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

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Submitted by:	Lucas Calais Ferreira
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Increasing health equity for justice-involved young people in Queensland

Submission to the Inquiry on Youth Justice Reform in Queensland

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Authors: Dr Lucas Calais-Ferreira[1,2,3], Prof Stuart Kinner[1,2,3,4], Prof Susan Sawyer[2,5], Prof Rohan Borschmann[1,2,3,6], Prof Alex Brown[7,8], A/Prof Jess Heerde[2,5,9], Ms Lindsay Pearce[2,3], Mr Alex Campbell[2,3,10]

[1] Centre for Mental Health and Community Wellbeing, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Victoria

[2] Centre for Adolescent Health, Murdoch Children's Research Institute, Melbourne, Victoria

[3] Justice Health Group, School of Population Health, Curtin University, Perth, Western Australia

[4] Griffith Criminology Institute, Griffith University, Brisbane, Queensland

[5] Department of Paediatrics, The University of Melbourne, Melbourne, Victoria

[6] Department of Psychiatry, University of Oxford, Oxford, United Kingdom

[7] National Centre for Indigenous Genomics, Australian National University, Canberra, Australian Capital Territory

[8] Telethon Kids Institute, Adelaide, South Australia

[9] Department of Social Work, The University of Melbourne, Melbourne, Victoria

[10] Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Victoria

Foreword

This submission relates to the ongoing Inquiry by the Youth Justice Reform Select Committee, established on 12 October 2023 by the Queensland Parliament to examine ongoing reforms to the youth justice system and support for victims of crime. We make the case for increasing health equity for justice-involved children and adolescents aged 10-17 years (herein referred to as young people) to divert them from further contact with the criminal justice system, one of the main objectives of the Inquiry.

The need for youth justice reform

Australia's youth justice system is changing rapidly. Despite decreasing crime rates and youth justice supervision, the expenditure on youth justice has substantially increased. This is particularly true in Queensland, the State with the largest youth detention population, where the publicly-funded costs of youth detention increased by 120% from 2013/2014 to 2021/2022, while increases in funded costs related to community-based orders (60%), and group conferencing (20%) in the State were considerably more modest.[1] The number of young people in youth detention in Queensland has increased by 46%, while the number of those sentenced to community-based orders has decreased by 25% over the same period.[2] Youth recidivism in Queensland is the highest in the country; more than half of young people who receive a sentence will be re-sentenced within the following 12 months.[1]

The National Children's Commissioner is currently undertaking a major inquiry into national reforms to the youth justice system against the backdrop of Australia's failure to implement the Optional Protocol to the

Convention against Torture and Other Cruel, Inhuman and Degrading Treatment or Punishment (OPCAT), passed by the United Nations (UN) General Assembly in 2002.[3] The need for accountability of youth justice services is evident. Still, data on medium and long-term outcomes of justice-involved young people in Australia remain scarce.

Our team's recently published research[4] demonstrated that young people who had contact with the youth justice system in Queensland between 1993 and 2014 (i.e., charged with a criminal offence that might have led to a community-based or a youth detention order) had a rate of death four times higher than that of their age and sex-matched peers in the general population. About 9 in 10 of all deaths occurred while unsupervised in the community. We also found that cardiovascular and digestive diseases were considerably overrepresented in this group compared to the general population. This finding is alarming given these pathologies are rarely diagnosed and rarely fatal in individuals under the age of 55.[5]

Reducing recidivism equitably

Young people who have contact with the youth justice system commonly experience health and social vulnerability,[6] and both drive their likelihood of recidivism. Data from Western Australia showed that nearly 9 in 10 young people in youth detention have at least one form of severe neurodevelopmental impairment or disability,[7] but there is no other study to date investigating the links between youth detention and disability in Australia, a considerable blind spot in the existing evidence on the subject.

Young people who have had contact with child protection services are six times more likely to have subsequent youth justice contact,[8] and are also more likely to re-offend than those without such experience.[9] After contact with the youth justice system, many young people become homeless.[10] Those who go into adult prisons during young adulthood have poorer quality of primary care (i.e., continuity of care and length of consultations) than older counterparts after being released, despite having a high prevalence of comorbidities.[11] While there are consistent patterns of poor health and social disadvantage across the lifespan among justice-involved youth, there is a lack of evidence on how to effectively coordinate care across government health and social services to improve their health and welfare.

Recent data also demonstrate that Aboriginal and Torres Strait Islander young people are vastly overrepresented in the youth criminal justice system in Australia, with youth detention rates of Indigenous people being 24 times higher than non-Indigenous.[2] They are also exposed to the youth justice system at a younger age than non-Indigenous Australians, with more than a third (36%) of young Indigenous people receiving their first supervision order between the ages of 10-13 years, compared with 14% of non-Indigenous people.[2]

While individual and intergenerational cycles of disadvantage (the latter increasingly recognised as a key driver of social and health inequities for Indigenous people)[12] are both complex, they are modifiable, and appropriate interventions may lead to substantial reductions in recidivism and costs at the whole-of-government level. Reducing rates of recidivism has been widely recognised as a critical pathway to close the life expectancy gap faced by young Indigenous people in Australia.[13, 14] Culturally informed healthcare for Indigenous young people in the community, such as through Aboriginal Community Controlled Health Organisations (ACCHOs), offers an essential avenue for tackling social determinants of health and intergenerational disadvantage faced by Indigenous communities.[15]

A multi-sectoral approach

In a context of increased spending and throughput in Queensland's youth justice system, and considering the substantial health and social inequities experienced by justice-involved young people, the ongoing youth justice reforms in Queensland are a critical opportunity to improve health and social outcomes for young Indigenous and non-Indigenous people in contact with the youth justice system. A "tough on crime" kind of youth justice reform would likely further expose the most marginalised young people in our society to further disadvantage and recidivism because they typically receive the least support in the community. We need more

evidence and action on how to adequately equip health and social services in the community to provide for these young people's rights to primary healthcare and support. [16] Failing to do so risks further excluding – rather than rehabilitating – justice-involved young people.

Child Protection, youth justice, disability, and homeless services (amongst others) need to be more integrated to support vulnerable young people with multiple contacts with these services. So far, data have focused on describing the experiences of young people in each of the systems, but we know little about their interactions and overlap. Such data would inform the design of multi-sectoral interventions to reduce recidivism and improve social and health outcomes.

How can better health data systems help?

Improving the quality of health data systems, especially for young populations experiencing a context of vulnerability, is a crucial component of the United Nations' Sustainable Development Goals.[17, 18] Whole-of-population multi-sectoral data linkage (i.e., linked administrative datasets from all individuals in a population from several sources, such as justice, child protection, healthcare, homelessness, and disability services) has been identified as a critical pathway to generate much-needed evidence on the life trajectories of disadvantaged populations who have been typically underrepresented in policy-oriented research.[19, 20]

The timely and ongoing integration of health and social data from multiple sectors will play a key component in allowing for the establishment and monitoring of equitable outcomes. The establishment of such integrated data resources will aid policymakers in making informed decisions to reduce the inequity faced by justice-involved young people.[21]

Conclusions

In this submission to the Inquiry on Youth Justice Reform in Queensland, we discuss how increasing health equity for justice-involved young people might be a pivotal strategy to divert them from further contact with the criminal justice system, one of the main objectives of the Inquiry. Towards this goal, we claim that improving health data monitoring systems for justice-involved young people should be a key objective, especially for those unsupervised in the community after serving a community-based order or detention sentence. Further, a focus on young people experiencing multiple sources of vulnerability and disadvantage, typically the most socially excluded young people in our society, might be a crucial pathway to reducing youth recidivism.

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