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# Youth Justice and Child Wellbeing Reform Across Australia

SA Health Chief Child Protection Officer's response  
to consultation by the National Children's  
Commissioner

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Government  
of South Australia

SA Health



### The Artwork symbolism and meaning

This artwork by Jordan Lovegrove, Ngarrindjeri, of Dreamtime Creative represents a journey towards safety and wellbeing for all children and communities in South Australia. The centre circle is the Child Protection and Policy Unit that is strategically responsible for child protection services provided across SA Health and the people around the outside represent the diversity of people they help. The pathway around the outer of the artwork represents the journey and the bigger meeting places are agencies and services providing support to children and young people in partnership with SA Health. The smaller meeting pieces represent the communities, and the black paths connect them to the strategy and leadership provided by the Child Protection and Policy Unit. The colours represent land and sea.



## Youth Justice and Child Wellbeing Reform Across Australia

Thank you for the opportunity to respond to the consultation currently being conducted by the National Children's Commissioner.

The below responses to the questions posed have been collated by the Child Protection and Policy Unit within the South Australian Department for Health and Wellbeing. In collating these responses, input was sought from relevant staff within South Australia's public health system, as well as members of the South Australian Child Protection and Policy Evidence and Research Advisory Committee, which is composed of both clinical staff and academic experts in contemporary child protection literature and evidence.

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

There are many complex factors, which often interact and reinforce each other, that contribute to children's and young people's involvement in youth justice systems in Australia.

Vulnerable children and young people predominantly face disadvantages passed on to them from within families facing multiple adversities.

Children and young people from vulnerable families at-risk of experiencing harm and neglect, particularly those with incarcerated parents and parents who themselves experienced harm and neglect as children, are very highly represented in both the child protection and youth justice systems.

Some statistics indicating that children and young people in Out of Home Care (OOHC) are over-represented in youth justice systems can be found here: <https://www.aihw.gov.au/reports/child-protection/young-people-in-youth-justice-supervision-2014-18/summary>.

Furthermore, children in residential care were more likely to be involved in the youth justice system compared to other children in OOHC: <https://www.aihw.gov.au/reports/youth-justice/young-people-in-child-protection/summary>.

Similarly, children and young people from socio-economically disadvantaged backgrounds, with lack of employment opportunities for parents or caregivers, face higher risks of becoming involved in child protection and youth justice systems.

The ongoing impacts of colonisation, with Aboriginal communities facing systemic discrimination and disadvantage are also a significant factor in the over-representation of Aboriginal children and young people in the child protection and youth justice systems.

Limited access to services such as education, health and mental health services, and timely early intervention family support services, are also contributing factors.

### 2. 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?

It is essential to view matters relating to child protection and child welfare through a public health lens (<https://aifs.gov.au/resources/practice-guides/defining-public-health-model-child-welfare-services-context>) in order to devise and invest in targeted programs and strategies to tackle intergenerational trauma by both:



- identifying and providing early intervention services to the most vulnerable and disadvantaged families
- providing tertiary therapeutic services for children and families who have experienced abuse or neglect and which contribute to ongoing impacts over the lifespan and across generations.

Early intervention means early in life, family-based services that are focused on the more or most vulnerable/disadvantaged.

Public health services are a vital resource in both identifying and supporting vulnerable children and young people and their families. However, the primarily episodic nature of the care provided by both state operated hospitals and Medicare funded primary care services, can create challenges in designing models that promote holistic approaches and wraparound services.

A gap in the system currently is in the relative lack of availability of high quality intensive, but also flexible, therapeutic / social response for troubled infants, children, early teens and their families.

The public health approach is pertinent in the use of universal platforms – such as maternity and other health services, early childhood services – to locate the infants, children and families at highest risk, however this should not be utilised just for screening, but to offer a fit for purpose intensive service response delivered with skill and at scale to match need, and where troubled families are referred in not out.

It is also vital that cultural needs of Aboriginal youth and children are considered, as well as other marginalised groups such as those from refugee families and culturally and linguistically diverse families. Regardless of age, these children and young people would have experienced racism and/or lateral violence, which in turn impacts on identity formation and wellbeing.

In addition, the ability to ramp up the intensity of support for those at high risk – including those where there is intergenerational vulnerability – may depend on the degree to which the platforms by which such fit for purpose, variable-intensity services are located.

Health is unique in that it is a universal platform, but with the ability to provide graduated intensity so that this known group of intergenerationally vulnerable children and families can have the services they need. Provision of low-cost, low-intensity prevention-oriented services to all may make it easier to get engagement from the harder-to-reach families.

Health services also provide unique opportunities to contribute to the data surveillance role that is essential to any public health infrastructure:

[https://www.researchgate.net/publication/274075570\\_A\\_public\\_health\\_approach\\_to\\_child\\_protection\\_the\\_need\\_for\\_data](https://www.researchgate.net/publication/274075570_A_public_health_approach_to_child_protection_the_need_for_data)

### **3. 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?**

The use of therapeutic models within the justice system is crucial. Consideration needs to be given to more therapeutic, rather than custodial, models of youth detention, such as are operated in Spain and New Zealand.

Ideally this would also happen in the women's and men's prison system as well as youth facilities. Children of incarcerated parents are very highly represented in the child protection and justice systems. Engagement with justice would be a public health opportunity to intervene to turn lives around. For instance, the Boronia Woman's correctional facility in Western Australia – where children



can live-in to age 6 – offers an attractive physical environment and some rehabilitative / relational components (although it is still lacking an adequate therapeutic capacity).

Family services which include drug and alcohol treatment, trauma treatment, social housing investment and responding therapeutically to the incidence and impacts of FDV are urgently needed to help disrupt the cycle of intergenerational trauma.

Child/family hubs involving a collaboration between hospital networks, community health and with strong community input, as well as cross agency involvement while in the early days, are worth considering. For instance, the program being run by IPC Health in the western suburbs of Melbourne: <https://www.ipchealth.com.au/child-and-family-hub-at-wyndham-vale>.

Details of programs in the UK attempting to address the involvement of OOHC children in juvenile justice can be found in this report [https://www.aic.gov.au/sites/default/files/2020-09/CRG\\_221617\\_final\\_report.pdf](https://www.aic.gov.au/sites/default/files/2020-09/CRG_221617_final_report.pdf) (page xi and pp46-61).

In South Australia, the Women's and Children's Health Network operates the Metropolitan Youth Health service, which provide therapeutic trauma informed health services to groups of children and young people including: Aboriginal and/or Torres Strait Islander; currently or previously under Guardianship; young pregnant and/or parenting people; currently at the Adelaide Youth Training Centre; same sex attracted and/or gender diverse; refugees; not able to live at home; and struggling to understand and/or attend to their health issues - <https://www.wchn.sa.gov.au/our-network/metropolitan-youth-health/myh-home>

#### **4. 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?**

On the basis of geographic equity, it naturally seems that a national approach would enable improvements on the current situation, provided resources are better allocated to support evidence-based programs and systems that benefit children and their families of origin to reduce the likelihood of their involvement in child protection and youth justice systems.

Standardising child protection and juvenile justice legislation across Australia could be considered, as well as a national (raised) minimum age for criminal responsibility.

Another initiative could be to create a nationally collected 'real time access' data set on family and child participation in the child protection and youth justice systems (plus linked data showing participation in both) which could assist in:

- better understanding of antecedents to entry to each stage of the care/justice system
- better understanding of variations in participation rates by age/gender/indigenous status/geography etc
- directing funds to local programs that, following implementation, can show subsequent reductions in participation rates

**Kathy Crossing**  
**A/SA Health Chief Child Protection Officer**  
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## For more information

**Child Protection and Policy Unit**  
**Strategy and Governance Division**  
**Department for Health and Wellbeing**  
**Government of South Australia**  
Email: [Health.ChiefChildProtectionOfficer@sa.gov.au](mailto:Health.ChiefChildProtectionOfficer@sa.gov.au)  
[www.sahealth.sa.gov.au](http://www.sahealth.sa.gov.au)



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