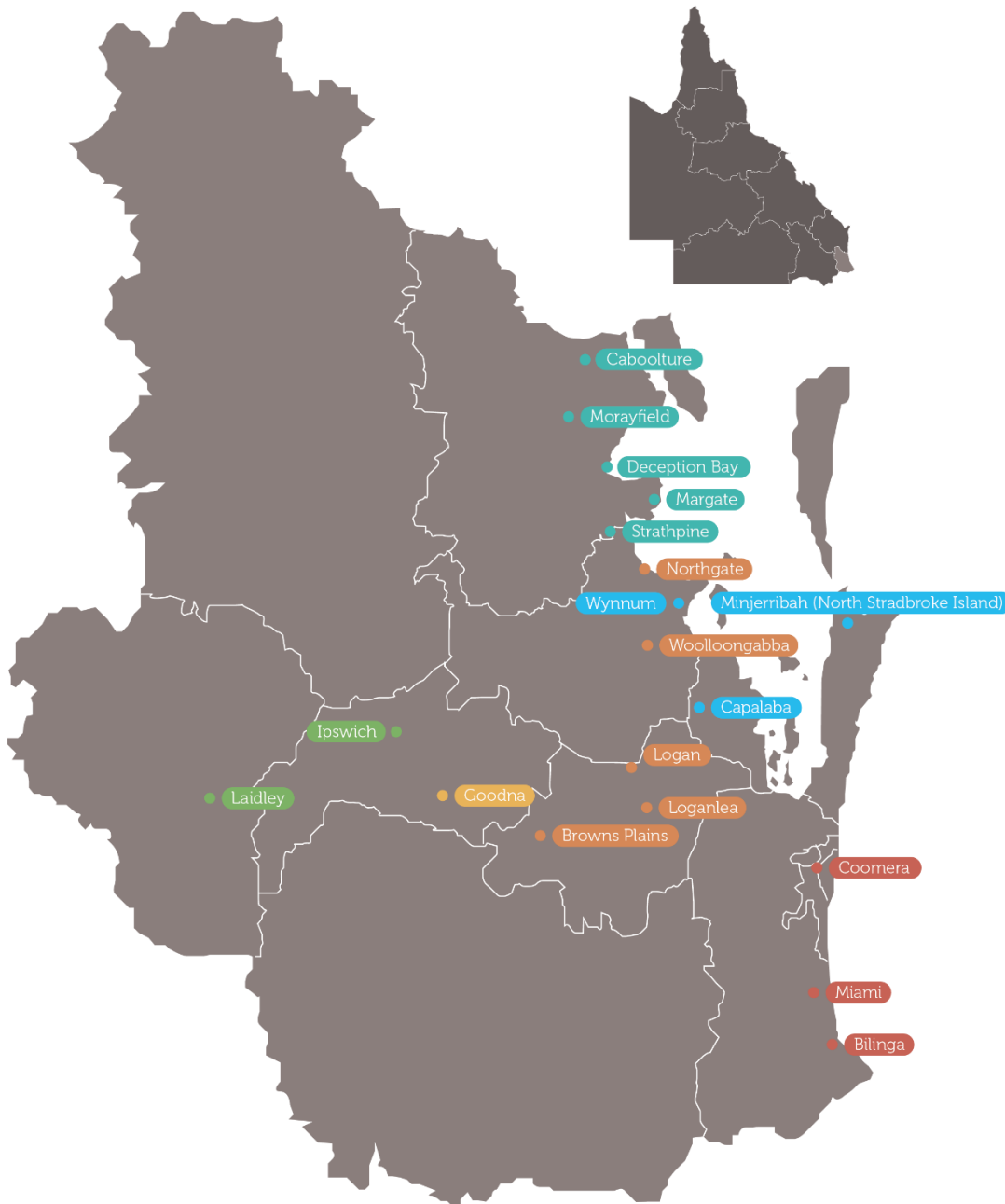
Similarly, we are scoping opportunities to build on our Prison Transition Support Service for adults to provide 24/7 crisis intervention and 12-months of intensive case management support to Indigenous youth (10-17 years) in SEQ who are exiting detention or in the community and considered at high risk of harm (suicide, substance use or family/peer violence) or of reoffending.

An immediate priority of this program would be to ensure the young person's basic needs are met – that they are safe, have access to (safe) accommodation, food, clothing, a working phone, and any urgent medical or mental health care. The case manager would work with the young person to support their self-determination by setting goals and building a package of supports that are enabling, culturally secure, and reduce risk to the young person and the community.

Access to health and mental health services would be a key component of such a program, but most importantly the program could provide intensive “at the elbow” support that will ensure the young person feels connected, that they have someone looking out for them and that they can yarn with peers that understand their experiences. To support a strong connection to culture, and a positive sense of self, the service will also directly provide, or connect the youth people to yarning opportunities, rites of passage experiences, connection to country activities, and other diversionary programs around life skills, health, and wellbeing.

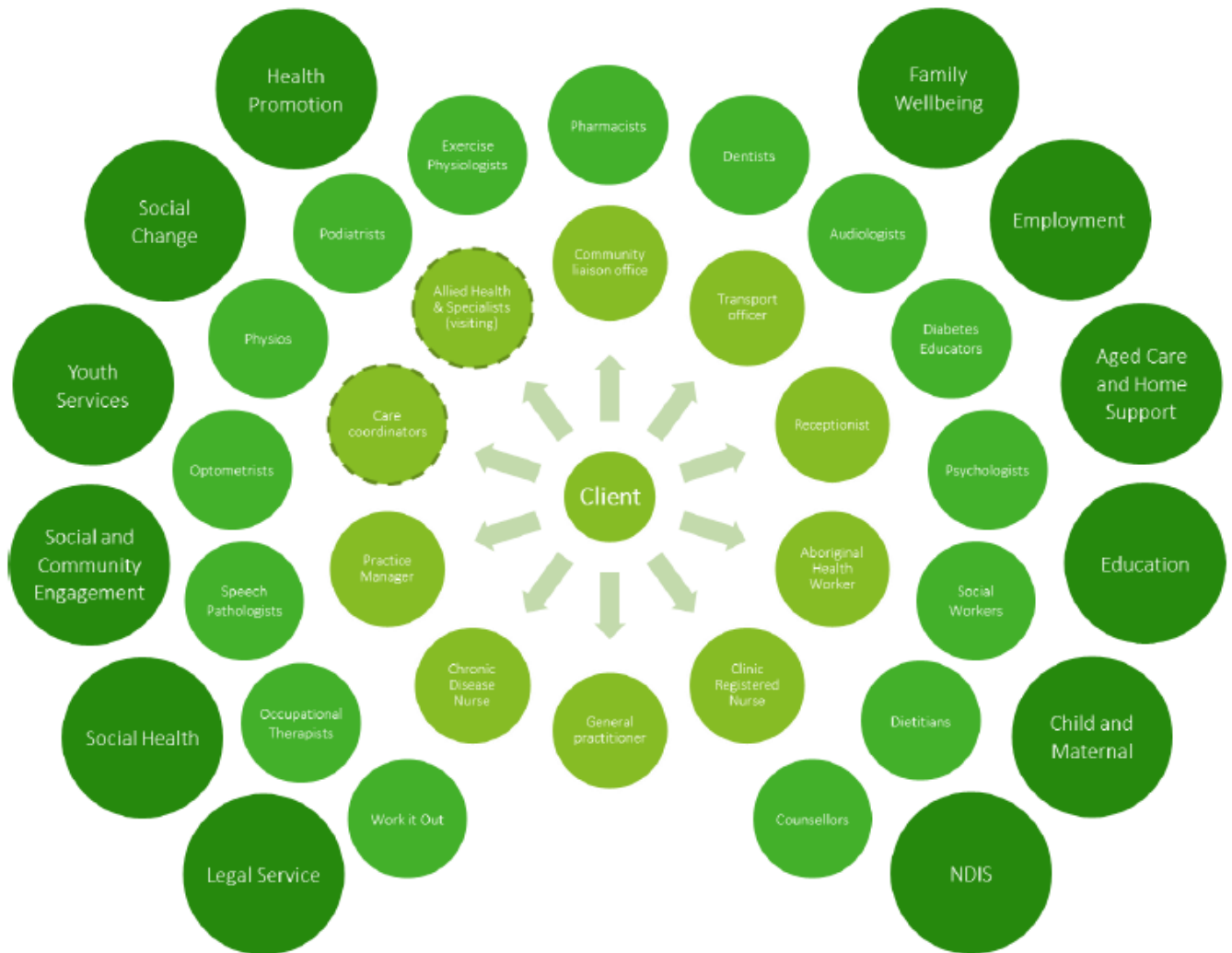
This work is also unfunded and requires significant collaboration with Queensland Police Service (QPS), Youth Justice and other Government and non-Government agencies to identify high risk youth.

Attachment A: The IUIH Network



Attachment B: The IUIH System of Care

IUIH system of care, client perspective (no wrong door)



Continued next page...

IUIH Model of Care, Systems Perspective

IUIH's Model of Care



- i Turner, Albers, T., Carson, A., Nelson, C., Brown, R., & Serghi, M. (2019). Building a regional health ecosystem: a case study of the Institute for Urban Indigenous Health and its System of Care. *Australian Journal of Primary Health*, 25(5), 424.
- ii Kildea, Gao, Y., Hickey, S., Nelson, C., Kruske, S., Carson, A., Currie, J., Reynolds, M., Wilson, K., Watego, K., Costello, J., & Roe, Y. (2021). Effect of a Birthing on Country service redesign on maternal and neonatal health outcomes for First Nations Australians: a prospective, non-randomised, interventional trial. *The Lancet Global Health*, 9(5), e651–e659; Kildea, Gao, Y., Hickey, S., Kruske, S., Nelson, C., Blackman, R., Tracy, S., Hurst, C., Williamson, D., & Roe, Y. (2019). Reducing preterm birth amongst Aboriginal and Torres Strait Islander babies: A prospective cohort study, Brisbane, Australia. *EClinicalMedicine*, 12, 43–51.
- iii Australian Bureau of Statistics (2021). [2021 Census Aboriginal and/or Torres Strait Islander people QuickStats](#) [interactive data], accessed 20/09/2022.
- iv Australian Bureau of Statistics (ABS), 3235055001DO001 Estimates of Aboriginal and Torres Strait Islander Australians, Table 1.1 Estimated resident Aboriginal and Torres Strait Islander population, by sex and age groups – States and territories – at 30 June 2021 <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/estimates-aboriginal-and-torres-strait-islander-australians/jun-2021/3238055001DO001.xlsx> accessed 16.01.2023
- v Based on an estimated Indigenous population within the IUIH Network SEQ catchment of 102,273 (based on 2021 census data) and 49.3% of the population being under 20 years of age.
- vi Productivity Commission, Report on Government Services 2022, Youth justice, section 17, table 17A.7 <https://www.pc.gov.au/ongoing/report-on-government-services/2022/community-services/youth-justice/rogs-2022-partf-section17-youth-justice-data-tables.xlsx>, accessed 17/01/2023.
- vii Azzopardi P, Blow N, et al., Investing in the health of Aboriginal and Torres Strait Islander adolescents: a foundation for achieving health equity. *Medical Journal of Australia*, 2020; 212 (5): 202-204. <https://www.mja.com.au/journal/2020/212/5/investing-health-aboriginal-and-torres-strait-islander-adolescents-foundation>, and Australian Institute of Health and Welfare 2018. Aboriginal and Torres Strait Islander adolescent and youth health and wellbeing 2018. Cat. no. IHW 202. Canberra: AIHW.
- viii Australian Institute of Health and Welfare 2020. Aboriginal and Torres Strait Islander Health Performance Framework 2020 summary report. Cat. no. IHPF 2. Canberra: AIHW.
- ix Productivity Commission, Closing the Gap Annual Data Compilation Report July 2022.
- x For examples see: Queensland Productivity Commission, Inquiry into Imprisonment and Recidivism, Final Report, January 2020, <https://www.treasury.qld.gov.au/queenslands-economy/office-of-productivity-and-red-tape-reduction/former-queensland-productivity-commission/> accessed 17/01/2023; Queensland Government Statistician’s Office, Queensland Treasury, Wise practice for designing and implementing criminal justice programs for Aboriginal and Torres Strait Islander peoples, 2021, <https://www.qgso.qld.gov.au/statistics/theme/crime-justice/crime-justice-research/aboriginal-torres-strait-islander-peoples>, accessed 18/01/2023; Queensland Government Statistician’s Office, Queensland Treasury, Youth Offending Research Brief, April 2021, <https://www.qgso.qld.gov.au/statistics/theme/crime-justice/crime-justice-research/youth-offenders>, accessed 12/01/2023; Justice Reform Initiative, November 2022, State of Incarceration Insights into Imprisonment in Queensland, https://assets.nationbuilder.com/justicereforminitiative/pages/318/attachments/original/1668450143/JRI_Insights_QLD.pdf?1668450143, accessed 13/01/2023; Queensland Family and Child Commission, Designing a better response to youth offending in Queensland: Raising the age of criminal responsibility, 2022, <https://www.qgso.qld.gov.au/issues/10321/youth-offending-april-2021-edn.pdf>, accessed 17/01/2023.
- xi Human Rights Bill 2018 Explanatory Notes
- xii Childrens Court of Queensland Annual Report 2021-22 at p4.
- xiii Ibid, p 1

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- xiv Australian Medical Association, 2015 AMA Report Card on Indigenous Health (2015) 3
https://ama.com.au/sites/default/files/documents/2015%20Report%20Card%20on%20Indigenous%20Health_0.pdf
- xv Department of Children, Youth Justice and Multicultural Affairs, Youth Justice Census Summary 2018-2021
://www.cyjma.qld.gov.au/resources/dcsyw/youth-justice/resources/census-summary-statewide.pdf, accessed 23/02/2023
- xvi Glen Dawes, Keeping on Country: Doomadgee and Mornington Island Recidivism Research Report (2016) 41
- xvii Atkinson Report on Youth Justice 8 June 2018 <https://www.cyjma.qld.gov.au/resources/dcsyw/youth-justice/reform/youth-justice-report.pdf>
- xviii <https://peakcare.org.au/get-smarter-not-tougher>
- xix <https://www.closingthegap.gov.au/national-agreement>
- xx <https://www.dsdsatsip.qld.gov.au/resources/dsdsatsip/work/atsip/reform-tracks-treaty/closing-gap/closing-gap-implementation-plan.pdf>
- xxi Queensland Government Statistician's Office, Queensland Treasury, Youth offending
- xxii <https://www.health.nsw.gov.au/kidsfamilies/programs/Pages/first-2000-days.aspx>
- xxiii South East Queensland First Nations Health Equity Strategy, available at <https://www.iuih.org.au/strategic-documents/corporate-documents/south-east-queensland-first-nations-health-equity-strategy/?layout=default>