

A submission for the Youth Justice and Child Wellbeing Reform project

Prepared by Dr Catia Malvaso

Senior Research Fellow, School of Psychology and School of Public Health

The University of Adelaide



What factors contribute to children's and young people's involvement in youth justice systems in Australia?

There are numerous complex individual, social and contextual factors that contribute to children and young people's involvement with the Youth Justice (YJ) system in Australia. In this submission, I specifically focus on factors identified through a program of research that we have developed in South Australia (SA) on understanding the link between childhood adversity and maltreatment and youth offending behaviour, as well as pathways that lead to YJ system contact, in particular from the child protection (CP) system. This research is informed by an inter-disciplinary – psychology, criminology and public health – approach to identifying opportunities for prevention, early investment and diversion.

It is important to acknowledge upfront the gross over-representation of Aboriginal and Torres Strait Islander children and young people in both the CP and YJ systems. The need to respond in ways that better recognise and respond to the specific personal and cultural impacts of adversity and trauma must be prioritised. We recognise that for many justice-involved Aboriginal and Torres Strait Islander young people, personal, familial, and community-based cultural trauma is seen as a key driver of criminal system involvement (as a result of the enduring impacts of colonisation: the loss of spiritual, land-based and cultural wealth; kinship and community disconnection; fractured cultural identity; grief and loss; educational and vocational disadvantage; and racism. It is also important that responses move beyond a focus on deficits to one that prioritise strengths, resilience and healing.

Whilst acknowledging systemic drivers of YJ system contact, including racism and discrimination, policing and judicial practices, and the well documented list of personal attributes or 'criminogenic risk' factors (e.g., problems in emotional regulation and impulse control, antisocial attitudes, substance abuse), this submission will draw particular attention to the contributing influence of experiences of childhood adversity and maltreatment. These experiences are known to result in clinically significant experiences of trauma and often result in reduced social and emotional wellbeing.

Experiences of childhood adversity, child maltreatment and child protection system contact

Early life is regarded as a crucial period of neurobiological, physical, social and emotional development and there is ample evidence that demonstrates how experiences of adversity during childhood disrupt peri- and post-natal growth, and contributes to physical and mental challenges in adolescence and adulthood. We also know that adverse experiences – including child maltreatment and experiences of household dysfunction such as exposure to parental substance use, mental ill-health and criminal behaviour – tend to cluster and have a cumulative impact on health and social outcomes (Dong et al., 2004; Malvaso et al., 2018). There is also growing recognition that child maltreatment is a public health issue, with epidemiological studies showing that child abuse and neglect – as well as contact with the CP system – is common and associated with detrimental outcomes across the life course. One of these outcomes, and the focus of this project, is offending behaviour and/or contact with the YJ system. I would also like to point out here that both child maltreatment and CP contact, and offending behaviour and YJ system contact, are not the same thing and do not follow linear associations (i.e., not all children who are maltreated are reported to child protection just as not all individuals who offend will have contact with the justice system, and vice versa). It is important then to direct attention to understanding the impacts of both child maltreatment and CP system contact on social and wellbeing outcomes.

We have attempted to do both in our research program in SA. For example, we have used both whole-of-population, linked administrative data generate local insights into the CP-YJ link, as well as use surveys that document self-reported experiences of maltreatment to better understand how these experiences are associated with offending behaviour. These associations are not simple or straightforward, and are likely mediated by a wide range of individual, social and environmental factors. However, it is my position that these adverse childhood experiences are an important driver of YJ system contact, and this has clear implications for policy and practice. That is, if we conceptualise YJ system contact as a result of adverse experiences during childhood then the response is to develop

integrated systems that are child-first, trauma-informed and developmentally-focused and that attend directly to the psychological health and wellbeing of the children in their care.

In the paragraphs that follow, I have highlighted some of the key findings from our research program that lend support to these ideas. While my focus is on evidence generated in SA, studies in other Australian jurisdictions also confirm the high prevalence of exposure to adverse, potentially traumatic events, and child protection contact commonly experienced by justice-involved young people (e.g., Baidawi & Sheehan, 2019; McGrath, Gerard, & Colvin, 2020; Hurren et al., 2017). Together, this body of research has led to important social and political questions about whether we are criminalising childhood adversity and trauma and that punitive and solely risk-focused responses can lead to re-traumatisation and the exacerbation of the very behaviours we are trying to prevent. This provides a strong rationale for developing more compassionate and trauma-informed justice system practices.

Understanding the crossover between child protection (CP) and youth justice (YJ) systems using whole-of-population linked administrative data

Using the Better Evidence Better Outcomes Linked Data Platform (BEBOLD), a comprehensive whole-of-population linked data platform (Pilkington et al., 2019), we have identified the number and characteristics of children who intersect the CP and YJ systems (Malvaso et al., 2020). For example, there were approximately 164,000 children born 1991-1998 in SA, the vast majority of whom never had contact with CP and YJ (n=116,330) by age 18. Approximately 1 in 4 were notified to the CP system (n=44,816), and only two per cent had YJ contact, by age 18 (n=3,058). Of the 44,816 who had CP contact, only six percent went on to have YJ supervision. This suggests the association is not deterministic – the majority of young people in contact with CP will never experience YJ system contact. However, if we take the same birth cohorts of children and focus only on children who did experience YJ system contact (n=3,058), 84% had been notified to CP, and a third had experienced out-of-home care. We also know that patterns of social and economic disadvantage are evident for young people who have CP and YJ contact from birth, but that these patterns are more pronounced for young people who experience both CP and YJ system contact. This information is critical for service planning in CP and YJ as it provides data on the number and characteristics of children who crossover between CP and YJ, and this information can then be used to develop and target services aimed at reducing these transitions.

Understanding experiences of childhood adversity and trauma symptoms among young people under Youth Justice supervision

While whole-of-population linked administrative data gives us insight into the numbers and characteristics of young people who go on to have contact with YJ compared to those who do not, it is important to gather more detailed information that can be used to identify prevention and early investment opportunities. In an effort to better understand when, how and why maltreatment (and CP contact) leads to offending for some but not all young people, I talked to 184 young people under YJ supervision in SA about their experiences and collected psychological information on trauma symptoms and behaviour (Malvaso et al., 2022). In this research we found that, not only were the majority of young people under YJ supervision known to CP, but almost all reported other adverse childhood experiences (ACEs), including exposure to parental substance use, mental illness, incarceration, separation, and death. The vast majority (88%) reported experiencing four or more ACEs and 92% reported experiencing at least one of these ACEs frequently, adding to the evidence that these experiences are not isolated events but cumulative experiences that tend to cluster.

Importantly, not only was the prevalence of ACEs high among young people under YJ supervision in SA, so too were trauma symptomatology, substance use and social and emotional behavioural concerns. The majority (88%) of young people scored in the symptomatic range for at least one indicator of trauma symptomatology (such as anxiety, depression, anger, post-traumatic stress, dissociation and sexual concerns). Approximately a third of young people indicated that they had thoughts about hurting or killing themselves. Most young people (86%) scored in the problematic ranges for alcohol and/or other drug use, with almost half (43%) reporting drinking or using drugs because they felt 'stressed, tense, or full of

worry or problems'. Almost two-thirds of young people provided responses that reflected the presence of internalising behavioural problems, and there was evidence that more than three-quarters experienced externalising behavioural problems.

This study provides important insights into the prevalence of self-reported ACEs and potentially important mediating factors that can only be assessed through face-to-face interviews, such as trauma, substance use, and social and emotional behavioural problems, among young people under YJ supervision. It highlighted the importance of collecting local data, with the prevalence of individual ACEs found to be up to four times higher than those reported in the international literature (see Malvaso et al., 2021 for a review). This information has been crucial in developing an emerging evidence-base for trauma-informed approaches to understanding and responding to youth crime, and has instigated local commitment and investment in the reimagining of SA Youth Justice. It is also important to note the high rate of participation in this study – 87% if the 211 young people approached agreed to participate – and many young people appreciated the opportunity to be part of a study designed to identify opportunities to improve outcomes for young people like themselves in the YJ system.

An increase in the prevalence of complex needs

Consistent with international and national trends, the number of children in contact with the YJ system in Australia has steadily decreased over time (AIHW, 2022). However, there is evidence these decreases have been driven by a reduction in young people committing one-off, low-level offending, with a smaller but increasing number engaging in serious, chronic offending (McCarthy, 2020). The narrative from local professionals in the field has been that although numbers are decreasing, the complexity of young people in contact with YJ has increased. Documenting and understanding these changes will have implications for service planning. Using data drawn from the SA BEBOLD Platform, we investigated how the SA YJ population has changed over time (Malvaso et al., 2023a, b). While the absolute number of young people under YJ supervision in SA has decreased, there is evidence that the characteristics of young people and their contact with the system has changed. In more recent cohorts, key characteristics include:

- A largely unsentenced population, but of which at least half will transition to sentenced supervision within 12 months;
- A population defined by repeat clients, with two thirds of young people already known to YJ;
- A smaller population of young people in number but who are generating a similar number of mandates;
- A growing proportion of young people who we aged 14 or under at their first contact;
- A growing proportion of young people who experience custodial supervision;
- A growing proportion of young people who experience child protection contact; and
- A growing proportion of young people who experience mental health and substance use related ED presentations and hospitalisations.

We also know from our reviews of the literature (McVilly et al., 2022) and other research (Baidawi et al., 2022) that the prevalence of disability-related needs among young people in Youth Justice is also high.

We have also found that the prevalence of complex needs is more pronounced for young people who have early contact with the YJ system (Malvaso et al., 2023c). For example, we have also used whole-of-population data from the BEBOLD platform to better understand the differences between children who have early (i.e., their first contact is before age 14) versus late (i.e., their first contact is at age 14 or older) contact with the YJ system. Children who have 'early contact' with the youth justice (YJ) system are a group of significant policy interest, and understanding the circumstances which precede or co-occur with early YJ contact is needed to develop and target preventive investments. In this research, we focused on children born 1991-2022 followed from birth to age 18 (N=249,995). Compared to the late contact group, children with early contact: experienced more serious YJ contact (e.g., 91% versus 59% ever experienced custody); were more disadvantaged at birth (e.g., 66% versus 45% born into jobless families); had more serious child protection contact by age 10 (e.g., 26% versus 12% experienced out-

of-home care); and experienced more mental health-related hospitalisations from ages 12-18 (e.g., 43% versus 34%). Relative to the general population, both groups were characterised by significant social and economic disadvantage, child protection contact and mental health challenges. The need for investment in early prevention to divert children from the justice system is clear. These data can also be used to inform debates about legal reform, such as raising the minimum age of criminal responsibility (MACR) from age 10 to 14 years. While raising the MACR from 10 to 14 is one way to prevent a small absolute number of children (667 in this study) from having early YJ system contact, the real challenge is to improve the circumstances of these children to prevent later system contact and promote prosocial behaviour and connections.

What needs to be changed so that youth justice and related systems protect the rights and wellbeing of children and young people? What are the barriers to change, and how can these be overcome?

First and foremost, we need to address the causes of young people's offending behaviour, rather than simply trying to punish or incapacitate children after they have committed, or allegedly committed, a crime. This means there needs to be much more investment in prevention and diversion. For those children who do end up in contact with the YJ system, there appears to be strong case against solely punitive, risk-focused responses to behaviour. In recognition of the significant adversity and trauma experienced by justice-involved young people, previous reviews and inquiries in this area, as well as some researchers and policymakers, are specifically calling for YJ agencies to implement developmentally-based, 'trauma-informed' approaches. These approaches generally draw upon key assumptions of realising how trauma impacts behaviour, recognising signs of trauma, creating systems that are effective in responding appropriately, and employing service models effective in resisting retraumatisation. But, further work needs to be done to articulate what these approaches might look like in practice and how they can be best implemented to both improve young people's health and wellbeing and reduce offending behaviour.

Based on our research, there are some promising areas for further inquiry and development. This includes: 1) the continued use of data to develop contemporary population needs profiles of justice-involved young people to guide service planning and delivery, and 2) the synthesising of evidence to develop new service models, such as one focused on trauma-informed practice and that involves codesigning new programs to meet the needs of justice-involved young people. Such an approach would also prioritise the need to shape and sustain a skilled, safe and stable YJ workforce to deliver high quality services. Collaborative co-design with community is particularly important in settler-colonial countries such as Australia, where promoting the views of Aboriginal and Torres Strait Islander young people and communities and self-determination in the development of culturally safe and informed strategies is essential. From a research perspective, this also means embracing First Nations epistemologies and methods and will require thinking about and doing research differently (Day & Malvaso, 2021).

Data-informed population needs profiles to quide service planning and delivery

It is clear from our research and complementary research in other jurisdictions that Australian YJ agencies work predominantly with sentenced young people in community settings and unsentenced young people in custody, for relatively brief periods of time. Our research suggests that service planning needs to consider the changing characteristics of the YJ population in a way that takes into account: differences between young people on sentenced and unsentenced community and custodial mandates; those who frequently return to supervision; those whose contact with the system starts from an early age; and the extensive overlap with CP. Some practice considerations here may include adhering to human rights principles by not mixing children on unsentenced and sentenced orders in detention centres where possible, as well as using custodial orders as a last resort. Differentiated service responses could also be provided for first time versus repeat involvement with the YJ system, as well as

raising the threshold for justice involvement and strengthening diversion opportunities for young people who are under the care and protection of CP agencies. Another issue that we have identified is that Australian YJ systems continue to apply adult offender models that overlook developmental factors impacting on young people's behaviour, while failing to improve their health and wellbeing. This is despite knowing that most justice-involved young people have experienced significant trauma and adversity, and that punitive, risk-based responses exacerbate trauma-driven behaviours that lead to crime.

In terms of the work we have already completed in SA, we have made some recommendations for achieving a more child-focused and trauma-informed YJ in the short-term (while also acknowledging that structural and systemic reform may be needed in the long term). For example, we have recommended that YJ assessment and case management models should be reviewed as this provides the structure for order administration and directly informs case plans intended to address areas of unmet need. As changes in assessment and case management will also influence the types of programs, interventions and services that can be offered to young people, a review of internal programs and interventions may be needed. Given the often brief nature of young people's contact with YJ, strategies to improve interagency collaboration should be considered and strengthened. There is an opportunity to think about how both YJ and the broader service system might respond to the high prevalence of young people in contact with the justice system who have experienced child maltreatment (and CP contact), as well as both acute and chronic mental health and substance use related challenges. The absolute numbers of young people impacted is relatively small, raising the possibility for investment in intensive, multi-disciplinary, culturally safe and holistic approaches to assessment and treatment for young people under YJ supervision. However, there may be barriers particularly to providing mental health treatments in a YJ setting, including logistical challenges associated with short-term, unsentenced orders, insufficient resources, and the coordination of services across multiple agencies. Therefore, opportunities for strengthening inter-agency collaboration should be considered.

The potential for a trauma-informed Youth Justice system

Along with independent reviews and inquiries of YJ services, our research has provided a rationale for YJ agencies to make a paradigm shift away from punitive, risk, and deficits-based models towards trauma-informed approaches to service delivery. However, there may be a number of barriers to achieving a trauma-informed YJ. This includes a view that an over-emphasis on trauma serves to absolve young people of responsibility for their own actions, and that a focus on addressing criminogenic need should remain at the forefront of YJ practice. Furthermore, few have attempted to articulate what an alternative trauma-informed approach would look like, and how difficult this approach may be to implement given it requires a fundamental shift in the actual operation of detention centres, as well as the significant staff training implications of this shift. That is, trauma-informed approaches must be nested within the organisational, clinical, and corporate governance structures of YJ and supported by standards that require the development of robust mandatory education, training, and orientation requirements as in other areas where trauma-informed practice is being delivered.

We recently completed an umbrella review (Malvaso, Boyd & Day, under review) to synthesise the findings of a number of recent systematic reviews and meta-analyses summarising the current evidence base supporting the use of different elements of trauma-informed practice (TIP) in YJ settings. We concluded that overwhelmingly, the body of evidence concerns just one component of TIP – the provision of trauma-specific treatment – with relatively little data reported that speaks to the other domains such as organizational or systemic approaches. We concluded from our review that there are sufficient grounds to offer treatment for young people experiencing trauma as well as to provide specialist training and support for staff. However, we identified only limited evidence that this type of treatment will result in any behavioural change that is specifically related to re-offending. But, the success of efforts to work in more trauma-informed ways cannot be judged using recidivism data only; there is a need to identify key indicators of the effectiveness of a trauma-informed approach (Malvaso, Day, Hawkins & Pilkington, under review). This is important if YJ agencies are to move beyond rhetoric

and aspirational statements to providing services that not only do no harm to young people, but also achieve the longer-term goals of reducing risk and improving community safety.

Co-producing trauma-informed practice

A fundamental part of a trauma-informed approach is how YJ agencies can effectively involve and engage children and young people in efforts of becoming 'trauma-informed', given service user involvement is inextricably linked to trauma-informed practice. just as trauma-informed practice is less established in YJ settings than it is in other areas of human service delivery, so too is the idea of coproduction. An overarching aim of co-production in YJ is to prioritise children and young people's concerns and needs, whilst encouraging participation in shared decision-making processes as equal partners. This means not only respecting kinship and community perspectives, but also the knowledge and capabilities of children and young people and the insights that they have to contribute to the development of stronger service delivery systems. We have written a paper outlining the range of activities that co-production with young people might include, and view this as key to developing trauma-informed youth justice practice (Day et al., 2023). This extends beyond consulting with, and receiving feedback from, justice-involved young people to their potential role and collaboration in shaping more responsive and effective systems and services that can help other young people in the future.

Legal reform

A final important aspect of a trauma-informed and developmentally-focused YJ system might also include a focus on legal reform. For example, despite increasing pressure from the United Nations and the Australian Medical Association, most Australian jurisdictions have failed to raise the MACR from age 10 to 14. These repeated failures to raise the age suggest political and public confidence in diverting children from the justice system remains low. Yet, the evidence is clear - tough-on-crime criminal justice responses fail to reduce re-offending and do not keep the community safe. Even worse, they often increase the risk of re-offending by actively exacerbating behaviour and circumstances the lead to crime. Our own research in SA has shown that if a child has their first contact with YJ between the ages of 10 and 13, 91% will experience at least one night in detention, 83% will experience 3 or more supervision orders, and 75% of those will return to sentenced supervision at least once by age 18. We know from international research that these patterns of early contact with the justice system increases risk of later having contact with the adult justice system. While it is true that raising the MACR from 10 to 14 will only prevent a small absolute number of children from having early YJ system contact, the real challenge is to improve the circumstances of these children to ensure that this legal reform does not a simply reflect an "accounting trick" whereby the same children end up justice-involved at age 14 or older. An essential part of this challenge is to address the intergenerational trauma and disadvantage that drive overrepresentation of Aboriginal and Torres Strait Islander young people in the justice system.

It is my view that investing in legal reforms such as raising the MACR is the *minimum* we can do; but, the most fruitful investments will be in bolstering legal reform with evidence-informed policy and practice to prevent justice system involvement for all children regardless of their age and to keep the community safe. For those young people who become justice-involved, evidence-informed strategies to divert them from criminal pathways will be to focus not on punishment, but on promoting prosocial behaviour and connection to family and community must to culturally-safe and trauma-informed.

A final comment on prevention

The prevention of both child maltreatment and youth crime is likely to have significant benefits both at individual and societal levels. Yet in Australia, most government expenditure is at the tertiary ends of implicated systems, with about 60 percent of youth justice and child protection budgets spent on custodial-based supervision and out-of-home care services, respectively. Investment is prevention efforts earlier in the life course is needed. It is also critical that YJ agencies (and other agencies involved in prevention efforts) not only implement evidence-informed services and interventions, but also that these initiatives are evaluated in order to generate both quantitative and qualitative insights into 'what

works', when and for whom and to use this information to achieve continuous quality improvement. If, for example, YJ agencies are to implement a more trauma-informed approach to working with young people in their care, the identification of theory-driven outcomes to inform selection and design of programs that can be measured and monitored in evaluation processes. Interventions and service innovations must be embedded into a cycle of continuous quality improvement that facilitates the identification of opportunities for improvement.

Summary

To summarise, based on our research in SA, some key (but not exhaustive) focus areas for YJ and child wellbeing reform include:

- 1. The delivery of much stronger, higher quality and culturally responsive child and adolescent mental health services to help young people cope with and ameliorate negative sequalae of maltreatment and trauma;
- 2. Substantial improvement in and commitment to the ongoing training, capacity and competency of YJ staff to work effectively with young people who have experienced adversity and trauma;
- 3. Much better engagement with families, and First Nations communities;
- 4. Trauma-informed approaches in policing, judicial decision making and YJ case work practice;
- 5. Having systems and services that listen to and prioritise young people's views and concerns;
- 6. Having a service system that provides early supports and prevention services for individuals, families and communities; and
- 7. Better supporting children in OOHC, with a specific focus on preventing the crossover of children from CP into the YJ system.

Can you identify reforms that show evidence of positive outcomes, including reductions in children's and young people's involvement in youth justice and child protection systems, either in Australia or internationally?

There has been ample research into crime prevention and pathways to desistance that I will not cover in this submission, other than to say that 'light touch' interventions such as diversion and restorative justice practices appear to be effective in preventing some children from becoming entrenched in the YJ system. There is also ample evidence about interventions that are ineffective in reducing offending behaviour, such as boot camps. In recent years, nuances in the status of some of the most impactful 'evidence-based' programs have begun to emerge, and one example I will draw upon in this submission is multi-systemic therapy (MST). MST was originally developed to help support and rehabilitate children and young people with antisocial behaviour, particularly those involved with the justice system. It is intended to be family and community-based, and a holistic therapeutic model of treatment. The aim is to work with the individual, as well as with their family, school and community. MST has also been adapted as an intervention that can also address child abuse and neglect, in family preservation efforts. However, a recent meta-analysis (Littell et al., 2021) concluded that the quality of evidence for MST is mixed and the majority of studies were assessed as having a high risk of bias. Effects were found to be inconsistent across studies, with fewer reductions in arrest/convictions as well as some negative effects in highincome countries outside of the US. When considering outcomes based on moderate to low quality evidence, there was some evidence for reductions in self-reported delinquency and improved parent and family outcomes, but limited evidence of effects on other outcomes (e.g., substance use, peer relations). Furthermore in the UK, a recent trial has demonstrated that there is no evidence for the long-term superiority of multi-systemic therapy over management as usual (Fonagy et al., 2018; 2020).

This latest evidence about MST raises a number of important considerations about identifying 'what works' for reducing crime and achieving better outcomes for children and young people. First, it is clear that the Australian context differs from the US (e.g., our work which shows the prevalence of ACEs is much higher in our YJ systems compared to in the US) and therefore it is critical that we design

interventions based on the needs of our population. Second, there are several challenges to conducting high-quality randomised controlled trials (RCTs) that may be more pronounced in the fields of crime and child maltreatment prevention. We have written about alternative approaches to evidence generation in these fields based on quasi-experimental methods that leverage and build on administrative linked data platforms (see Pilkington et al., in press). It is important that we improve the quality of the evidence base we rely on to design, deliver and evaluate interventions seeking to prevent youth crime and support child wellbeing.

Furthermore, in the context of calls for 'trauma-informed' practice and services in YJ, the development of 'child first' approaches in Europe should be monitored. These approaches recognise that criminal justice practices can be harmful and unnecessary, and that punitive responses criminalise childhood disadvantage and trauma. Instead, they prioritise involving young people in service design and governance (co-production), with choice and collaboration as key principles underlying this approach. In settler-colonial countries such as Australia, there is also the need to understand cultural differences in expectations about how children should be raised and the impacts and legacies of the Stolen Generations. The challenge is to better address intergenerational trauma that drives over-representation of Aboriginal and/or Torres Strait Islander young people in Youth Justice. Promoting Aboriginal and Torres Strait Islander voice in the development of culturally safe and informed strategies for working with justice-involved young people is essential. This means respecting kinship and community perspectives and, importantly, the knowledge, capability and insight of those with lived experience.

From your perspective, are there benefits in taking a national approach to youth justice and child wellbeing reform in Australia? If so, what are the next steps?

A national framework that articulates guiding principles and policy approaches to crime prevention and child wellbeing is important for several reasons, including but not limited to achieving better consistency and improved coordination of services for children that have the potential to improve health and social wellbeing outcomes. It could also offer a blueprint for implementation of services and set benchmarks for monitoring, evaluation and accountability of systems and services. This can guide jurisdictions to develop appropriate policies and local responses, as well as a way to monitor these responses in order to achieve continuous quality improvement. This would involve collecting national data that would enable the identification of common problems and to inform the development of targeted preventive supports.

Building the data infrastructure required to know whether we are achieving better outcomes for children and young people is critical. For example, over a decade has passed since a cross-jurisdictional, intersectoral government group developed the National Clinical Assessment Framework for Children and Young People in out-of-home care, but no Australian jurisdiction is currently able to report whether the health needs of these young people are being addressed. This is because the data required to identify which children are eligible, which children receive healthcare, what care they receive and when, are held in fragmented information systems across different government and non-government organisations. There is a clear need for integrated data infrastructure to underpin our capacity to know how well we are delivering appropriate services to children, whether this be to children living in out-of-home care, those at-risk of experiencing child maltreatment, or those involved in the YJ system.

We have written about what system-wide prevention of child maltreatment might look like and the data infrastructure required to support this (see Malvaso et al., 2020), and I believe this would also apply to youth crime prevention, especially given the overlap in CP and YJ populations. A system-wide approach depends on both government and non-government agencies, as well as community, playing a role in a prevention-oriented system. This includes child and family focused services and agencies, such as antenatal and postnatal health agencies, child care and schools, child and adolescent mental health, child protection and youth justice. Universal agencies, like the antenatal health system, would play a foundational role in prevention because they often service "at-risk" populations before they have contact with child protection. But, a prevention-oriented system would also include adult-focused services, such

as adult mental health services, drug and alcohol, housing and homelessness, police and corrections. Although these agencies are largely adult-focused, they can have a substantial impact on child outcomes, particularly when working with parents.

Understanding if this type of system-approach to preventing child maltreatment or youth crime works requires intelligent information infrastructure that is able to routinely examine child and family outcomes, and overall system performance. At the moment, this is limited by siloed data collection and information systems. Our work has shown that three information indicator domains need to be routinely collected and linked to improve capacity to understand the success of system-wide prevention of child maltreatment. Three information indicator domains need to be routinely collected and linked. First, within-agency processes (what activities occurred); second, warm handover (referrals between agencies) and therapeutic dose of interventions; and third, child and family wellbeing outcomes. An intelligent information infrastructure spanning these domains would increase capacity to understand whole-of-system efforts to prevent child maltreatment and youth crime. That is, we need to be able to bring all the data domains together to be able to trace the movement of children and families between systems and the various referrals that occur, but importantly to understand whether these children and families are actually connected with services, the services they actually receive, and how this impacts outcomes.

While it may be beneficial to have consistency in approaches to YJ and child wellbeing reform across Australian jurisdictions, it is also important that responses to youth crime are informed by locally relevant evidence and knowledge. This is critical, for example, in addressing the impacts of intergenerational disadvantage and trauma where upstream and preventative approaches must be linked with program investments made at a local level, including through the provision of place-based, community-focused justice reinvestment programs that prioritise the importance of holistic support to prevent and overcome disadvantage. Heterogeneity of YJ service delivery may also provide important insights into 'what works' to prevent re-offending which can then be scaled up or down in different jurisdictions in response to local need.

Now is the time to invest in evidence-driven, innovative approaches to re-imagine a YJ system that protects the rights, and promotes the wellbeing, of children and young people.

Acknowledgements

While I have prepared this submission, I do not work alone and have benefited from close collaborative relationships with mentors and colleagues who have strongly influenced and shaped my work and ideas. In particular, I would like to acknowledge Professors Andrew Day, John Lynch, Paul Delfabbro, Ross Homel, Tara McGee and David Farrington, my colleagues in BetterStart (in particular Dr Rhiannon Pilkington and Alicia Montgomerie), and collaborators in Youth Justice (in particular, Louisa Hackett), who have all been influential in the design and execution of the program of research drawn on in this submission. This research program is supported through an Australian Research Council Discovery Early Career Researcher Award (DE200100679), as well as funding from the Australian Institute of Criminology, Criminology Research Grants (CRG 12/18-19) and the Channel 7 Children's Research Foundation (Grants 12719454 and 19700064).

Papers referenced may be provided upon request.

References

- Baidawi, S., Ball, R., Newitt, R., Turnbull, L., Kembhavi-Tam, G., Avery, S., & Sheehan, R. (2022). Research Report – Care Criminalisation of Children with Disability in Child Protection Systems. Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.
- Baidawi, S., & Sheehan, S. (2019). 'Crossover kids': Offending by child-protection-involved youth. *Trends & Issues in Crime & Criminal Justice*, *582*, 1-22.
- Day, A., Malvaso, C. G., Butcher, L., O'Connor, J., & McLachlan, K. (2023). Co-producing trauma-informed youth justice in Australia? *Safer Communities*. https://doi.org/10.1108/sc-08-2022-0030
- Day, A., & Malvaso, C. G. (2021). Research adverse childhood experiences in the Youth Justice system: Reflections on methology from members of a non-Indigenous research team. *International Journal of Offender Therapy & Comparative Criminology*, 1-13.
- Dong, M., Anda, R. F., Felitti, V. J., Dube, S. R., Williamson, D. F., Thompson, T. J., Loo, C. M., & Giles, W. H. (2004). The interrelatedness of multiple forms of childhood abuse, neglect, and household dysfunction. *Child Abuse & Neglect*, 28(7), 771-784. https://doi.org/10.1016/j.chiabu.2004.01.008
- Fonagy, P., Butler, S., Cottrell, D., Scott, S., Pilling, S., Eisler, I., ... & Goodyer, I. M. (2018). Multisystemic therapy versus management as usual in the treatment of adolescent antisocial behaviour (START): a pragmatic, randomised controlled, superiority trial. *The Lancet Psychiatry*, *5*(2), 119-133.
- Fonagy, P., Butler, S., Cottrell, D., Scott, S., Pilling, S., Eisler, I., ... & Goodyer, I. M. (2020). Multisystemic therapy versus management as usual in the treatment of adolescent antisocial behaviour (START): 5-year follow-up of a pragmatic, randomised, controlled, superiority trial. *The Lancet Psychiatry*, 7(5), 420-430.
- Hurren, E., Stewart, A., & Dennison, S. (2017). Transitions and turning points revisited: A replication to explore child maltreatment and youth offending links within and across Australian cohorts. *Child Abuse & Neglect*, 65, 24-36. https://doi.org/10.1016/j.chiabu.2017.01.002
- Littell, J. H., Pigott, T. D., Nilsen, K. H., Green, S. J., & Montgomery, O. L. K. (2021). Multisystemic Therapy® for social, emotional, and behavioural problems in youth age 10 to 17: An updated systematic review and meta-analysis. *Campbell Systematic Reviews*, 17(4). https://doi.org/10.1002/cl2.1158
- Malvaso, C.G., Pilkington, R., Montgomerie, A., Santiago, P., Byrne, S., & Lynch, J. (2023a). *Research brief 1: The changing Youth Justice population over time.* University of Adelaide and Youth Justice Research and Service Development Partnership. BetterStart Health and Development Research, The University of Adelaide.
- Malvaso, C. G., Montgomerie, A., Santiago, P., Pilkington, R., & Lynch, J. (2023b). Research brief 2: Youth Justice and mental health and substance use related hospitalisations and emergency department presentations. University of Adelaide and Youth Justice Research and Service Development Partnership. BetterStart Health and Development Research, The University of Adelaide.
- Malvaso, C., Magann, M., Ribeiro Santiago, P. H., Montgomerie, A., Delfabbro, P., Day, A., ... & Lynch, J. (2023c). Early versus late contact with the youth justice system: opportunities for prevention and diversion. *Current Issues in Criminal Justice*, 1-26.
- Malvaso, C. G., Day, A., Cale, J., Hackett, L., Delfabbro, P., & Ross, S. (2022). Adverse childhood experiences and trauma among young people in the youth justice system. *Trends & Issues in Crime & Criminal Justice*, *651*, 1-19.

- Malvaso, C. G., Cale, J., Whitten, T., Day, A., Singh, S., Hackett, L., Delfabbro, P. H., & Ross, S. (2021). Associations Between Adverse Childhood Experiences and Trauma Among Young People Who Offend: A Systematic Literature Review. *Trauma, Violence, & Abuse*. https://doi.org/10.1177/15248380211013132
- Malvaso, C. G., Santiago, P., Pilkington, R., Montgomerie, A., Delfabbro, P. H., Day, A., & Lynch, J. (2020). *The intersection between the Child Protection and Youth Justice systems in South Australia*. Adelaide: BetterStart Child Health and Development Group, The University of Adelaide.
- Malvaso, C. G., Pilkington, R., Montgomerie, A., Delfabbro, P., & Lynch, J. (2020). A public health approach to preventing child maltreatment: An intelligent information infrastructure to help us know what works. *Child Abuse & Neglect*, *106*. https://doi.org/10.1016/j.chiabu.2020.104466
- Malvaso, C. G., Delfabbro, P., & Day, A. (2018). Adverse childhood experiences in a South Australian sample of young people in detention. *Australian and New Zealand Journal of Criminology*, 1-21. https://doi.org/10.1177/0004865818810069
- Malvaso, C., Day, A., & Boyd, L. (under review). *The Outcomes of Trauma-Informed Practice in Youth Justice: An Umbrella Review.*
- Malvaso, C., Day., A., Hawkins, K., & Pilkington, R. (under review). *The Effectiveness of Trauma-informed Youth Justice: A Discussion and Review.*
- McCarthy, M. (2020). How universal is the youth crime drop? Disentangling recent trends in youth offending through a socio-economic lens. *Victims & Offenders*, 1-23. https://doi.org/10.1080/15564886.2020.1855281
- McGrath, A., Gerard, A., & Colvin, E. (2020). Care-experienced children and the criminal justice system. *Trends & Issues in Crime & Criminal Justice*, *600*, 1-14.
- McVilly, K., McCarthy, M., Day, A., Birgden, A., & Malvaso, C. (2022). Identifying and responding to young people with cognitive disability and neurodiversity in Australian and Aotearoa New Zealand youth justice systems. *Psychiatry, Psychology and Law*, 1-23.
- Pilkington, R., Malvaso, C.G., Montgomerie, A., Falster, K., Chittleborough, C., Pearson, O., Gialamas, A., Hunkin, H., & Lynch, J. (in press). *Challenges and opportunities to generate high-quality evidence to inform youth crime prevention and reduction.* In C.G. Malvaso, T.R. McGee and R. Homel (Eds.) Frontiers in Developmental and Life Course Criminology, Criminology at the Edge Series, Routledge: New York.
- Pilkington, R., Montgomerie, A., Grant, J., Gialamas, A., Malvaso, C. G., Smithers, L., Chittleborough, C., & Lynch, J. (2019). *An innovative linked data platform to improve the wellbeing of children the South Australian Early Childhood Data Project* (Australia's Welfare, Issue.