



Partnership for
JUSTICE IN HEALTH



Australia's National Institute for Aboriginal
and Torres Strait Islander Health Research

Youth Justice and Child Wellbeing Reform Across Australia

Submission to the Australian Human Rights Commission

The Partnership for Health Justice (P4JH) and Lowitja Institute, June
2023



Youth Justice and Child Wellbeing Reform across Australia
Human Rights Commission

Dear Commissioner,

**Re: Human Rights Commission Youth Justice and Child Wellbeing Reform
across Australia Submission**

We welcome the opportunity to make a submission to the Australian Human Rights Commission (AHRC) Youth Justice and Child Wellbeing Reform consultation.

The [Partnership for Justice in Health](#) and our members are deeply committed to improving Aboriginal and Torres Strait Islander health and justice outcomes. This work includes advocating for the elimination of racism and discrimination in our justice and health systems.

Our children and young people are our future and we want them to thrive, but the current justice and health systems are failing them. We encourage transformation of the current systems to enable our peoples' self-determination, community leadership, and approaches that are based on a holistic approach to health and wellbeing.

Please find our submission attached. We would welcome the opportunity to further discuss any of the issues contained therein.

Warm regards

Co-Chairs, Partnership for Justice in Health

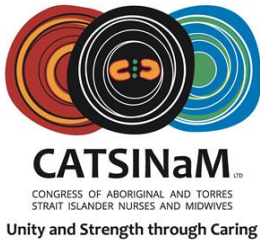
Mr Karl Briscoe

CEO, National Association of Aboriginal and Torres Strait Islander Health Workers and Practitioners

Mr George Newhouse

Director, National Justice Project

Partnership for Justice in Health Leadership Group





1. About the Partnership for Health Justice

The Partnership for Justice in Health (P4JH) is an alliance of self-determining Aboriginal and Torres Strait Islander academics, legal experts, and national peak health and justice organisations committed to working together to improve Aboriginal and Torres Strait Islander health and justice outcomes. As leaders operating at the interface of the health and justice systems, we commit to harnessing our leadership, influence, and networks towards realising our vision that 'Aboriginal and Torres Strait Islander people enjoy health and wellbeing that is free of racism in the health and justice systems'.

Our campaign is unlike any other. We have a unique understanding of the ongoing impact that racism and colonisation continues to have on our people. We fill a crucial gap by amplifying the voices and lived experiences of families severely impacted by racism in the health and justice systems. As experts in this area, we are well positioned to provide advice to decision-makers. Now, we are seeking to elevate our profile in order to support our communities and influence a cultural shift across the health and justice systems.

2. About Lowitja Institute

Lowitja Institute is Australia's only national Aboriginal and Torres Strait Islander community-controlled health research institute, named in honour of its patron, Dr Lowitja O'Donoghue AC CBE DSG.

As a community-controlled organisation, it is working for the health and wellbeing of Australia's Aboriginal and Torres Strait Islander peoples through high-impact quality research and knowledge exchange. It focuses on supporting a new generation of Aboriginal and Torres Strait Islander health researchers and other Aboriginal and Torres Strait Islander community-controlled organisations.

Lowitja Institute operates on key principles of Aboriginal and Torres Strait Islander leadership, a broader understanding of health that incorporates wellbeing, and the need for the work to have a clear and positive impact.

3. Recommendations

We recommend that the Commissioner:

1. Drives the development of nationally consistent definitions of 'systemic' and 'institutional' racism.
2. Encourages the health and justice systems to make commitments to cultural safety, antiracism and enacting anti-racism policies to effect systems change, including a specific focus on:
 - a. decolonising approaches,
 - b. proper implementation of the National Agreement on Closing the Gap, particularly Priority Reform Area 3.
3. Encourages and supports the Australian government to fully implement the UNDRIP, including system reform to ensure that our peoples' rights under the UNDRIP are protected and elevated.
4. Advocates for early childhood and school systems that are culturally safe, trauma-informed and include an awareness of and support for children with disability, to assist those experiencing difficulties in early childhood and prevent matriculation onto prisons.
5. Supports all jurisdictions to raise the age of criminal responsibility to at least 14 with no carve-outs or exceptions.
6. Advocates for incarcerated Aboriginal and Torres Strait Islander people to receive culturally safe, continuous health care from Aboriginal Community Controlled Health Organisations rather than prison health systems.
7. To support Recommendation 5, advocates for Medicare Benefits Schedule, Pharmaceutical Benefits Scheme and National Disability Insurance Scheme to become available to all persons in prison.
8. Supports a national approach to youth justice and child wellbeing reform in Australia.

4. General preamble

Before responding to the Commissioner's specific questions, we must contextualise our responses within this country's colonial and racist history.

Evidence of ongoing widespread racism and racial discrimination can be found in Reconciliation Australia's Australian Reconciliation Barometer 2022 Report. The survey found that 60% of Aboriginal and Torres Strait Islander people had experienced at least one form of racial prejudice in the past six months (up from 52% in 2020 and 43% in 2018).¹

We know that experiences of racism and racial bias significantly contribute to adverse health and wellbeing outcomes, including to social and emotional wellbeing, mental health, physical health, unhealthy behaviours, health conditions, and cultural and spiritual wellbeing. The *Mayi Kuwayu* study demonstrates clear evidence for this link² as well as the importance of culture to wellbeing (i.e. cultural determinants of health).

The ongoing impacts of colonisation include decreased wellbeing and mental ill-health, which increases the likelihood of our peoples coming into contact with the justice system.³ We often experience further racism and adverse impacts to our health and wellbeing within this system, including our children who are incarcerated at hugely disproportionate numbers.

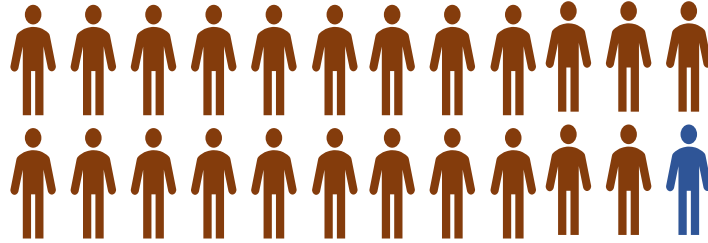
Nationally in 2020-21, the rate of our young people aged 10-17 years in detention was 23.2 per 10,000 young people in the population compared with 1.3 in 10,000 non-Indigenous young people.⁴

¹ Reconciliation Australia 2022, '2022 Australian Reconciliation Barometer', Accessed 7 June 2023, <<https://www.reconciliation.org.au/wp-content/uploads/2022/11/Australian-Reconciliation-Barometer-2022.pdf>>, p. 5.

² Thurber, K.A., Colonna, E., Jones, R., Gee, G.C., Priest, N., Cohen, R., Williams, D.R., Thandrayen, J., Calma, T., & Lovett, R. 2021, 'Prevalence of Everyday Discrimination and Relation with Wellbeing among Aboriginal and Torres Strait Islander Adults in Australia', *International Journal of Environmental Research and Public Health*, vol. 18, issue. 6577, <https://doi.org/10.3390/ijerph18126577>, p. 13.

³ Australian Law Reform Commission (n/d), *Social determinants of incarceration*, Accessed 7 June 2023, <<https://www.alrc.gov.au/publication/pathways-to-justice-inquiry-into-the-incarceration-rate-of-aboriginal-and-torres-strait-islander-peoples-alrc-report-133/2-context/social-determinants-of-incarceration/#:~:text=2.49%20Mental%20health%20disorders%20have>>, para 2.49.

⁴ Productivity Commission (n/d), *Socioeconomic outcome area 11*, Accessed 7 June 2023, <<https://www.pc.gov.au/closing-the-gap-data/dashboard/socioeconomic/outcome-area11>>.



This is the result of colonisation and deep systemic inequities and institutional racism that still impacts today.

We kept our communities healthy for millennia with holistic approaches that see individual and community health as intertwined, and physical, social, emotional and cultural wellbeing as interconnected and equally important.⁵ This means that there are a range of non-medical influences on health and wellbeing. These are the cultural and social determinants of health, which are elaborated on in Lowitja Institute's discussion paper, *Culture is Key: Towards cultural determinants-driven health policy*.⁶


Prior to colonisation, our societies were structured to support the determinants of health and wellbeing. Colonisation sought to strip these things away, including by removing our children from their families. Removing our children leaves them without the protective factors of strong cultural identity and connection to community. As clearly outlined in *Our Youth, Our Way*, child removal increases the risk of our children coming into contact with the justice system.

The child protection systems and the youth justice systems are deeply connected at a systemic level – they share the same colonial legacy – and lead to self-perpetuating cycles across lifetimes and generations. They create webs in which our children and young people become entangled.⁷

⁵ Salmon et al., 2019, Defining the indefinable: descriptors of Aboriginal and Torres Strait Islander Peoples' cultures and their links to health and wellbeing, Aboriginal and Torres Strait Islander Health Team, Research School of Population Health, The Australian National University, Canberra, p. 1.

⁶ Lowitja Institute 2020, *Culture is Key: Towards cultural determinants-driven health policy – Final Report*, Lowitja Institute, Melbourne. Accessed 07 June 2023, DOI: 10.48455/k9vd-zp46.

⁷ See Commission for Youth People 2021, *Our Youth, Our Way*, p. 27. Accessed 31 May 2023, <<https://ccyp.vic.gov.au/assets/Publications-inquiries/CCYP-OYOW-Final-090621.pdf>>



The systemic nature of the issues and our peoples' holistic understanding of health and wellbeing is included in the National Agreement on Closing the Gap (2021). The Agreement's priority reform areas⁸ and included targets recognise the cross-cutting contributing factors. For example, the numbers of our young people being incarcerated (Target 17) can be reduced by transforming mainstream systems and services to be more culturally safe (Priority Reform 3). Improvements across other socioeconomic outcomes will also positively impact, such Targets 2, 3 and 7.⁹

Yet despite the evidence, denial of the existence and impacts of racism in the justice system runs deep. Multiple coronial inquests look at inherent issues in the justice and health systems, including “the heavy presence of race”.¹⁰ But it still took until 2020 for a coronial inquest to specifically assess whether systemic racism contributed to the passing of one of our peoples in custody, Yorta Yorta woman Ms. Tanya Day.¹¹

Our peoples know what racism looks, sounds and feels like. Given its prevalence this is irrefutable. Yet, even with strong evidence, including testimonial evidence from Aboriginal families and communities, the Coroner was unwilling to draw a line “between statistical evidence about the over-representation of Aboriginal women in custody and Ms. Day's circumstances”.¹²

While we acknowledge that the AHRC is developing a National Anti-Racism Framework, as noted in the scoping paper, the initial AHRC's concept paper


⁸ Australian Government, 2020, National Agreement on Closing the Gap – Priority Reforms, Accessed 7 June 2023, <<https://www.closingthegap.gov.au/national-agreement/priority-reforms>>.

⁹ Children being born healthy and strong (Target 2), children being engaged in high quality, culturally appropriate education in their early years (Target 3), and youth being engaged in employment or education (Target 7). See Closing the Gap (n/d), Closing the Gap Targets and Outcomes, Accessed 7 June 2023, < <https://www.closingthegap.gov.au/national-agreement/targets>>

¹⁰ Watego, C., Singh, D. & Macoun, A. 2021, Partnership for Justice in Health: Scoping Paper on Race, Racism and the Australian Health System, Discussion Paper, The Lowitja Institute, Melbourne, p. 1.

¹¹ Watego, C., Singh, D. & Macoun, A. 2021, Partnership for Justice in Health: Scoping Paper on Race, Racism and the Australian Health System, Discussion Paper, The Lowitja Institute, Melbourne, p. 1.

¹² Watego, C., Singh, D. & Macoun, A. 2021, Partnership for Justice in Health: Scoping Paper on Race, Racism and the Australian Health System, Discussion Paper, The Lowitja Institute, Melbourne, p. 1.



failed to define key concepts like 'race', 'racism' or 'anti-racism'. The lack of consistent definition contributes to the unwillingness to call out racism.

Lowitja Institute and the P4JH are particularly focused on advocating for a consistent national anti-racism strategy and related definitions. Clearly defining the terms 'systemic racism', 'institutional racism', and 'anti-racism' is necessary in order to clearly call out and then address racism within the justice and health systems. Please review the P4JH Scoping Paper on Race, Racism and the Australian Health System for further information.¹³

Further, we welcome the Commissioner's elevation of the importance of rights set out in the UN Convention on the Rights of the Child (CRC). It is important to note that our children also have Indigenous rights, set out in the United Nations Declaration on the Rights of Indigenous Peoples, which outlines our right to practice culture, traditions and customs. These rights seek to ensure our peoples' ability to practice and keep culture strong, speak our languages, and maintain our connections to Country; things that we know help support our young peoples to have bright futures and reduced contact with the justice system.

It is also important to note that our children with disability have rights set out in the Convention on the Rights of Persons with Disabilities. These rights are equally important to ensuring that our children are not only healthy and well, but they have access to a world in which they can thrive. Those of our peoples with disability experience even greater social, health and wellbeing inequality than those without.¹⁴ We encourage the Commissioner to consider these intersecting rights in youth justice reform.

¹³ Watego, C., Singh, D. & Macoun, A. 2021, Partnership for Justice in Health: Scoping Paper on Race, Racism and the Australian Health System, Discussion Paper, The Lowitja Institute, Melbourne, p. 1.

¹⁴ Avery Scott 2020, 'Aboriginal and Torres Strait Islander people with disability: Falling through the cracks', *Precedent*, Australian Lawyers Alliance, vol. 129, issue 12, Accessed 7 June 2023, <<http://classic.austlii.edu.au/au/journals/PrecedentAULA/2020/42.html>>.

5. Consultation questions

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

As noted above, this is a systemic issue with cross-cutting contributing factors, including child removal, experiences of racism and over-representation and incarceration of our peoples. Another contributing factor is the intergenerational trauma resulting from the impacts of colonisation. Tackling systemic and institutional racism is a key step to improving outcomes for our peoples.

1. ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN AND YOUNG PEOPLE WITH DISABILITY

It is estimated that 95% of Aboriginal and Torres Strait Islander peoples charged with criminal offences have an intellectual disability, cognitive impairment or psychosocial disability.¹⁵ It is common for our peoples with disability to live without any supports or adequate management of their disability. As Dr Scott Avery has highlighted, "The legacy of undiagnosed or unsupported disability in early childhood years carries forward into the schooling years."¹⁶ Instead of curiosity about our children's behaviours and learning needs, schools act punitively with the mindset of 'bad black kid syndrome'.¹⁷


Instead of receiving appropriate diagnoses and supports, our children with disability end up on a trajectory – the 'matriculation pathway into prison'¹⁸ – that increases their chances of unemployment in adulthood, and almost inevitable contact with police, courts, juvenile detention and prison. We encourage the Commission to refer to Dr Avery's work on this for more information.

¹⁵ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, December 2020, Overview of responses to the Criminal justice system Issues paper, p3.

¹⁶ Avery Scott 2020, 'Aboriginal and Torres Strait Islander people with disability: Falling through the cracks', *Precedent*, Australian Lawyers Alliance, vol. 129, issue 12, Accessed 7 June 2023, <<http://classic.austlii.edu.au/au/journals/PrecedentAULA/2020/42.html>>.

¹⁷ Avery Scott 2020, 'Aboriginal and Torres Strait Islander people with disability: Falling through the cracks', *Precedent*, Australian Lawyers Alliance, vol. 129, issue 12, Accessed 7 June 2023, <<http://classic.austlii.edu.au/au/journals/PrecedentAULA/2020/42.html>>.

¹⁸ Avery Scott 2020, 'Aboriginal and Torres Strait Islander people with disability: Falling through the cracks', *Precedent*, Australian Lawyers Alliance, vol. 129, issue 12, Accessed 7 June 2023, <<http://classic.austlii.edu.au/au/journals/PrecedentAULA/2020/42.html>>.



Further, according to First Peoples Disability Network, gaps in NDIS services mean that sometimes the only way that a young Aboriginal person can be housed is prison.

There is a need to ensure that our early childhood and school systems are culturally safe, trauma-informed and include an awareness of and support for children with disability to stop this matriculation pathway at the start.

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?

2. RAISE THE AGE

One change that would make an immediate and significant impact to protect the rights and wellbeing of our children and young people is for all states and territories to raise the age of criminal responsibility to at least 14-years-old. This is something that the Raise the Age Alliance and members of the P4JH have been advocating for many years.

Such a reform is backed by strong international evidence that sending children to prison at young ages only causes harm, breaches the rights of the child (UNCRC),¹⁹ and increases chances of repeat contact with the justice system and reincarceration in future; the younger a child is when first sentenced, the higher the chance of reoffending as an adult.²⁰ Medical evidence shows that children under 14 years old are not developmentally able to comprehend the consequences of their actions and therefore are unable to be legally culpable.²¹

¹⁹ United Nations Declaration on the Rights of Indigenous Peoples, Accessed 7 June 2023, <https://www.un.org/development/desa/indigenouspeoples/wp-content/uploads/sites/19/2018/11/UNDRIP_E_web.pdf>

²⁰ Victorian Aboriginal Legal Service 2022, VALS Policy Brief – Raising the Age of Criminal Responsibility, Accessed 7 June 2023, <<https://vals73.wpengine.com/wp-content/uploads/2022/08/Raising-the-Age-of-Criminal-Responsibility-Policy-Brief-August-2022.pdf>>, p. 4.

²¹ Victorian Aboriginal Legal Service 2022, VALS Policy Brief – Raising the Age of Criminal Responsibility, Accessed 7 June 2023, <<https://vals73.wpengine.com/wp-content/uploads/2022/08/Raising-the-Age-of-Criminal-Responsibility-Policy-Brief-August-2022.pdf>>, p. 4.

3. ACCESS TO CULTURALLY SAFE CARE & THE MBS IN DETENTION

Incarcerated Aboriginal and Torres Strait Islander young people have the right to access to culturally safe, high quality health care. There are two simple steps the Federal Government can take to make this possible:

1. *Allow Aboriginal Community-Controlled Health Organisations (ACCHOs) to administer care in prisons*


Allowing ACCHOs to provide health care services to incarcerated Aboriginal and Torres Strait Islander persons means that those people are guaranteed to culturally-safe, continuous care. ACCHO staff hold Aboriginal and Torres Strait Islander ways of knowing, being and doing, a deep understanding of the lived experience of Aboriginal and Torres Strait Islander peoples, and are able to offer a high quality, holistic approach to healthcare which caters to the physical, emotional, spiritual and social needs of patients.

Allowing ACCHOs to provide care in prisons guarantees continuity of care prior to, during and after incarceration. Too many of our mob suffer from chronic conditions, and access to ongoing care across the life journey from the same, culturally safe provider can mean the difference between life and death. ACCHOs can also support transitions back into the community, ensuring the patient is supported emotionally and physically.

Finally, the introduction of ACCHOs into the prison health system means that the Aboriginal and Torres Strait Islander staff administering the care work within and are supported by a community-controlled organisation that can provide them with a culturally safe work environment.

In the ACT, an arrangement between the ACT Government and Winnunga Nimmityjah Aboriginal Health and Community Services ensures the ACCHO is responsible for the provision of holistic care to Aboriginal and Torres Strait Islander people in ACT Correctional facilities. This arrangement is highly successful.

2. *Introduce Medicare into the prison healthcare system*



The Medicare Benefits Schedule (MBS) and Pharmaceutical Benefits Scheme (PBS) are not available to people in prison or youth detention.²² This means 715 Aboriginal and Torres Strait Islander Health Checks and follow-up items²³ which are crucial to the provision of comprehensive and holistic care to Aboriginal and Torres Strait Islander people are not available to incarcerated Indigenous youth. Instead, our young people receive instances of once-off care when they are in crisis. There is no preventative health care offered, and no attempt to treat underlying or ongoing conditions. The tragic death of 19-year-old Noongar Wirlomin man Stanley Inman Jr at Acacia Prison is just one example of this systemic failure.²⁴

Introducing Medicare into prisons would also make it feasible for ACCHOs to provide health services to prisons as they could bulk bill. In the ACT, the ACCHO-ACT Government partnership is reliant on ACT Government funding. Other states and territories have not entered into such arrangements.

Our existing prison health system further widens the existing health gap between Aboriginal and Torres Strait Islander and non-Indigenous peoples. We join the calls of a growing cohort of health professionals²⁵ who call for these services to be made availability within prisons immediately.

²² Henrdie, D. 2019, 'Expert backs RACGP calls for access to specific MBS items in prison', *NewGP*, Accessed 7 June 2023, <<https://www1.racgp.org.au/newsgp/clinical/expert-backs-racgp-calls-for-access-to-specific-me>>

²³ Department of Health and Aged Care (n/d), 715 health check, Accessed 7 June 2023, <<https://www.health.gov.au/news/715-health-check>>

²⁴ NITV, 10 May 2023, 'How many more Blackfellas?': Family of Stanley Inman warn of inadequate care in prison system' Accessed 10 June 2023, <<https://www.sbs.com.au/nitv/article/how-many-more-blackfellas-family-of-stanley-inman-warn-of-inadequate-care-in-prison-system/wwj1ah36y>>

²⁵ Mackie, N. 2017 'Call to include prisoners in Medicare and PBS', *Medical Journal of Australia*, Accessed 10 June 2023 <<https://insightplus.mja.com.au/2017/27/call-to-include-prisoners-in-medicare-and-pbs/>>

4. ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN AND YOUNG PEOPLE WITH DISABILITY

The NDIS is not available in prison. The P4JH is concerned about the gaps in NDIS services, which cause our peoples to end up in detention unnecessarily and prevent our young people from accessing necessary supports.

In addition, Aboriginal and Torres Strait Islander peoples are not screened for disability prior to or upon entry in detention. Screening should be culturally appropriate, but such screening tools do not exist.

Many of our peoples with disability are undiagnosed, so they are unable to self-disclose. This is particularly problematic for Aboriginal and Torres Strait Islander peoples with the psychosocial disability who enter remand, where the risk of self-harm and suicide are greatest.²⁶ There is a need for culturally appropriate assessment and diagnostic tools for Aboriginal and Torres Strait Islander children to be administered upon entry to any form of detention.

Another barrier is caused by a lack of communication between legal services and medical services. If a young Aboriginal or Torres Strait Islander person has a diagnosed disability, the medical service will not share this with the legal service. This means that the plea entered for that young person is often does not utilise appropriate sentencing options or court processes.

Further, there are not enough Justice Liaison Officers (JLOs) across the country. For example, there is only one in the Northern Territory and only one in South Australia. Increasing the number of JLOs would help support our young peoples with disability in the justice system.

We refer the Commission to the First Peoples Disability Network's submission to the Senate Inquiry on the Indefinite Detention of People with Cognitive Impairment and Psychiatric Impairment for more in-depth information.²⁷

²⁶ Australian Institute of Criminology 1998, 'Australian Deaths in Custody and Custody-Related Police Operations', *Deaths In Custody Australia*, p. 13; McDonald, D., & Biles, D. 1992, 'Methodological Issues in the Calculation of Over Representation and Exposure to Risk in Custody', *Deaths in Custody Australia*, p. 444.

²⁷ First Peoples Disability Justice Consortium 2016, Senate Inquiry on the Indefinite Detention of People with Cognitive Impairment and Psychiatric Impairment for more in-depth information.

We also encourage the Commission to also refer to Lowitja Institute's research paper, *Understanding Disability through the lens of Aboriginal and Torres Strait Islander people – challenges and opportunities*.²⁸

5. OVERCOMING BARRIERS THROUGH SELF-DETERMINATION

Self-determination – the fundamental right of people to shape their own lives²⁹ – is enshrined in the UNDRIP and outlined in the 1997 *Bringing Them Home Report*.³⁰ Research shows that self-determination is linked with positive social and economic outcomes, including reduced crime.³¹ However, the youth justice system does not protect this right.

Further, Lowitja Institute's 2022 discussion paper, *Indigenous Nation Building and the Political Determinants of Health and Wellbeing*, highlights the importance of the political determinants of health and wellbeing.³²

²⁸ Lowitja Institute 2019, *Understanding Disability Through the Lends of Aboriginal and Torres Strait Islander peoples*, Lowitja Institute, Melbourne, p. 2. Accessed on 07 June 2023 at:

[Lowitja UnderstandingDisability 291019 D4 WEB.pdf](#)

²⁹ Australian Human Rights Commission (n/d), *Self-determination*, Accessed 7 June 2023,

<<https://humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/self-determination#:~:text=Self%2Ddetermination%20means%20that%3A,recognition%20of%20our%20group%20identities>>

³⁰ Commonwealth of Australia 1997, *Bringing them home*, Accessed 7 June 2023, <

https://bth.humanrights.gov.au/sites/default/files/documents/bringing_them_home_report.pdf>

³¹ Behrendt, L., Porter, A., Vivian, A. (n.d), 'Indigenous self-determination within the justice context', Accessed 7 June 2023,

<<https://opus.lib.uts.edu.au/bitstream/10453/94284/1/Accepted%20version.pdf>>

³² Rigney, D., Bignall, S., Vivian, A., & Hemming, S. 2022, *Indigenous Nation Building and the Political Determinants of Health and Wellbeing*, Discussion Paper, Lowitja Institute, Melbourne, DOI: 10.48455/9ace-aw24.

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?

The P4JH is highly supportive of a national approach to youth justice and child wellbeing reform in Australia.

From our perspective states and territories would benefit immensely from a national standard system which prioritises the human rights of incarcerated young people. Geographic and political siloes mean that states and territories are unable or unwilling to learn from one another. Because of this, reform is piecemeal, with lessons learned from one jurisdiction failing to translate to others. For example, Queensland banned the dangerous practice of 'hog tying' inmates in 2017 after a report found the practice puts persons "at serious risk of harm... serious trauma and even death"³³, yet the practice remained legal in Western Australia until late 2022.

Additionally, as highlighted above, national approaches to the provision of healthcare in prisons will ensure Aboriginal and Torres Strait Islander young people who are incarcerated have access to culturally safe wrap-around health care. This will be achieved when ACCHOs are able to provide care in prison, supported by access to federal schemes such as the MBS, PBS and NDIS.

A well-designed national scheme will give young people in detention equitable access to the same resources and rights, ensuring none slip through the cracks.

6. Conclusion

Thank you for taking the time to review our submission. Please do not hesitate to be in touch via [REDACTED] should you require further information.

³³ Independent Review of Youth Detention, 'Review of Youth Detention Centres', Ch 19, 2 < <http://www.youthdetentionreview.qld.gov.au/>>