

Making Queensland Safer Bill 2024

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The Justice, Integrity and Community Safety Committee

Parliament of Queensland

THE MAKING QUEENSLAND SAFER BILL, 2024

A submission on behalf of Australians for Native title and

Reconciliation (ANTaR) Queensland

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PREAMBLE

1.1 This submission limits its focus to a major deficiency in the Youth Justice system of Queensland. That is, the lack of a **state of the art, fit for purpose health and disability assessment** (mandated), required to be carried out with any young offender on charges **prior** to those charges being heard in the Magistrates Court. While this is a serious deficiency across Queensland, young offenders detained in Police Watch-houses in remote and regional areas suffer an even greater lack of access to health and disability assessments.

1.2 Departmental and external research reveals that health and disability assessments are sometimes carried out on the insistence of the presiding magistrate or at a Youth Detention Centre **following**

conviction and sentencing. Nevertheless, it is widely believed by Youth Detention Centre staff and external visitors (chaplains, teachers, health professionals) that the symptoms and impacts of a range of primary care, mental health, FASD and disabling conditions are clearly evident among those incarcerated in the Youth Detention centres of Queensland. The re-offending rates of those released on completion of sentence is extraordinarily high (over 90 per cent). Undiagnosed and untreated health conditions or disability can be expected to make future offending much more likely.

1.3 Unsurprisingly, the range of symptoms and impacts evidenced by young offenders (incarcerated or not) includes **drug and/or alcohol** dependence. Tragically, the public, private and not-for-profit health services of Queensland do not offer de-toxification and rehabilitation services that are in practice accessible and effective for young offenders. In many locations, the combination of detoxification and ongoing rehab services is not available – mainly because of the scarcity of de-toxification services¹. Cost, proximity to family home and availability of mentors and of a consistent care pathway are major challenges.

1.4 This submission **does not** propose the creation of a new, stand-alone agency to address these issues. Instead, it proposes a highly skilled and realistically resourced approach to building new, **regionally focused collaborations** with existing agencies which already have strong track records in their limited range service delivery.

1.5 It is proposed to **significantly decrease the use of high security youth detention centres** (and not building new ones as planned), progressively replacing them with an appropriate number of **Secure Assessment Centres at strategic locations state-wide**. Such centres should be core-staffed by Youth Justice Officers with high level engagement skills – similar to those trained by 4 Queensland universities in recent years. Secure Assessment Centres will

¹ <https://qnada.org.au>

schedule and co-ordinate the specialised health and disability professionals who do the assessments with those on charges. Some of the regionally located centres will need the assessment services of visiting professionals from other locations.

1.6 The entire Secure Assessment Centre regime will be consistent with other legislated requirements in the Childrens Court system. Magistrates will need a larger, securely legislated range of Control Orders which will give a broad range of options for application to the circumstances of the young offender – as well as tangibly connecting this to the circumstances of relevant victims of crime.

2. THE ASSESSMENT INSTRUMENTS – FIT FOR PURPOSE

2.1 The practice of ensuring health and disability assessment for all young people on charges, prior to court appearance, will need to be grounded securely in specific legislation as will the broader range of control orders available to magistrates.

2.2 The currency and relevance of the assessment instruments will need to be reviewed regularly and transparently in light of new evidence in any of the relevant primary care, mental health, FASD impacts, disabling conditions areas of concern.

2.3 Oversight and periodic review of the instrument and its use could be carried out by a statutory body such as Health Translation Queensland or a statutory agency with comparable expertise and accountability.

2.4 Clearly, the cost of establishing the **Secure Assessment Centres** with their professional inputs around Queensland will be very significant. However, initial economic scoping is clear. It will be far less in both capital and operational cost for 12-15 such centres than the currently projected costs of 2 new youth detention centres built to high security standards. Moreover, abundant experience in other comparable jurisdictions (eg British Columbia, Ontario, Washington State)² where this approach has been implemented points to major decreases in re-offending since 2003. **For those who want a safer Queensland**, the results are clear. **The diagnosis and treatment of health and disability conditions for young offenders are much more effective** than increased detention and harsher custodial conditions.

² <https://hsjcc.on.ca/wp-content/uploads/B7-Better-Together-Collaborating-Across-Justice-and-Mental-Health-Sectors>

3. A PROPOSED HUB AND SPOKE SYSTEM FOR IMPLEMENTING HEALTH AND DISABLING CONDITIONS ASSESSMENT OF YOUNG PEOPLE CHARGED BY POLICE

3.1 This system requires a skilled mix of collaborations, shared care commitments and resource sharing across Queensland. Such a system is not new – especially to Queensland Health. The hub responsibilities will be carried out by the 9 Queensland Health tertiary hospitals which provide ATOD (Alcohol, Tobacco and Other Drugs) rehabilitation services. The Queensland Childrens Hospital, South Brisbane will also participate as the facilitator of resources and services with the other 9 Health Regions.

3.2 The effectiveness of the **hub** will also benefit from design and development collaboration with other specialised research bodies, notably the National Centre for Youth Substance Use Research at the University of Queensland³ and the Centre for Youth Substance Abuse Research at QUT⁴.

3-3 The **spokes** can be formed by each of the Secure Assessment Centres actively collaborating with other locally established systemic agencies (see **3.4**) to establish the professional capacities relevant to the local incidence of youth crime and the population groups most relevant, via partnership and contractual arrangements⁵. Local advisory capacities from Primary Health Networks could be highly relevant in some districts, less so in others – depending on the precise foci of the PHNs.

3.4 There are several potential metropolitan spokes in the Brisbane area - highly relevant to the assessment/diagnosis and treatment of young addicts. Notable examples are the Brisbane Youth Service, the Hot-House, Biala, Clarence St and Lives Lived Well at several locations.

3.5 State-wide spokes can be found among the **Headspace** Centres at 29 locations across Queensland⁶. These are primarily mental health services with specialised tri-age capacities related to adolescents and young adults. An effective example of this, known to the writer, is in Rockhampton⁷. In 2017, the designers of the successful Niagara Youth Court Screening Initiative (Ontario, Canada)⁸ were appreciative of the Headspace model in use with young offenders, having obtained a licence for its use from the Australian Government. Headspace is Commonwealth funded.

3.6 Further potential spokes can be located among the 31 local services of the Queensland Aboriginal and Islander Health Council⁹. These are community controlled services with

³ <https://ncysur.centre.uq.edu.au>

⁴ <https://cysar.health.uq.edu.au/>

⁵ QNADA; directory of local services, see footnote 1

⁶ <https://headspace.org.au>

⁷ Hsjcc – see footnote 2

⁸ <https://www.improvingsystems.ca/projects/niagara-youth-court-screening-initiative>

⁹ <https://www.qaihc.com.au/about>

emphasis and foci relevant to their local districts. They are primarily Commonwealth funded. Many of them are known for resourcefulness, initiative and successful population health impacts.

3.7 The Child and Youth Mental Health Services (CYMS), within Queensland Health¹⁰, operate in 12 key locations state-wide. Their professional capacities in working with troubled young people are widely appreciated by a broad range of relevant professionals. Again, depending on the demographics from place to place, some of their strengths will contribute effectively to the assessment-diagnosis of young offenders.

3.8 This proposal for assessment of youth offenders (or variations of it) has a capacity to contribute massively to the **early intervention** and, where appropriate, the **diversion** of lower range young offenders. Within the Secure Assessment Centre model, it will address early the mental health issues and capacities of higher range offenders. Clearly, the funding of contracted services sought by a local Secure Assessment Centre will be a significant budget item for the Department of Youth Justice and/or the Childrens Court system. It would nevertheless be considerably **less** costly and more effective than the proposed two youth detention centres.

RECOMMENDATIONS

- 1.** The Parliamentary Committee is requested to investigate thoroughly the design and application of a mandated instrument for the health and disability assessment of all youth offenders – **prior** to charges being heard in the Childrens Court.
- 2.** The Committee is requested to actively explore the potential for shared care and/or contractual arrangements with suitably located major providers of mental health, primary health care and disability services from outside the Queensland government – as potential partners in the hub and spoke model.
- 3.** The Committee is further requested to recommend to cabinet the establishment of two Secure Assessment Centres (one metropolitan; one regional), deploying the hub and spoke model – for a minimum of 12 months – outcomes to be reported to the parliament.

¹⁰ <https://childrens.health.Qld.gov.au/services/child-and-youth-mental-health>

4. New legislation is recommended to give Childrens Court magistrates powers to enact an increased range of court orders which will provide treatment options for the prompt and professional treatment of youth offenders as the charges are dealt with.

REFERENCES

1. <https://qnada.org.au>
2. <https://hsjcc.on.ca/wp-content/uploads/B7-Better-Together-Collaborating-Across-Justice-and-Mental=Health-Sectors>
3. <https://ncysur.centre.uq.edu.au>
4. <https://cysar.health.uq.edu.au/>
5. QNADA op cit; directory of local services – see 1 above
6. <https://headspace.org.au>
7. Hsjcc op cit – see 2 above
8. <https://www.improvingsystems.ca/projects/niagara-youth-court-screening-initiative>
9. <https://www.qaihc.com.au/about>
10. <https://childrens.health.Qld.gov.au/services/child-and-youth-mental-health>