

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

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Committee Secretary  
Youth Justice Reform Select Committee  
Parliament House  
George Street  
Brisbane QLD 4000

Dear Committee Members,

Thank you for inviting submissions to the inquiry to examine ongoing reforms to the youth justice system and support for victims of crime in Queensland.

The Institute for Urban Indigenous Health (IUIH) is the regional Aboriginal and Torres Strait Islander Community Controlled Health Organisation (ATSICCHO) for South East Queensland (SEQ), and the “backbone” organisation in a network of SEQ ATSICCHOs. Through the IUIH Network, 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 make recommendations and comment on the Government’s inquiry into youth justice reform. IUIH Network staff work daily with Aboriginal and Torres Strait Islander families, with parents, children, youth, young adults, and Elders. The IUIH Network provides services to Aboriginal and Torres Strait Islander children and young people in our health clinics, in early childhood care settings, in primary and high schools, and in the streets, parks and gathering places of our community. The IUIH Network works with children and young people and their families in all circumstances.

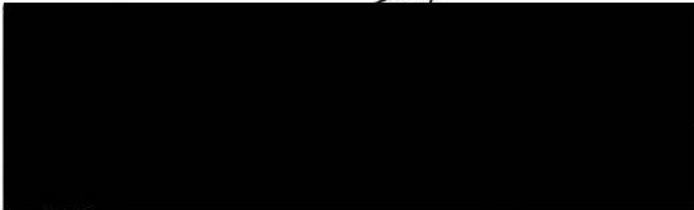
IUIH understands the gravity of youth crime and recognises the urgent need to inspire change in a failing system that perpetuates trauma, disadvantage, and reoffending. The evidence on the drivers of youth crime and the best way to tackle this important issue is clear and consistent. Youth crime can be reduced by addressing the underlying causes of social and cultural disadvantage, strengthening protective factors in community and family, and prioritising connecting at-risk young people to preventative and early intervention supports. To counter recidivism, the current, ineffective, and punitive system must be reformed to one that supports comprehensive and individualised supports and diversion that is culturally safe.

Systemic reform is needed to create real change. IUIH urges the Government to be bold in both its crisis response and in its approach to prevention and early intervention programs that can have the most impact. Currently, Government investments in prevention and early intervention initiatives are fragmented, short-term, and too small to meet demand. Consequently, greater investment is required in higher-cost, youth detention and crisis response services. Over time, and mindful of immediate pressures, the balance of investment must shift.

IUIH applauds the recognition of Community Controlled Organisations in the Committee’s Terms of Reference. We would welcome the opportunity to work more closely with the Committee on youth justice matters and call on a significant and long-term investment from Government in the Aboriginal and Torres

Strait Islander Community Controlled sector to deliver downstream prevention and early intervention programs and intensive supports that will reduce the rate of Aboriginal and Torres Strait Islander young people involvement in the criminal justice system and strengthen the long-term safety of the community.

I am pleased to enclose a copy of our submission for your consideration. If you require any further information, please contact [policy@iuih.org.au](mailto:policy@iuih.org.au).



ADRIAN CARSON  
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*Encl. IUIH Submission to the Queensland Parliament Youth Justice Select Committee Inquiry to Examine Ongoing Reforms to the Youth Justice System and Support for Victims of Crime*



# Institute for Urban Indigenous Health (IUIH)

## Submission to the Queensland Parliament Youth Justice Select Committee Inquiry to Examine Ongoing Reforms to the Youth Justice System and Support for Victims of Crime

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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 that leads regional-level service planning, development, and delivery of health and social support services for Aboriginal and Torres Strait Islander people in the Southeast 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.

The IUIH Network provides integrated health and social services to one of Australia's largest and fastest-growing Indigenous regions. SEQ is home to around 41% of Queensland's and nearly 12% of Australia's Indigenous population. Since 2011, the IUIH Network footprint population has dramatically increased from 59,483 people to an estimated population of 129,224 in 2023.<sup>1</sup> The IUIH Network organisations provide care to around 40,000 regular Indigenous clients in SEQ through 19 community-controlled clinics (see Figure 1).

The IUIH Network aims to achieve family wellness through a one-stop-shop model of integrated health and social support services for Aboriginal and Torres Strait Islander families, known as the IUIH System of Care (ISoC).

At IUIH, as well as providing 'backbone' functions for the Network, we deliver a range of health and social support services to the region, including, but not limited to, specialist medical and allied health services, aged care and disability supports, legal services, our Mob Link virtual care and care coordination service, and a Prison Transition Support Service for adults.

The IUIH Network organisations deliver a comprehensive range of services to their local communities including, but not limited to, primary care, Family Wellbeing Services, kindies, youth programs, and child protection services.

These services are all connected and supported through the ISoC.



Figure 1 The IUIH Network

<sup>1</sup> IUIH estimated population projections based on 2021 Census data for the IUIH catchment.

## Key Messages

- Most Aboriginal and Torres Strait Islander young people live in stable homes, have positive peer relationships and role models, and have a strong connection to community and culture.
- However, the lives of Aboriginal and Torres Strait Islander youth are grounded in a historical and cultural context that are very different from other populations in Australia and place our youth at greater risk of intergenerational disadvantage and adverse life experiences that may – in some cases – put the young person on a path of criminal offending.
- Current youth justice reforms have made no noticeable, positive impact in addressing youth offending rates and are more likely to be perpetuating the problem.
- With high rates of recidivism and strong correlation between youth offending behaviour and adult offending behaviour, the current approach to youth justice and our youth justice system is effectively “growing” our future and determining the wellbeing and safety of our community.
- Investment in more detention facilities and effort in stronger laws is ineffective and will, in the long term, make the situation worse.
- Government appears to recognise that prevention and early intervention measures are required; however, current programs that are supposed to focus on prevention and early intervention for vulnerable youth are severely unfunded and allocated in a piecemeal and uncoordinated fashion.
- This drives short sighted and crisis response behaviour from the system, or complete disengagement. But investment is small – or more frustratingly, is allocated in a piecemeal and uncoordinated fashion.
- Transitioning to a system grounded on preventative and holistic models of care to support vulnerable young people will require a complete restructure of the system (including youth justice and child protection) and a shift in thinking.
- To keep our communities safe and to prevent and reduce youth crime, youth justice reforms cannot occur just within the Justice system it requires a cross-portfolio, collaborative effort, particularly between youth Justice, child safety, police, health, education, and housing.
- A stable home environment is a protective factor for our young people. But, in the grips of a housing crisis, providing the home itself is often the biggest challenge, with homelessness being the trigger for a range of adverse events and experiences for young people.
- Growing the protective factors in all our families and all our young people is something best enabled through Aboriginal and Torres Strait Islander Community Controlled Organisations with the depth of cultural understanding of the intergenerational experiences of our Mob, and experts at strengths-based, family-centered and healing approaches.
- Community Controlled Organisations should be recognised as the gold standard of care and the primary provider of prevention, early intervention and crisis support for at-risk Indigenous youth.
- Ideally, Community Controlled Organisations would be resourced with flexible funding able to be used to deliver supports and programs to vulnerable youth at risk of, or in contact with, the youth justice system, and to their families.
- In SEQ, IUIH is ideally placed to receive and commission, through the IUIH Network and other Indigenous organisations in the region, protective supports, early intervention, and crisis response services for our Mob.

## Recommendations

**Recommendation 1:** Youth justice reforms, including support for victims/survivors, must be embedded in a culturally safe framework that considers the unique perspectives and contextual factors for Aboriginal and Torres Strait Islander people.

**Recommendation 2** Youth justice reforms must include a significant, coordinated (across government portfolios) and sustained investment in prevention and early intervention programs – commencing in the First 2000 Days of life and supporting vulnerable youth (and their families) through to adulthood.

In SEQ, this could include an investment in the evidence based IUIH Birthing in Our Community (BiOC) service, which has been proven to deliver positive outcomes for families, and with additional resourcing could better respond to the high demand for more intensive supports for our most complex and vulnerable families, including teenage parents who have had contact with the youth justice system.

**Recommendation 3** Investment in housing stock and housing organisations who can provide support and accommodation for families in need is urgently needed.

For IUIH, being able to access flexible funds to cover the costs of the short-term crisis accommodation and other emergency supports (for example, motels, transport to a safe location) that we might arrange for an Aboriginal and Torres Strait Islander young person or their family to keep them safe while we connect them with housing providers and other support services would be a positive start.

**Recommendation 4:** Investment is required in Aboriginal and Torres Strait Islander Community Controlled Health Organisations to provide specialised and culturally appropriate health, mental health and other wellbeing programs and support services to Aboriginal and Torres Strait Islander youth while under community supervision or in detention. The benefit of an Aboriginal and Torres Strait Islander Community Controlled Organisation delivering these services is that they can remain connected with the young person after they are released from the system.

In SEQ this could be an investment through IUIH to routinely deliver such services into Youth Detention and to expand our adult prison transition service to include youth.

**Recommendation 5:** Funding is urgently needed to increase the capacity of existing Family Wellbeing Services and/or, a crisis intervention funding stream must be created to free up Family Wellbeing Services staff to get back to their core business of delivering prevention programs and protective supports.

**Recommendation 6:** In SEQ, investment in the IUIH Mob Link Youth Connect service could increase the capacity of IUIH to:

- Provide a single regional referral pathway for Queensland Government agencies, hospitals, schools and others.
- Be the first option for referral of Aboriginal and Torres Strait Islander youth in contact with Child Safety, Queensland Police and/or Youth Justice.
- Provide case coordination and intensive supports for Aboriginal and Torres Strait Islander young people in high-risk situations and with complex circumstances.
- Commission from IUIH Network organisations and other Indigenous and mainstream health and social support providers in the region the care and supports required by vulnerable youth and their families.

**Recommendation 7:** The proportion of government investment in youth Justice community programs and services should equate to the proportion of Aboriginal and Torres Strait Islander youth in the youth justice system, and this funding should be outcome-focused, a minimum of four (4) years, and flexible funding that allows the service provider to respond to the unique needs of each young person and family.



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**Recommendation 8:** Greater investment in specialist services for Aboriginal and Torres Strait Islander victims-survivors of crime is required, including expanding the number and scope of Victim Liaison Officers to help – with sensitivity and respect - Aboriginal and Torres Strait Islander clients navigate an already complex justice system.

## Context

IUIH estimates that there are around 27,000 Aboriginal and Torres Islander young people aged 10-19 years in SEQ, and the IUIH Network provides regular care to around 31%.<sup>2</sup> The vast majority of our Aboriginal and Torres Strait Islander youth have a strong connection to family, community, and culture, 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, compared to non-Indigenous youth, Aboriginal and Torres Strait Islander young people are significantly over-represented in their contact with the police and the Youth Justice System:

- In 2021-2022, in Queensland, the rate of Aboriginal and Torres Strait Islander young people proceeded against by police was nearly six (6) times that of non-Indigenous youth (779.6 v 132.5 per 10,000).<sup>3</sup>
- In Queensland, on an average night in the June quarter of 2023, 70% of young people in detention were Aboriginal and Torres Strait Islander people, an increase on 64% in the June quarter of 2022.<sup>4</sup>

## The lasting impacts of colonisation

In the wake of colonisation, Aboriginal and Torres Strait Islander people have faced extreme socioeconomic disadvantage stemming from discriminatory and barbaric government practices, including the forcible removal of children, systemic racism, and a sustained violation of human rights.

The effects on colonisation on Aboriginal and Torres Strait Islander peoples, families, and communities, are well established, are intergenerational, and are evident in the persistent gap between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians on nearly all socioeconomic indicators, and health and wellbeing measures, including contact with the justice system.

## Closing the Gap

The National Agreement on Closing the Gap commits all governments to reducing by 2031 the rate of Aboriginal and Torres Strait Islander young people (10-17 years) in detention by at least 30 per cent.<sup>5</sup>

In Queensland, in 2021-22, the rate of Aboriginal and Torres Strait Islander youth in detention was 23 times that of non-Indigenous youth: 40.9 per 10,000 compared to 1.8 per 10,000.<sup>6</sup> Unlike most other States and Territories, Queensland has made no significant improvement since 2018-19, and only Western Australia and the Northern Territory have higher rates of youth detention.<sup>7</sup>

IUIH is of the view that youth justice reforms for Aboriginal and Torres Strait Islander people in Queensland need to be significant and accelerated to achieve the Closing the Gap 2031 targets and, consistent with the National Agreement on Closing the Gap, must include resourcing the Aboriginal and Torres Strait Islander community-controlled sector to take on a greater role in supporting Aboriginal and Torres Strait Islander communities, families and youth from prevention and early intervention to crisis intervention.

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<sup>2</sup> IUIH estimated 10-19 years population projections based on 2021 Census data for the IUIH catchment, and IUIH Network regular client numbers, noting that 2021 census data is not publicly reported for 10-17 years.

<sup>3</sup> *Closing the Gap Annual Data Compilation Report, July 2023*. 2023. Productivity Commission. <https://www.pc.gov.au/closing-the-gap-data/annual-data-report/report/snapshot-socioeconomic/outcome-area11/alleged-young-offenders-involved-in-police-proceedings>

<sup>4</sup> *Youth detention population in Australia 2023*. 2023. Australian Institute of Health and Welfare. <https://www.aihw.gov.au/reports/youth-justice/youth-detention-population-in-australia-2023/contents/summary>

<sup>5</sup> The Joint Council on Closing the Gap. 2020. *National Agreement on Closing the Gap*. [https://www.closingthegap.gov.au/sites/default/files/2022-09/ctg-national-agreement\\_apr-21-comm-infra-targets-updated-24-august-2022\\_0.pdf](https://www.closingthegap.gov.au/sites/default/files/2022-09/ctg-national-agreement_apr-21-comm-infra-targets-updated-24-august-2022_0.pdf)

<sup>6</sup> *Youth detention population in Australia 2023*. 2023. Australian Institute of Health and Welfare. <https://www.aihw.gov.au/reports/youth-justice/youth-detention-population-in-australia-2023/contents/summary>

<sup>7</sup> *Closing the Gap Annual Data Compilation Report, July 2023*. 2023. Productivity Commission. <https://www.pc.gov.au/closing-the-gap-data/annual-data-report/report/snapshot-socioeconomic/outcome-area11/alleged-young-offenders-involved-in-police-proceedings>

## IUIH Response to the Terms of Reference

IUIH is grateful for the opportunity to provide comment and recommendations to the Youth Justice Reform Select Committee, with a particular focus on supporting Aboriginal and Torres Strait Islander communities, families, and young people in SEQ.

From IUIH's perspective there are considerations that have applicability across the Committee's Terms of Reference, and we provide our response according to these themes and priorities.

### Risk and Protective Factors: The Opportunity for Prevention and Early Intervention

There are multiple risk and protective factors that influence youth crime. Most Aboriginal and Torres Strait Islander youth live in stable homes, are engaged positively in school with positive peer relationships, have strong role models, and have a strong connection to community and culture.

The risk factors related to youth offending are complex and often interdependent. Poverty/low income, poor parenting practices, family violence and abuse, criminal attitudes of peers, lack of suitable or unstable housing, substance abuse, poor life skills, mental illness, school non-attendance/drop-out, unemployment, and an excess of unstructured time (boredom), are common experiences among youth offenders, and persistent offenders are likely to have a higher incidence of risk factors which may be more acute.<sup>8</sup>

However, exposure to and experience of these risk factors does not place a young person on a predetermined path to offending. Even in the context of such risk factors, there are protective factors, which may be as simple as a strong and stable relationship with a family member, a teacher, or a community Elder, that can wrap around and support a young person on their journey into adulthood.

The following information describes the risks and protective factors, and the opportunities for prevention and early intervention, from an Aboriginal and Torres Islander perspective, and particularly from IUIH's experience supporting our communities in SEQ.

#### Culture

It is important to actively acknowledge in youth justice reforms that the lives of Aboriginal and Torres Strait Islander youth are grounded in a historical and cultural context that contributes to unique perspectives and experiences that are very different from other populations in Australia. Cultural well-being, including knowledge of culture, and a strong connection to family, community, and Country has a direct association to the life outcomes for Aboriginal and Torres Strait Islander people.

**Recommendation 1:** Youth justice reforms, including support for victims/survivors, must be embedded in a culturally safe framework that considers the unique perspectives and contextual factors for Aboriginal and Torres Strait Islander people.

#### The First 2000 days

There is increasing evidence that the First 2000 days of life, from conception to the beginning of primary school (4-5 years old), are critical due to the extensive neurological development during this time. The First 2000 days is often labelled a 'predictor' of several critical later life outcomes including vulnerability to chronic

<sup>8</sup> Allard, T. 2023. *Facilitating positive change in Queensland youth justice*. Griffith University. <https://enlighten.griffith.edu.au/facilitating-positive-change-in-queensland-youth-justice/#:~:text=There%20are%20many%20risk%20factors,suitable%20or%20unstable%20housing%2C%20substanc>

disease and adverse health outcomes, educational attainment, drug and alcohol abuse, antisocial and violent behaviour, teen pregnancy, and contact with the criminal justice system.<sup>9</sup>

IUIH welcomes the Committee's remit to look at risk and protective factors and prevention approaches, and strongly encourages the Committee to consider these from the First 2000 days as the best investment for our young people, the safety and wellbeing of our communities and to reduce future pressures on the youth (and adult) justice system.

The IUIH Birthing in Our Community (BiOC) program (see below) is an example of an Aboriginal and Torres Strait Islander governed best practice model of maternity care that works to deliver not just the best health outcomes for mum and bub, but to work with the whole family to build the protective factors around a child.

### *Birthing In Our Community (BiOC)*

BiOC is an IUIH service designed for Aboriginal and Torres Strait Islander families and provides a unique model of family-centred holistic care that has closed the gap in some critical maternal indicators.

The model is an award-winning maternity service with two Lancet Global Health publications, confirming best practice<sup>10</sup> and confirming the model is more cost effective.<sup>11</sup> The program has achieved national acknowledgment and acclaim, being awarded Maternity Service of the Year in 2022, for unprecedented outcomes for Indigenous babies born through the program, including achieving healthy birthweights and significantly reducing preterm births.

Since its inception in 2013, BiOC has delivered comprehensive, evidence-based, and culturally informed maternity services, that have a strong focus on social and emotional health and wellbeing of families.

Supports within the service include:

- ✓ A dedicated midwife - 24/7 access to pregnancy, birthing, and postnatal care.
- ✓ A dedicated Aboriginal and Torres Strait Islander Family Support Worker for up to three (3) years to set goals and connect the family to health and other support services.
- ✓ Home visits and transport services to access care.
- ✓ Social and peer support activities including cultural events, weekly community days, arts and craft activities, healthy cooking classes, fitness programs, and Deadly Dads classes.
- ✓ Access to a social health team comprising social workers and psychologists.
- ✓ Connection to all IUIH Network health and social services, and to culturally appropriate programs and supports outside of the IUIH Network

In partnership with Mater Health Service, Metro South Hospital and Health Service and My Midwives, BiOC now operates in four locations: Strathpine, Salisbury, Logan Central, and Redland Bay.

The Family Support Workers are a unique and critical role in the BiOC model, supporting families throughout the pregnancy and for up to three (3) years. The Aboriginal and Torres Strait Islander Family Support Workers are not clinical roles but focused on the social determinants of health and wellbeing - strengthening protective factors in a child's life. They work with the family to identify strengths, set family goals and

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<sup>9</sup> NSW Health. 2019. *The First 2000 Days Framework*. NSW Government.

[https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019\\_008.pdf](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2019_008.pdf).

<sup>10</sup> Kildea, S., 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. [https://doi.org/10.1016/s2214-109x\(21\)00061-9](https://doi.org/10.1016/s2214-109x(21)00061-9)

<sup>11</sup> Gao, Y., Roe, Y., Hickey, S., Chadha, A., Kruske, S., Nelson, C., Carson, A., Watego, K., Reynolds, M., Costello, J., Tracy, S., & Kildea, S. 2023. *Birthing on country service compared to standard care for First Nations Australians: a cost-effectiveness analysis from a health system perspective*. *The Lancet Regional Health - Western Pacific*, 34, 100722. <https://doi.org/10.1016/j.lanwpc.2023.100722>

connect the family to services that support a strong and stable environment. This may include connecting to housing supports, employment and training pathways, kindy programs, family violence programs, drug and alcohol services, and parenting programs.

BiOC services are particularly expert in wrapping intensive supports around vulnerable families with complex needs, including young parents under 17 years who have contact with the Youth Justice System. This involves more frequent and extended contact with the family, often out of hours and at a point of crisis (such as becoming homeless or contact with the police), and significant advocacy with a largely unresponsive youth justice and/or Child Safety system.

BiOC services provide intensive supports to around 40 vulnerable families at any one time. While IUIH receives funding for the Family Support Workers, the BiOC funding does not cover the intensive support increasingly provided.

### Adverse Childhood Events and Protective Factors

While embedding protective factors as early as possible is ideal, it is never too late to start supporting a young person and their family.

The lives of Aboriginal and Torres Strait Islander people are grounded in the effects of intergenerational trauma and disadvantage. For some families, poverty, physical and mental illness, substance misuse, and violence in the home can mean family life is turbulent and dysfunctional.

Adverse childhood experiences (ACEs) include exposure to violence, neglect, any form of abuse, parental drug or alcohol abuse, family mental health issues, divorce and separation or imprisonment of a family member. Contemporary literature shows that ACEs are a predictor of criminal behaviour and the detention of young people. Increased ACEs are associated with higher chances of offending, violent offending, incarceration, and recidivism.<sup>12</sup>

The 2022 Queensland Youth Justice Census found of the youth surveyed, 53% had experienced or were impacted by family violence, 27% had a parent who had been held in adult custody, 19% had an active Child Protection Order, and 78% had known illegal substance use.<sup>13</sup>

However, there is increasing evidence describing the reversing effect of positive childhood experiences (PCEs) which can counter negative outcomes for youth with ACEs including the likelihood of offending and the impact on health issues.<sup>14, 15</sup> PCEs can include familial stability, healthy experiences at school, healthy peer relationships, and involvement in clubs and sports. Resilience and school connectedness play a significant role in decreasing the psychological impact caused by ACEs and strong empathetic interactions during detention admission diminished the link between ACEs and recidivism.<sup>16</sup>

To reduce the rate of offending, programs must look to wrap at-risk youth with protective factors before, during, and after offending. Programs that develop young people's social and personal skill sets while

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<sup>12</sup> Novak, A., & Fagan, A. A. 2022. *The conditioning effects of positive experiences on the ACEs-offending relationship in adolescence*. Child Abuse & Neglect. (134). <https://doi.org/10.1016/j.chiabu.2022.105915>

<sup>13</sup> Department of Children, Youth Justice and Multicultural Affairs. 2022. *Youth Justice Census Summary, State-wide (2018 to 2022) – under supervision*. [https://desbt.qld.gov.au/data/assets/pdf\\_file/0022/17086/census-summary-statewide.pdf](https://desbt.qld.gov.au/data/assets/pdf_file/0022/17086/census-summary-statewide.pdf)

<sup>14</sup> Novak, A., & Fagan, A. A. 2022. *The conditioning effects of positive experiences on the ACEs-offending relationship in adolescence*. Child Abuse & Neglect. (134). <https://doi.org/10.1016/j.chiabu.2022.105915>

<sup>15</sup> Wolff, K.T., & Baglivio, M.T. 2021. *Positive Childhood Experiences (PCE): Cumulative Resiliency in the Face of Adverse Childhood Experiences*. Youth Violence and Juvenile Justice, 19(2), 139-162. <https://doi.org/10.1177/1541204020972487>

<sup>16</sup> Wolff, K.T., & Baglivio, M.T. 2021. *Positive Childhood Experiences (PCE): Cumulative Resiliency in the Face of Adverse Childhood Experiences*. Youth Violence and Juvenile Justice, 19(2), 139-162. <https://doi.org/10.1177/1541204020972487>

providing support could significantly reduce the rate of offending and provide the ongoing benefit of minimising the intergenerational impact of ACEs.<sup>17, 18, 19</sup>

Effective mitigation of ACE risk in children must consider the parents' ACEs and implement strategies that strengthen and stabilise family connections, resolve risk factors associated with the parents' lifestyle and well-being, and provide support and education for the parents that is culturally appropriate. One study showed that parents were more responsive when they were educated on the influence of childhood experience on parenting. As such, it is speculated that the consideration of parents' history is positively associated with further engagement and may, in turn, inform the provider of intervention priorities at the source.<sup>20</sup>

**Recommendation 2** Youth justice reforms, must include a significant, coordinated (across government portfolios) and sustained investment in prevention and early intervention programs – commencing in the First 2000 Days of life and supporting vulnerable youth (and their families) through to adulthood.

In SEQ, this could include an investment in the evidence based UIH Birthing in Our Community (BiOC) service, which has been proven to deliver positive outcomes for families, and with additional resourcing could better respond to the high demand for more intensive supports for our most complex and vulnerable families, including teenage parents who have had contact with the youth justice system.

## Housing

The Queensland government must put in place more effective housing supports for vulnerable families. Children and young people who are sleeping in cars, tents or on the street are more vulnerable to being victims of crime, being exposed to criminal behaviours, and turning to criminal behaviour to survive.

The 2022 Queensland Youth Justice Census (of young people under active supervision in the community or in detention) found 30% experienced unstable and/or unsuitable accommodation, an increase from 19% in 2019.<sup>21</sup> UIH urges the Committee to consider housing as a key protective factor in preventing young people from entering the youth justice system.

UIH is experiencing tremendous difficulties gaining traction in improving health and wellbeing outcomes due to the growing housing crisis. UIH has observed that housing instability, risk of homelessness, and homelessness have, over recent years, become the most common and hardest-to-resolve issues for our vulnerable families and clients. Housing is often the breaking point for many, creating significant family stress, and triggering, or exacerbating mental health, substance misuse, and family violence, all of which increase the risk of young people in the family ending up in the child protection system, disengaged from school and on a pathway to offending behaviour.

Although UIH is not a housing provider, UIH works in parallel with housing providers to support families in need. There are limited housing providers in SEQ able to support young people, particularly those under 18 years of age, and even less specialising in supporting Aboriginal and Torres Strait Islander youth. All housing providers in SEQ are struggling to provide long-term solutions for young people and their families. UIH

<sup>17</sup> Novak, A., & Fagan, A. A. 2022. *The conditioning effects of positive experiences on the ACEs-offending relationship in adolescence*. Child Abuse & Neglect. (134). <https://doi.org/10.1016/j.chiabu.2022.105915>

<sup>18</sup> Wolff, K.T., & Baglivio, M.T. 2021. *Positive Childhood Experiences (PCE): Cumulative Resiliency in the Face of Adverse Childhood Experiences*. Youth Violence and Juvenile Justice, 19(2), 139-162. <https://doi.org/10.1177/1541204020972487>

<sup>19</sup> Masten, A. S., Lucke, C. M., Nelson, K. M., & Stallworthy, I. C. (2021). *Resilience in development and psychopathology*. Annual Review of Clinical Psychology, 17, 16.1–16.29. <https://doi.org/10.1146/annurev-clinpsy-081219-120307>.

<sup>20</sup> Narayan, A.J., Lieberman A.F., & Masten, A.S. 2021. *Intergenerational transmission and prevention of adverse childhood experiences (ACEs)*. Clinical Psychology Review. doi: 10.1016/j.cpr.2021.101997. Epub 2021 Feb 28. PMID: 33689982.

<sup>21</sup> Department of Children, Youth Justice and Multicultural Affairs. 2022. *Youth Justice Census Summary, State-wide (2018 to 2022) – under supervision*. [https://desbt.qld.gov.au/\\_\\_data/assets/pdf\\_file/0022/17086/census-summary-statewide.pdf](https://desbt.qld.gov.au/__data/assets/pdf_file/0022/17086/census-summary-statewide.pdf)

acknowledges that the housing crisis is multifactorial and a nation-wide challenge, and that, long term, let alone quick solutions, will be difficult to achieve. However, as housing instability is a risk factor for youth crime, it is critical for the Committee to advocate for and consider solutions to the housing crisis, in the context of youth justice.

**Recommendation 3** Investment in housing stock and housing organisations who can provide support and accommodation for families in need is urgently needed.

For IUIH, being able to access flexible funds to cover the costs of the short-term crisis accommodation and other emergency supports (for example, motels, transport to a safe location) that we might arrange for an Aboriginal and Torres Strait Islander young person or their family to keep them safe while we connect them with housing providers and other support services would be a positive start.

## Child Protection System

Although this Inquiry is focused on youth justice reform, in the context of risk and protective factors, the Committee must consider the strong correlation between contact with the child safety system and contact with the youth justice system. This association increases the younger the child is when they initially entered the youth justice system.<sup>22</sup>

In Queensland, 67.4% of young Aboriginal and Torres Strait Islander people who had been under youth justice supervision in 2020–21 had also received child protection services in the previous 5 years (47.8% for non-Indigenous youth).<sup>23</sup> Furthermore, 24% of young Aboriginal and Torres Strait Islander people who had been under youth justice supervision in 2020–21 had been in out of home care (18.1% for non-Indigenous youth).<sup>24</sup>

For the vast majority of young people, particularly Aboriginal and Torres Strait Islander youth, contact with the child protection system escalates and accelerates risk factors and rarely enables protective factors. IUIH strongly believes that for Aboriginal and Torres Strait Islander youth, progress with youth justice reforms will have minimal impact unless there are also significant changes to the approach to child safety in Queensland.

Case Study 1 is an example of the work IUIH does to support young people with housing, reducing the risk of contact with the youth justice system.

### Case Study 1

An Aboriginal and Torres Strait Islander young person (under 18 years) contacted IUIH's Mob Link service. They and their siblings had become homeless after their living arrangements fell through.

Child Safety had been involved when their parent went to prison and had deemed the eldest sibling suitable as primary carer for the younger siblings. On becoming homeless, the eldest sibling did the right thing and contacted Child Safety who advised they were unable to assist.

The eldest sibling reported being turned away from countless agencies until they contacted IUIH's Mob Link Service. Mob Link is a care coordination service linking Aboriginal and Torres Strait Islander people in SEQ with the health and social services they need. Mob Link has two (2) staff dedicated to supporting vulnerable youth aged 10-17 years.

<sup>22</sup> *Closing the Gap Annual Data Compilation Report, July 2023*. 2023. Productivity Commission. <https://www.pc.gov.au/closing-the-gap-data/annual-data-report/report/snapshot-socioeconomic/outcome-area11/alleged-young-offenders-involved-in-police-proceedings>

<sup>23</sup> Australian Institute of Health and Welfare. 2022. *Young people under youth justice supervision and their interaction with the child protection system, 2020–21*. <https://www.aihw.gov.au/reports/youth-justice/young-people-under-youth-justice-supervision/data>

<sup>24</sup> Australian Institute of Health and Welfare. 2022. *Young people under youth justice supervision and their interaction with the child protection system, 2020–21*. <https://www.aihw.gov.au/reports/youth-justice/young-people-under-youth-justice-supervision/data>

A Mob Link staff member immediately travelled to the family and yarned with them. The only option the siblings had was sleeping in a car. Mob Link organised for emergency accommodation in a motel and advocated with a housing support organisation, who was then able to organise six months of temporary housing. IUIH receives no funding to support emergency accommodation.

Being able to intervene early in a crisis has, for now, enabled this responsible young adult to provide some stability for their siblings, reducing the immediate risk of them being harmed or ending up in contact with police and the youth justice system.

## Reducing Recidivism: Protect Not Punish

In 2021-22, in Queensland, there were 1,074 young people (10-17 years) in detention, and 62.3% were Aboriginal and Torres Strait Islander.<sup>25</sup>

All evidence reinforces that the youth justice system essentially perpetuates recidivism, rather than supports rehabilitation. This is particularly the case for Aboriginal and Torres Strait Islander youth. Between 2021-22, 55% of Aboriginal and Torres Strait Islander people received another supervised sentence before 18 years of age, compared with 34% of non-Indigenous youth. Over 87% of Indigenous youth released from detention and aged 10-16 years returned within a year and over 70% within 6 months. This compared with over 79% and 59% of non-Indigenous youth, respectively.<sup>26</sup>

With established evidence of a failing punitive youth justice system, and clear evidence of the effectiveness of prevention-based alternatives to detention, it is undeniably time to reform the conventional processes of the Queensland youth justice system. Furthermore, diversion programs delivered in community-settings are more effective at delivering outcomes than those delivered in institutional settings, and more cost-effective.<sup>27</sup>

### Prioritising the health and wellbeing needs of young offenders.

Cognitive disability, alcohol and substance use, and mental health issues are common factors in youth offenders. According to the 2022 Queensland Youth Justice Census, 8% have diagnosed or suspected fetal alcohol spectrum disorders (FASD), 33% have at least one diagnosed or suspected mental health and/or behavioural condition, and 78% have engaged in drinking alcohol, smoking or using drugs.

Conditions and health behaviours left undiagnosed and untreated increases the risks of re-offending. It must also be considered that young people with developmental or intellectual conditions may not have the cognitive capacity to understand the consequences of offending or the intent of punitive approaches. It is essential that young people under community supervision or in youth detention be connected with specialised youth health, mental health and disability services. For Aboriginal and Torres Strait Islander youth, Community Controlled Health Organisations, like those in the IUIH Network, are more likely to be trusted by the young person to deliver this care.

<sup>25</sup> Youth justice in Australia 2021-22. 2023. Australian Institute of Health and Welfare. <https://www.aihw.gov.au/reports/youth-justice/youth-justice-in-australia-2021-22/contents/data-dashboard>

<sup>26</sup> *Young people returning to sentenced youth justice supervision 2021-22*. 2023. Australian Institute of Health and Welfare. <https://www.aihw.gov.au/reports/youth-justice/young-people-returning-to-sentenced-supervision/data>

<sup>27</sup> Schwalbe, C. S., Gearing, R. E., MacKenzie, M. J., Brewer, K. B., & Ibrahim, R. W. 2012. *A meta-analysis of experimental studies of diversion programs for juvenile offenders*. *Clinical Psychology Review*, 32(1), 26-33. <https://doi.org/10.1016/j.cpr.2011.10.002>



## Rehabilitation programs

Frequent recategorisation and relocation of youth in custody on remand means that those accessing rehabilitation programs are unable to finish the program, often further sustaining their sentence. Custody on remand may also reduce or delay effective placement into diversion programs.<sup>28</sup>

Rehabilitation programs for Aboriginal and Torres Strait Islander youth offenders should be delivered by organisations that can offer culturally appropriate support through to completion of the program and beyond. Being able to tailor on-release and post-release supports for the young offender and their family is critical to strengthening protective factors and reducing recidivism.

Although Queensland has been making a more concerted effort to deliver culturally appropriate programs for Aboriginal and Torres Strait Islander young offenders, for example with on-Country programs, these programs do not embed the young person in a system of comprehensive ongoing supports, including into adulthood, nor do they engage a whole-of-family approach. This can result in a breakdown of efforts once the young person returns home and/or to peer groups. In SEQ, the IUIH Network has the cultural knowledge and the system of care that could connect young offenders to a lifetime of supports and services centred around their individual, family, and cultural needs.

## Prison Transition

IUIH is aware that for some Aboriginal and Torres Strait Islander youth, detention provides for them stable accommodation, regular meals, routine and structured activities, and connections with peers that they may not be able to reliably get at home or in the community. Unfortunately, this can drive some re-offending behaviour.

However, with the right supports on exit from detention, this does not need to be the case. Ensuring that young Aboriginal and Torres Strait Islander young people and their families are supported with core protective factors – as basic as somewhere to live, access to food, and the skills to make a meal – can make all the difference in a young person's life.

A literature review scoping the potential of a "Re-entry Peer Navigator model" to address high rates of Aboriginal and Torres Strait Islander incarceration in a Western Australian community describes the model as a relational support from peers who, with lived experience and training, guide offenders through the transition process. The literature suggested the model reduced the risks of offenders returning to drug-using behaviours, reduced mortality as a result of overdose, and reduced instabilities associated with assimilation back into society. The review iterates that the Re-entry Peer Navigators model adequately fills gaps in service that exist in mainstream models which are inflexible to cater to the diverse circumstances of offenders.<sup>29</sup>

IUIH operates a Prison Transition Support Service for adults (see below) and is actively exploring funding opportunities to expand this program or establish a new program to target youth offenders specifically. The program would provide any immediate basic needs for the vulnerable young person, as well as provide holistic and culturally safe case management to set goals and build an arsenal of health supports to reduce risk and recidivism. The program would provide cultural engagement activities and connections to other diversionary programs around life skills, health, and well-being. Furthermore, building on IUIH's Aboriginal and Torres Strait Islander workforce with lived experience, IUIH would prioritise hiring a workforce of reintegrated Aboriginal and Torres Strait Islander youth who have engaged with the service. Long-term

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<sup>28</sup> Sanderson, J., Mazerolle, P., & Anderson-Bond, T. 2011. *Exploring Bail and Remand: Experiences for Indigenous Queenslanders*. Griffith University. <https://www.premiers.qld.gov.au/publications/categories/reports/assets/exploring-bail-and-remand-experiences.pdf>

<sup>29</sup> Anderson, J. 2023. *Scoping the potential of a noongar re-entry peer navigator model*. *Journal of the Australian Indigenous HealthInfoNet*, 4(2), 1–25. <https://doi.org/10.14221/aihjournal.v4n2.3>

investment in a youth transition support service is a significant and necessary step forward to reduce the rate of recidivism in Queensland.

#### *IUIH Prison Transition Service (SEQ)*

The IUIH Prison Transition Service aims to reduce recidivism with provision of a range of clinical and non-clinical services addressing the range of physical health, mental health, substance use, and social supports that a person may require on release from prison, predominantly housing and financial concerns.

Currently, the Prison Transition Service supports Aboriginal and Torres Strait Islander people leaving the Woodford Correctional Centre, Brisbane Women's Correctional Centre, and the Southern Queensland Correctional Centre. The service can commence six weeks before release and continues six months post release. A significant challenge faced by IUIH is Corrective Services connecting people with the service prior to release and the extremely limited referral/eligibility criteria.

The service supports the client to get back on their feet as they transition back into society. This includes connecting them into a multidisciplinary and integrated network of clinical and non-clinical supports. An Aboriginal and Torres Strait Islander support worker will prepare the client for release, guiding them through services to secure accommodation and basic needs and address any financial, legal, or child safety concerns. They are also supported through clinical services to address underlying physical and mental health issues and are connected to alcohol and drug rehabilitation programs, if needed.

Most importantly, the program is more than a connection to services, it is a trusted brother or sister that listens and understands the person's experiences and provide a connection to community and to Country.

**Recommendation 4:** Investment is required in Aboriginal and Torres Strait Islander Community Controlled Health Organisations to provide specialised and culturally appropriate health, mental health and other wellbeing programs and support services to Aboriginal and Torres Strait Islander youth while under community supervision or in detention. The benefit of an Aboriginal and Torres Strait Islander Community Controlled Organisation delivering these services is that they can remain connected with the young person after they are released from the system.

In SEQ this could be an investment through IUIH to routinely deliver such services into Youth Detention and to expand our adult prison transition service to include youth.

## The Role of Community Controlled Organisations: The IUIH Experience

It is well established that Aboriginal and Torres Strait Islander leadership and sovereignty in Aboriginal and Torres Strait Islander matters is the way forward. Aboriginal and Torres Strait Islander Community Controlled organisations are instrumental in addressing more than just primary health care needs but in breaking the systemic barriers created by social inequities through Indigenous governance and delivering holistic and comprehensive services fostering connection to culture.

The National Agreement on Closing the Gap and the Queensland Government's Closing the Gap Implementation Plan recognises that Aboriginal and Torres Strait Islander Community Controlled Organisations produce better outcomes and are the preferred service over mainstream healthcare.

Community-controlled organisations, such as IUIH, are critical for equitable access to comprehensive, culturally appropriate healthcare and social support services that are family and community-focused. Adequately funded, IUIH and other Aboriginal and Torres Strait Islander Community Controlled Organisations can reach families reluctant to engage with services at the right place and at the right time, acknowledging the socioeconomic barriers that restrict healthcare access.

## The IUIH 'one-stop-shop' model

Since 2009, IUIH has worked with its Network organisations and the SEQ Aboriginal and Torres Strait Islander Community to overcome access barriers that are inherent within often complex and fragmented health and social services system. IUIH developed a coherent and integrated regional 'ecosystem' in the form of the IUIH System of Care (ISoC). 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. Further, IUIH's model of care is grounded on the traditional Indigenous Ways of Being, Knowing, Belonging, Doing and Seeing, facilitating better engagement and outcomes than mainstream services.

ISoC is particularly effective in the context of youth justice as it is not just exclusive to the individual, but can involve whole-of-family support, linking in the family to support more complex intergenerational issues – a 'strengthening families' approach. The IUIH Network offers a variety of supports in a whole-of-health approach that addresses systemic social disadvantage and promotes cultural connection, including the Queensland Government funded Family Wellbeing Service.

### *Family Wellbeing Services*

IUIH Network organisations, along with other Community Controlled Organisations in SEQ and across Queensland, are funded by the Department of Children, Seniors and Disability Services to provide Family Wellbeing Services.<sup>30</sup> These services provide Aboriginal and Torres Strait Islander families with culturally responsive support to improve their social, emotional, physical, and spiritual wellbeing, and to build their capacity to safely care for and protect their children. Family Wellbeing Services can provide a range of different supports depending on local needs.

IUIH Network Family Wellbeing Services provide a range of supports that build protective factors for a young person including but not limited to:

- ✓ Putting together daily routines and managing the day-to-day running of the house.
- ✓ Help understanding the needs and development of children, including discussing alternative forms of discipline and linking with parenting programs.
- ✓ Improving child/parent relationships and communication skills and building social and/or community support networks.
- ✓ Connecting with a range of health, disability and social supports, and where necessary liaising with Child Safety and youth justice.

In essence, Family Wellbeing Services are funded to provide prevention and early intervention support for families to reduce risk factors and increase protective factors. Families can self-refer or be referred by services, including Child Safety and youth justice.

However, IUIH's experience in SEQ is that the demand for these services far outstrips supply, with some families having to wait several months for an initial assessment (check-in calls are made to the family during this time); and increasingly families being referred are already in crisis.

**Recommendation 5.** Funding is urgently needed to increase the capacity of existing Family Wellbeing Services and/or, a crisis intervention funding stream must be created to free up Family Wellbeing Services staff to get back to their core business of delivering prevention programs and protective supports.

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<sup>30</sup> More information on Family Wellbeing Services is available here:  
[https://www.familywellbeingqld.org.au/?gclid=EAIaIQobChMI4ur8g67bgwMVm6hmAh3GpQ9SEAAAYASAAEgE\\_e\\_D\\_BwE](https://www.familywellbeingqld.org.au/?gclid=EAIaIQobChMI4ur8g67bgwMVm6hmAh3GpQ9SEAAAYASAAEgE_e_D_BwE)

## *Mob Link Youth Connect: Strengthening Early Intervention Pathways for First Nations Youth (10-17 years) in SEQ*

The Mob Link Youth Connect Program is an UIIH initiative, funded by Queensland Health with support from Children's Health Queensland and our SEQ First Nations Health Equity partners.<sup>31</sup> Operating since September 2023, the program is establishing a clear regional pathway for vulnerable Aboriginal and Torres Strait Islander youth aged 10-17 years to be connected to culturally appropriate, community-based, and family-centred services in SEQ.

The program was specifically designed with the youth justice age cohort in mind, with the aim of providing a single referral pathway in SEQ for "early" intervention for Aboriginal and Torres Strait Islander young people who are displaying signs of risky behaviours or experiences, including violent behaviour, hospital presentations for drug and alcohol misuse and/or self-harm, or concerns of familial abuse or neglect.

Embedded within UIIH's Mob Link service infrastructure, the program utilises the Mob Link 1800 number, operating 7 days per week 7am to 7pm, and provides:

- Two service connectors within the UIIH Mob Link Service to receive referrals and to connect and coordinate care for vulnerable youth (10-17 years) and their family from within the UIIH Network and our external partners.
- A small amount of funding to each of our UIIH Network organisations to enable them to increase their capacity to respond flexibly to the needs of young people and families.

In its first three (3) months of operation the service has received referrals for around 20 vulnerable families per month, predominantly from the Queensland Children's Hospital, but also direct from families and other organisations.

With additional resourcing, UIIH would like to increase the hours of operation of our Mob Link Youth Connect service and increase the investment in our UIIH Network organisations to deliver more flexible supports, particularly during non-business hours when young people and families may benefit from having access to diversionary activities or support and advice. Staff in the Mob Link Youth Connect service also report a high demand for support for children under the age of 10 years (8-9 years). The team are flexible and pragmatic in responding to children and young people in need, but would require more resourcing to sustain a larger age range.

### *UIIH Intensive Supports*

UIIH is not funded specifically to provide intensive support services to Aboriginal and Torres Strait Islander youth in SEQ; however, by necessity finds itself doing so.

UIIH would estimate that across our various programs, including BiOC, Family Wellbeing Services, and our Mob Link Youth Connect service (see below section), we are providing, at any one-time, intensive support to around 60 vulnerable young people and families with complex health and social needs, including contact with Child Safety, police, youth justice and/or the adult criminal justice system.

UIIH is privileged to have a few senior Aboriginal and Torres Strait Islander staff with extensive experience in child protection and working with the police, youth justice, and child safety systems in Queensland. The caseload for these staff is well above what would be considered a reasonable caseload (around 10-15 cases of

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<sup>31</sup> South East Queensland First Nations Health Equity Strategy: A Regional and Systems Focused Approach to Closing the Gap in Health Equity by 2031, available here: <https://www.uiih.org.au/strategic-documents/corporate-documents/south-east-queensland-first-nations-health-equity-strategy/?layout=default>

moderately intensive cases per worker), with many of the young people who come to UIIH ideally requiring high intensity and often out-of-hours support.

A significant amount of the workload is case coordination and advocacy that would arguably be in the remit of youth justice and/or Child Safety. However, UIIH would not advocate for greater investment within the system in case coordination for Aboriginal and Torres Strait Islander youth. After repeated investigations and reviews, and decades of commitment to doing better, neither Queensland's youth justice system nor Queensland's child protection system have demonstrated any ability to change the trajectory for Aboriginal and Torres Strait Islander youth.

**Recommendation 6:** In SEQ, investment in the UIIH Mob Link Youth Connect service could increase the capacity of UIIH to:

- Provide a single regional referral pathway for Government agencies, hospitals, schools and others.
- Be the first option for referral of Aboriginal and Torres Strait Islander youth in contact with Child Safety, police and/or youth justice.
- Provide case coordination and intensive supports for Aboriginal and Torres Strait Islander young people in high-risk situations and with complex circumstances.
- Commission from UIIH Network organisations and other Indigenous and mainstream health and social support providers in the region the care and supports required by vulnerable youth and their families.

Moving forward, Indigenous-led organisations are best placed to take on the case coordination and advocacy for our vulnerable young people. We are trusted by Aboriginal and Torres Strait Islander youth and families, have a depth of understanding of their experiences, and are able to connect our young people and families to a culturally safe network of programs, services and supports.

While having access to more highly qualified specialists/professionals, including paediatricians and psychiatrists, would be useful, in UIIH's experience often what makes the most difference is access to Aboriginal and Torres Strait Islander family support workers – trusted peers and community members with lived experience that can walk alongside the young person and their family without judgement and can provide practical supports like driving a young person to an appointment or helping them complete a form to get into a training program. This type of support makes a positive difference in a young person's life and builds protective factors. Creating more offences and harsher penalties increases the risk factors and perpetuates the problems.

UIIH calls for a greater investment, through the Aboriginal and Torres Strait Islander Community Controlled sector, in family support workers, youth care coordinators, or similar, who walk alongside young people and their families, providing practical peer support. Investment in case workers (or equivalent) must be accompanied by flexible investment that can be used to access or deliver place-based, community-led social supports and diversionary activities that meet the needs of the young people in that community.

**Recommendation 7:** The proportion of government investment in youth justice community programs and services should equate to the proportion of Aboriginal and Torres Strait Islander youth in the youth justice system, and this funding should be outcome-focused, a minimum of four (4) years, and flexible funding that allows the service provider to respond to the unique needs of each young person and family.

### Case Study 2

A teenager who had been seen by numerous health and mental health services and diagnosed with developmental issues and a mild intellectual disability alongside ADHD and an addiction to cannabis, was

referred to IUIH. The young person was in contact with the youth justice system having been charged in relation to violent behaviour.

The young person's mum is often on the receiving end of violent behaviour and is concerned that she may not be able to continue to care for her child.

The young person (with their mum) has presented at mainstream health and mental health services, including emergency department and child mental health services. However, no service could provide the support needed. While both youth justice and Child Safety are aware of the child, neither are providing any supports or case coordination.

IUIH is working with the young person and their mum to keep them connected to the necessary health supports and to establish connection with a range of other support services to assist not just the young person but also mum.

This case study reaffirms the incompleteness and inadequacies of the mainstream medical model - as the young person was referred to many services prior to IUIH, yet no service could provide the holistic support needed for the young person – and the failure of the youth justice and child protection systems in Queensland to provide or coordinate early intervention supports for the family.

### Outcomes through partnerships

IUIH asserts that reducing youth offending cannot be achieved with one single pathway, and particularly not a punitive pathway, and must be tackled with a 'no wrong door' approach. This means cooperation and collaboration across health and social services sectors is essential.

The extensive work required to connect vulnerable young people to support services before they enter, while they are in, and as they exit the youth justice system can only be achieved with a strong collaborative effort.

The efficacy of any youth justice program is dependent on close collaboration between the youth justice system, police, and social services, particularly, health (including mental health), child safety, housing, and education.

However, in IUIH's experience, there are a number of systemic issues that make partnerships challenging:

- Youth justice and Child Safety's investment into community-based programs that support prevention, early intervention, or post-release support for any young people, let alone Aboriginal and Torres Strait Islander youth, is insufficient, uncoordinated, inflexible and time-limited.  
For example, grants targeting only new initiatives make it difficult to expand what works, or issuing three-month contracts that then end up being renewed for multiple years.
- Youth justice and Child Safety staff are unresponsive to requests from IUIH and the IUIH Network but routinely reach out to IUIH with urgent requests for unfunded support and/or urgent referrals for paediatric assessments with no subsequent funding for any required health, mental health or disability supports.
- More broadly youth justice and Child Safety are leaning in more to the IUIH and IUIH Network organisations for support, which is positive; however, there is no additional funding for us to provide the support required.
- Significant variability across SEQ when engaging with Child Safety and youth justice, particularly where a young person or their family may have engaged with the system through different Child Safety regions or service centres or different facilities.

For example, when proactively supporting young people, IUIH cannot reliably get timely advice on who the Child Safety decision maker is, making it difficult to get approvals for care (such as NDIS support), or may

have carers attend appointments with paediatricians with no knowledge of the child, their history or basic information like whether they have a NDIS plan. Similarly, IUIH and IUIH Network organisations cannot routinely or reliably get access into detention facilities or watchhouses.

### Case Study 3

An Indigenous grandmother rings Mob Link as she struggles to support her 10-year-old grandson who is “out-of-control”. The mother lives nearby but can’t look after her child due to her own persistent addiction and health issues.

The grandmother has previously reached out to Child Safety and did not receive the support she needed, as she was deemed willing and able. The grandmother has a great clinical relationship with her healthcare provider and after voicing her concerns, received a referral to Mob Link.

The grandmother expressed that her grandchild will not engage with health or other services. The grandmother is reliant on public transport and the grandson will often run away before they can get transport.

Mob Link organised outreach workers to engage the grandson and offer the family transport to their appointments. Outreach workers are able to establish a positive connection with the family with yarns and cultural support on the way to their appointment.

## Support for Victims of Crime

Addressing the challenges faced by Aboriginal and Torres Strait Islander victims and perpetrators of crime requires a nuanced understanding of the impacts of colonisation, racism, and systemic inequalities which make the experiences of Aboriginal and Torres Strait Islander people as victims and/or perpetrators unique from other populations.

Data on Aboriginal and Torres Strait Islander people as victims of crime is extremely limited, particularly at the Queensland level. However, the data is clear that Aboriginal and Torres Strait Islander people are more likely to be victims of family violence. In 2021–22 in Australia, a higher proportion of injury hospitalisations were family violence related for Aboriginal and Torres Strait Islander people compared with non-Indigenous people for people aged 0–14 (67% compared with 51%), 15–19 (59% compared with 24%), and 20–24 (74% compared with 30%).<sup>32</sup>

Unsurprisingly, research concludes that familial dysfunction can contribute to mental health issues, harmful drug use, violent behaviour, and youth offending and recidivism.<sup>33</sup> Indeed, as previously mentioned, the 2022 Queensland Youth Justice Census found 53% had experienced or were impacted by family and domestic violence.<sup>34</sup>

Supporting Aboriginal and Torres Strait Islander victims of family violence, including young victims, and the perpetrators of family violence, has the potential to positively impact on youth offending behaviour. Furthermore, the gendered nature of family violence calls for targeted approaches that are currently lacking, especially for Aboriginal and Torres Strait Islander men, who commonly miss out on rehabilitation and access

<sup>32</sup> Australian Institute of Health and Welfare. 2023. *Family, Domestic, and Sexual Violence*. <https://www.aihw.gov.au/family-domestic-and-sexual-violence/population-groups/children-and-young-people#everyone>

<sup>33</sup> <https://www.indigenoushpf.gov.au/measures/2-10-community-safety>, and Queensland Government Statistician’s Office. 2021. *Youth Offending*. Queensland Treasury. <https://www.qgso.qld.gov.au/issues/10321/youth-offending-april-2021-edn.pdf>

<sup>34</sup> Department of Children, Youth Justice and Multicultural Affairs. 2022. *Youth Justice Census Summary, State-wide (2018 to 2022) – under supervision*. [https://desbt.qld.gov.au/\\_\\_data/assets/pdf\\_file/0022/17086/census-summary-statewide.pdf](https://desbt.qld.gov.au/__data/assets/pdf_file/0022/17086/census-summary-statewide.pdf)

to support services. For example, culturally safe men's groups that provide men with tailored strategies and support.

Aboriginal and Torres Strait Islander Community Controlled Health Organisations, like those in the IUIH Network, are exceptionally well placed through our primary health care, maternity services and Family Wellbeing Services to identify families at risk of family violence, and to provide or connect families with early intervention, multidisciplinary services that are embedded in culturally-safe frameworks.

Our experience at IUIH is that Aboriginal and Torres Strait Islander victims of crime often do not receive adequate response or protection. IUIH can cite numerous instances where the safety of families and children is compromised due to inadequate consideration by the legal system, highlighting a critical gap in the current approach. For example, a perpetrator was released within two hours of being detained by police back to the same address as the victims, without any communication or process to notify the victims or supporting services to ensure victim safety.

IUIH recognises that current support for Aboriginal and Torres Strait Islander victims-survivors is insufficient, particularly in the criminal justice system. There are limitations to the scope of the Victim Liaison Officers, who are funded under the Office of the Director of Public Prosecutions in Queensland to keep victims of crime informed about the progress of their case. IUIH's experience is that our clients do not feel supported in a meaningful way, and find the criminal justice process traumatising. We are aware of IUIH clients who have received an email about the progress of their case, but that is the extent of the support, and clients are left to navigate complex, often conflicting systems. Victim Assist helps to ensure that victims can be financially supported. However, the application process is highly complex, often resulting in IUIH needing to refer out to legal agencies to assist with this process. This results in victims having to re-tell their stories, which is a highly traumatising process. The lack of specialist services for Aboriginal and Torres Strait Islander victims-survivors of crime is a significant concern. For instance, the limited number of Indigenous workers in referral agencies like the Centre Against Domestic Violence is insufficient to meet the needs of our large Aboriginal and Torres Strait Islander population in SEQ.

**Recommendation 8:** Greater investment in specialist services for Aboriginal and Torres Strait Islander victims-survivors of crime is required, including expanding the number and scope of Victim Liaison Officers to help – with sensitivity and respect - Aboriginal and Torres Strait Islander clients navigate an already complex justice system.

## Conclusion

IUIH appreciates the opportunity to provide comment and recommendations to the Youth Justice Reform Select Committee and applauds the recognition of Aboriginal and Torres Strait Islander Community Controlled Organisations in the Committee's Terms of Reference.

It has been well established that Aboriginal and Torres Strait Islander Community Controlled Organisations are best placed to deliver holistic and family-centered supports that are culturally safe to Aboriginal and Torres Strait Islander people. However, based on the experience of the IUIH Network, Community Controlled Organisations are under-resourced and struggling to meet the growing and complex needs of disadvantaged families and communities, made worse in the shadow of the housing crisis. The Queensland Government must invest more into Aboriginal and Torres Strait Islander Community Controlled Organisations, like IUIH, that can derail the social and cultural disadvantage that drives the disproportionate rates of youth crime in Indigenous populations.

Government's own reports and strategies outline the overwhelming evidence for a protective, preventative, and holistic approach to address youth offending. IUIH urges the Select Committee to accelerate and scale



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these efforts, while maintaining intensive supports for those young people and families in crisis. A significant, coordinated, and ongoing commitment to prevention and early intervention will, over time, reduce the proportion of expenditure required in high-cost crisis intervention and detention. For Aboriginal and Torres Strait Islander people, this will require a strong collaborative effort between the government, government agencies, and the Aboriginal and Torres Strait Islander Community Controlled Sector.