

## Youth Justice Reform Select Committee inquiry into youth justice reform in Queensland

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**The Youth Justice Reform Select Committee**

**Parliament of Queensland**

**ONGOING REFORMS TO THE YOUTH JUSTICE SYSTEM  
AND SUPPORT FOR VICTIMS OF CRIME**

**A submission on behalf of Australians for Native title and  
Reconciliation (ANTaR) Queensland**

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## 1. PREAMBLE

**1.1** This submission addresses a highly specific concern with a major deficiency in the Youth Justice system of Queensland. It is about the lack of a **state of the art, fit for purpose health and disability assessment (mandated)**, needing to be carried out with any young offender on charges **prior** to those charges being heard in the Magistrates Court. Lack of access for young offenders detained in Police Watch-houses well removed from SE Queensland and regional cities is a greater challenge.

Persistent inquiry on this matter by departmental officers and external researchers reveals that such assessment is sometimes carried out on the insistence of the presiding magistrate or, in other cases, at a Youth Detention Centre following conviction and sentencing. Yet, 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 impacts and disabling conditions are markedly evident among those incarcerated in the Youth Detention centres of Queensland. It hardly needs to be said that, given the high re-offending rates of those released on completion of sentence, any health or disability condition undiagnosed and untreated will probably exacerbate future offending.

**1.2** 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 a range of de-toxification and rehabilitation services which would be realistically accessible and effective for young offenders. In far too many locations, the combination of detoxification and ongoing rehab services is not available – mainly because of the scarcity of de-toxification services. (1) Cost, proximity to family home and through-care/mentor potentials are major challenges. This submission does **not** propose the creation of a new, stand-alone agency to address these issues only or mainly with young offenders. Instead, it proposes a highly skilled and realistically resourced approach to building new, regionally-focused collaborations with existing agencies who already have strong track records in their limited range service delivery.

**1.3** This submission supports the **restorative justice** and **justice reinvestment** reform proposal of Keith Hamburger and Voice for Victims (submission 21). It is proposed that a duly legislated major decrease in use of high security youth detention centres (and not building new ones as planned) will be progressively replaced by an appropriate number of **Secure Assessment Centres** at strategic locations statewide. 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 schedule and co-ordinate the specialised health and disability professionals who do the assessments with those on charges. It is expected that some of these centres in regional locations will need the assessment services of visiting professionals from other locations.

**1.4** 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 assessment as earlier described 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 instrument 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 abundantly 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) points to major decreases in re-offending since 2003. This alone brings grave obligation for those who want increased detention and harsher custodial conditions. What results do they really want - and for whom?

### 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 highly 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 Queensland (3) and the Centre for Youth Substance Abuse Research at QUT. (4)

**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 arrangements.(5) 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** Statewide spokes can be found among the **Headspace** Centres at 29 locations across Queensland.(6) 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 Rockhampton.(7) Ironically, in 2017, the designers of the 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 Council. (9) These are community controlled services with 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 Health,(10) operate in 12 key locations statewide. 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.

## 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
6. <https://headspace.org.au>
7. Hsjcc op cit
8. <https://www.qaihc.com.au/about>
9. <https://childrens.health.Qld.gov.au/services/child-and-youth-mental-health>

## **RECOMMENDATIONS**

- 1.** The select 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 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 select committee is further requested to recommend to cabinet the conduct 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.
- 4.** New legislation is recommended to give Childrens Court magistrates powers to enact an increased range of court orders which will provide options for the prompt and professional treatment of youth offenders as the charges are dealt with.

