Review of the service system and implementation requirements for raising the minimum age of criminal responsibility in the Australian Capital Territory

FINAL REPORT

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Common Acronyms

Acronym	Full Citation
ACT	Australian Capital Territory
ADHD	Attention Deficit Hyperactivity Disorder
AIHW	Australian Institute of Health and Welfare
ASD	Autism Spectrum Disorder
CALD	Culturally and Linguistically Diverse
CAMHS	Child and Adolescent Mental Health Services
CSD	ACT Community Services Directorate
CYPS	Child and Youth Protection Services
EYOP	(Victorian) Embedded Youth Outreach Program
EYOR	(ACT) Embedded Youth Outreach Response
JACS	(ACT) Justice and Community Safety Directorate
LSAC	Longitudinal Study of Australia's children
NDIS	National Disability Insurance Scheme
MST	Multisystemic Therapy
MTP	Multidisciplinary Therapeutic Panel
PTSD	Post-traumatic Stress Disorder
PACER model	(ACT) Police, Ambulance and Clinician Early Response
S&CY	Safe and Connected Youth Program
TPO	Therapeutic Protection Orders

The ACT Legislative Assembly has committed to raising the minimum age of criminal responsibility. In preparation, the government commissioned a review of the service system (Review) in order to identify service gaps, implementation issues and alternative models to meet the needs of 10–13-year-olds likely to be affected by the proposed reform.

A team including Emeritus Professor Morag McArthur, Curijo Pty Ltd – an Aboriginal consulting company – and Dr Aino Suomi from the Australian National University carried out the Review between March 2021 and August 2021.

This report outlines the gaps in the current service system that will require attention in order to meet the needs of children and young people aged 10–13. We will refer to them as 'children' from this point, and the term will include young people within the target range.

This report identifies opportunities for reform to achieve improved outcomes for children and their families. It also proposes an alternative response to meet the needs of children affected by the changing legislative environment. The Review concluded that, overall, the service system requires reform.

This Review used multiple sources of data to inform its findings: published key literature; ACT administrative data and casefile review; interviews with young people and families involved in youth justice; and wide-ranging consultations with non-government services, government directorates and key advocacy groups in the ACT. The data used for the Review point to a complex set of needs in children who are at risk of early offending. The findings showed that these complex needs shape children's pathways across health/mental health, education and child protection services. The Review also highlighted significant agreement on the service challenges that face the ACT system in responding to children with complex needs. There was also a strong consensus among the groups about what should happen to address these challenges.

This report concludes by outlining what is required to respond effectively to the needs of children who are most affected by raising the age of criminal responsibility. Based on the findings of this report, we argue for seizing the opportunity for comprehensive systems reform. This means building a stronger, more coordinated service system, ensuring early identification of needs and providing more universal support to meet those needs. These reforms are underscored by a shared responsibility for children's wellbeing and safety.

Raising the age of criminal responsibility highlights the importance of early, coordinated and sustained help for children and their families. A key outcome of this reform is to meet children's needs. This outcome will not only be of value to them and their families but will benefit the wider community as well.

Key Themes

> Children who offend or who are at risk of offending have complex needs

Children who are at risk of offending experience multiple health and mental health challenges, often with significant underlying trauma and disability. They are known to disengage from school early and to develop problems with substance misuse and are, too often, from Aboriginal and Torres Strait Islander backgrounds or from families where parents have been incarcerated. Many of these children are involved with the child protection system and have a history of family violence (as victims and/or perpetrators), sexualised behaviours and sexual exploitation. They are also at risk of homelessness.

By the time children interact with the youth justice system, unmet needs have often multiplied and become more complex. The literature clearly recognises that the complexity and clustering of risks and unmet needs increase the probability of future problems. Tackling these issues requires coordinated or multiservice interventions (Baglivio et al., 2020; Farrington, 2002) as well as trauma-informed service responses matched to individual needs.

<div style="text-align: center; background: #eee;">Gaps in the current ACT service system</div>

The literature and the stakeholders consulted in this Review identified the issue that service systems are often unable to meet children's complex needs, because of a lack of identification and assessment; ineffective information sharing and communication between services; a lack of coordination between services; service gaps; and a lack of familiarity with existing services or the functions of other services (including referral pathways).

Barriers to adequately addressing complex needs in the ACT include a **lack of coordination and integration** across the service system, including: limited information sharing; lack of capacity to work with children with multiple needs; limited specialised and generalist programs; service delivery modes that are inflexible; barriers to navigating the system; limited understanding of child-specific familial and cultural needs; and long waiting lists for specialised services. Stakeholder consultations revealed that **demand outstrips the availability of services**. Almost all stakeholders raised the difficulty of accessing mental health and alcohol and other drug services, identifying long waiting lists or narrow eligibility criteria as some of the main reasons. As a result, and only when problems escalate, the tertiary services (e.g., child protection or Youth Justice) will attempt to comprehensively address the needs of these children.

One of the major concerns identified in the consultations was that children aged 10–13 – most affected by the reform – are commonly **not eligible for a range of services** in the ACT. This is particularly true for children under 12 years of age. They are too young to access many of the adolescent services and too unwell or complex for early intervention services, but not complex enough to access specialised services. They may also have comorbidities (e.g., disability and/or AOD or trauma response) that exclude them from key mental health services.

The consultations also identified a range of **workforce capability issues**, including the structure of funding arrangements and tendering in the community services sector. They also included significant workforce shortages in key areas, such as allied health professionals available to support children with trauma experiences and emerging mental health challenges.

More is required to develop a **trauma-informed workforce**. The ACT needs a workforce plan, tailored for specific service contexts and including a training and professional development strategy designed to operationalise trauma-informed care principles into practice and build the capacity of the sector to be more collaborative, child and young person -centred and culturally safe. If mainstream organisations set up to support children and families are not taking the lead in working in trauma-informed and culturally effective/sensitive ways, they can inadvertently cause further harm.

A range of stakeholders identified the need for **safe accommodation** for children. They emphasised that this need will be intensified with the change to the age of criminal responsibility. Key aspects of remedying the lack of safe (and secure) accommodation include crisis accommodation for the age group and a secure therapeutic facility for children in need of mental health treatment and who are at risk of harming themselves or others.

Implementing a strong narrative to communicate the changes

Stakeholders highlighted the importance of bringing the community along with the reform by clearly communicating the key arguments and benefits of a therapeutic or public health response over a youth justice response. Broad arguments should include the science of brain development, the serious impacts of trauma on behaviours and the evidence of negative long-term outcomes associated with early interactions with the justice system.

The narrative further needs to explain clearly the effectiveness of non-criminal processes in meeting children's needs: evidence shows that therapeutic approaches prevent criminal/harmful behaviours in young people. It is also important to acknowledge the experiences of victims and to ensure that those who have been harmed will not be forgotten or ignored. As part of developing an alternative response, it will be important to recognise the rights and interests of people impacted by the harmful behaviour of children; they will require access to the same, or similar, supports as are currently available to victims of crime. Restorative processes have been built into the therapeutic proposal identified in this report, to ensure that victims and children have the opportunity to engage in restorative processes. Children who are held accountable for harmful behaviour, then repair damaged relationships and achieve closure, may be at decreased risk of (re)offending.

A therapeutic response to meet children's complex needs

The report offers an overview of an alternative response to meet the needs of children affected by raising the age of criminal responsibility. The response includes a non-justice embedded youth worker model and safe accommodation options to support police's interactions with children who may be at risk of antisocial or unsafe behaviour. The alternative response proposes a Multidisciplinary Therapeutic Panel (MTP), a collaborative forum to make service delivery decisions for children with complex and challenging needs. The MTP would consider and review children who have been referred to the panel because of the level of complexity of their needs or because there are insufficient or inadequate existing service responses to meet those needs. The work with children and their families would be coordinated by a new wraparound service.

The wraparound service would develop individualised child and family-centred plans to respond to the complex needs of children. It would be an intensive, structured process, convening a team of highly skilled professionals and involving the child and their family members along with professionals and natural supports relevant to a child with complex needs and their family circumstances.

The assessment process of the wrapround service would embed restorative processes by utilising Family Decision Making. The opportunity for children to participate in a restorative meeting would be considered as a way of ensuring that victims' needs are also met. An important part of the proposed approach is to make available a range of restorative practices: restorative meetings; the provision of an apology; victim impact letters; or other forms of reparation. Appropriately used restorative processes are likely to have a therapeutic and empowering impact on both the victim and the perpetrator of harm.

The MTP and wraparound service would be overseen by a legislated Oversight Committee, responsible for identifying systemic issues that may have arisen because of the changes to raising the age of criminal responsibility and for recommending policy and legislative changes.

The alternative response is based on the voluntary engagement of children and their families, because mandated measures are often ineffective and unaligned with the therapeutic aims of the suggested approach. If, however, the ACT Government determines that a mandated response for children with

complex needs is necessary, the current legislative levers are already in place – albeit requiring amendments. A mandated response to children should be used:

- only as a measure of last resort (for example with repetitive harmful behaviour)
- only where there is a risk of harm to the child and or others and that harm is likely to be serious
- only where significant attempts at voluntary engagement have been exhausted.

The need for strong systems for early help and support

This Review identifies the need for a stronger focus on early support. Decades of research in Australia and internationally demonstrate the benefits of early interventions for children, families and communities. The current ACT service system has limited prevention, early intervention and individualised support services available to children generally and for Aboriginal and Torres Strait Islander children and families specifically.

Further building the capacity of universal settings, such as early education and care, maternal and child health and schools, will be critical in identifying and responding to the needs of individual children and families. Locating supportive services in universal settings improves the prevention and early intervention possibilities. Schools are particularly important, because they are often where the needs of children and families are first identified. There is much more to be done to ensure that schools are adequately resourced and supported to engage actively with disability, mental health and welfare providers in order to enable integrated and holistic support for children at risk and their families. Stronger relationships can be built between schools and services in the non-government sector. Although schools cannot, by themselves, solve the complex social, economic and family challenges that present daily in the classroom, they remain an important site from which to provide trauma-informed responses, opportunities for early identification and assessment of need.

Improved integration of responses

Children's (and their families') needs cross directorate boundaries. Families whose children experience a range of issues may find themselves navigating different service systems and multiple service networks, including health, mental health, education and statutory child protection. Collaborative approaches recognise the complex and interlinked nature of issues for children and families and are better able to address complexity through coordinated interventions.

Despite several serious attempts by the ACT to increase integration across the service systems, stakeholders throughout the consultations still pointed to a system that remains siloed. Information sharing remains an issue. The reforms required to respond to the decision to raise the age of criminal responsibility necessitate the acknowledgement that our service systems need transformative change. All the proposals hinge on creating a coordinated service response through collaboration and sharing responsibility. No single service, agency or directorate can devise and implement a comprehensive plan that would adequately improve outcomes for children with complex needs who engage in harmful and unsafe behaviour.

A self-determined Aboriginal and Torres Strait Islander response

Aboriginal and Torres Strait Islander children are overrepresented in the youth justice system and experience ongoing impacts from colonisation, dispossession and alienation from Indigenous cultures. They also have high levels of individual risk factors, such as mental illness and disabilities.

Aboriginal and Torres Strait Islander people must be strongly represented in building the alternative response that will be required when the age of criminal responsibility is raised. This includes

representation on the proposed MTP and employment in the wraparound service. The Aboriginal and Torres Strait Islander community and service providers must be actively engaged in determining appropriate services to meet the needs of children and families.

Self-determination in responses to children at risk of early offending will require a strengthening of the role of our current Aboriginal organisations, provision of appropriate funding and support for any new initiatives. Workforce capacity building and other support will help to ensure that our Aboriginal Community Controlled Services are sustainable.

<div align="center">An Independent Authority for children's safety and wellbeing</div>

This report calls for an independent authority to oversee and support systems implementation of the reform and to respond to the identified critical service gaps. Currently, many different directorates are responsible for children's wellbeing and safety, their health, their education and their participation in society. An independent authority would be a vital mechanism in creating an integrated whole-of-government and whole-of-community system to support children's wellbeing and safety. It would help to develop a greater sense of shared responsibility across government and communities.

The authority would be responsible for collaboratively developing a shared framework that can be used as a key driver for more joined-up approaches across directorates. This framework would provide the authorising (policy) environment and actively **enable** services across sectors to work differently and more collaboratively, including at the practitioner level.

1. BACKGROUND

The ACT Justice and Community Safety Directorate (JACS) has commissioned the current project: to review the ACT service system to assess the changes required for raising the minimum age of criminal responsibility. Experts and groups across the human rights, Aboriginal and Torres Strait Islander, youth advocacy and legal sectors have called upon the ACT Government to raise the age of criminal responsibility to 14 years, in line with significant evidence that this is an essential reform.

The purpose of the project is to further the commitment to raise the minimum age of criminal responsibility by identifying:

1. the impact of raising the minimum age of criminal responsibility on children and their families, support services and the justice system in the ACT, with attention to prevention, early intervention and diversionary frameworks
2. ways to ensure that adequate support measures are in place, through justice reinvestment initiatives and family-centric interventions, for children aged 10–13 who display, or are at risk of exhibiting, criminal behaviours
3. options to address key issues and risks if the minimum age of criminal responsibility is raised.

The ACT Government commissioned Emeritus Professor Morag McArthur, Curijo Pty Ltd, an Aboriginal consulting company, and Dr Aino Suomi from the Australian National University to carry out a review. The Review was established in March 2021 and completed in August 2021. An interim report was submitted in June 2021. This is the final report.

1.1 BACKGROUND TO THE REFORM

The United Nations Committee on the Rights of the Child (the UN Committee) recommended that all State parties raise the minimum age of criminal responsibility to at least 14 years of age. In the ACT, the minimum age is currently 10 years, as it is across Australia.

Academics, advocates, non-government organisations, medical experts and others have called for this reform over many years. There is a range of reasons why this reform is important, including the evidence of the neurobiological impacts of early childhood and trauma and knowledge from developmental psychology about the risk and protective factors for child wellbeing (Cunneen, 2017). These developmental arguments include the recognition of the marked differences between the cognitive functioning (e.g., impulsivity, reasoning) in children and adults and the different capacities of individual children to regulate their behaviour, assess risks and implications, demonstrate empathy and self-efficacy – 'requiring that we challenge the assumption that capacity adheres uniformly to chronological age' (Newton & Bussey, 2012).

Children who interact with the youth justice system come with a range of complex health, mental health and cognitive disabilities that are often exacerbated by those interactions. Raising the minimum age of criminal responsibility will not solve all the problems associated with the criminalisation of children with mental health disorders and/or cognitive impairments (Cunneen, 2017; Dowse et al., 2014; McCausland & Baldry, 2017). However, it does provide an opportunity to avoid criminalising young children with complex needs and entrenching them in the youth justice system at an early age. It also provides an opportunity to consider more effective responses to meeting children's needs in the community. Cunneen and others argue that raising the minimum age will set a higher barrier and force the consideration of more appropriate responses to this particularly vulnerable group of children (Baldry et al., 2018; Cunneen, 2017).

A further element of the argument for raising the age of criminal responsibility is that it offers an opportunity to address the crisis levels of overrepresentation of Aboriginal and Torres Strait Islander

children within the justice system.[1] There is evidence that responding to Aboriginal and Torres Strait Islander children with a youth justice response leads to 'generationally incarcerated' cohorts of children who make up a substantial proportion of the crime statistics (Westerman, 2021). Raising the age of criminal responsibility provides the impetus for breaking the cycle of Aboriginal children's early entry into the criminal system (Crofts, 2019).

Raising the age of criminal responsibility provides a real opportunity to build the capacity of the formal and informal systems (of family and community) to focus on 'promoting secure, safe, and stable human relations, education, and housing, as well as offering appropriate and timely individual, family, and systemic support across an integrated policy and service framework' (Dowse et al., 2014, p. 182). Intervening early can not only change the trajectories away from the criminal justice system but can improve the key domains of a child's life, leading to individual and community benefits. The ultimate outcome of raising the age of criminal responsibility is to identify and respond to the individual context of children with complex needs, to reduce and avoid harmful behaviour and to support them on positive pathways.

1.2 PROJECT APPROACH

Project Aims

This project sought to explore, review and understand the current service environment in the ACT to comprehensively consider the implications of raising the age of criminal responsibility by drawing on multiple sources of data: interviews and consultations with key stakeholders, including young people and families; relevant published literature; and existing data.

In the report we will refer to children and young people as 'children' from this point, and the term will include young people within the target range. The exception to this is when we discuss the experiences of young people interviewed for the review or other research that uses the term children and young people or young people.

The project aimed to:

- understand the needs of children who will be impacted by raising the age of criminal responsibility
- map the service needs and pathways for children with complex needs
- identify any crucial service gaps in the ACT Service System as well as where current services could be enhanced
- identify possible alternative models to address the needs of children with complex needs, along with implementation issues, in the ACT context.

Focused literature review

Section 2 reviews the existing literature to identify the types of needs children at risk or involved in the justice system experience. We focused particularly on previous research that identified the major risk factors for, and characteristics of, early onset offending behaviours. Also based on the existing literature, Section 3 describes how children's complex needs shape their service pathways across the health, mental health, substance misuse, education and child protection systems.

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[1] Currently, 52% of Australian youth prison populations are Aboriginal and Torres Strait Islander young people, and they are 23 times more likely to be in detention than non-Indigenous youth (Australian Institute of Health and Welfare [AIHW], 2019, p. 9). In the ACT, Aboriginal and Torres Strait Island children were nine times more likely to be on a supervision order than their non- Indigenous counterparts (AIHW, 2021).

Children in the justice system in the ACT

Section 4 provides the key insights from a data analysis, carried out by the Community Services Directorate (CSD) on a cohort of children aged 10–13 who were supervised by Child and Youth Protection Services (CYPS) on youth justice orders between 2015–16 and 2019–20. The analysis drew on data from youth justice and child protection files. The key factors affecting these children included complex health and mental health issues, disability, drug and alcohol misuse, sexualised behaviour and lack of educational engagement within 12 months of their first CYPS supervised order. This analysis allows for a detailed understanding of the complexities and needs of children aged 10–13 in one part of the youth justice system in the ACT.

This section also provides a summary of the findings from interviews completed with **young people and family members (parents and carers)** who had contact with the justice system in the ACT, in order to understand their experiences. The interviews focused on questions about their experiences of the justice system and related support services and explored what may have been helpful in better meeting their needs.

The research protocol and methodology for the interviews of young people and families was approved by the ANU Human Research Ethics Committee (protocol # 2021/150).

Participants

The interview participants were 10 individuals (six young people aged 15–21 and four family members).

Recruitment

Participants were recruited through community services, the Review team's professional networks and court-based services in the ACT. The inclusion criterion for young people was that they had interacted with police and/or the youth justice services in the ACT at a young age. We also recruited family members (parents and carers) of young people who met the inclusion criterion. Interview length ranged from 30 to 120 minutes, and participants were offered a $50 shopping voucher as a small token of appreciation for their time and contribution to the study. Seven interviews were conducted face to face, and three were by phone. Eight of these were audio recorded and transcribed, with the participants' consent; for two interviews, the interviewer took handwritten notes. Participants were also offered the opportunity to review the interview notes and transcripts prior to data synthesis.

Interviews

The interviews aimed to answer two broad questions:

(A) 'What worked well in supporting the young person in their journey before, during and after youth justice involvement?' and

(B) 'What did not work well in supporting the young person?'

The interviews were participant led, and the interviewers used a list of prompt questions to support or redirect the participants if needed. The prompt questions were focused around the following five domains of the young person's life, all relevant to pathways of young people with complex needs and harmful behaviours (see Section 3):

1. family circumstances, including child protection involvement
2. history of mental health/service use
3. interactions with youth justice system
4. education/school challenges
5. substance misuse and other risky behaviours.

Data synthesis

The data were organised and synthesised according to the two broad research questions (A and B above) across the main five life domains. Given the small number of interviews, some of the detail presented in the data synthesis and/or the participant quotes is changed or amalgamated with details from other interviews, to protect the identity of the participants.

Gaps in the service system

Section 5 of this report identifies the main gaps in the service system for children aged 10–13. The information about gaps was developed from consultations with a broad range of community and government stakeholders. Section 6 provides specific comments about which key service domains should be enhanced in order to more adequately meet the needs of children aged 10–13 who may be at risk of interacting with the justice system, including health, mental illness and other human services.

Consultation process

We completed two rounds of consultations. The first round aimed to determine the gaps in the service system and to identify existing services and/or programs that could be enhanced. The Review team completed 31 interviews with a wide range of non-government, government and advocacy groups, with individuals and in groups, both online via Teams and face to face, involving over 120 individuals – because organisations often took the opportunity to invite a range of colleagues to be part of the discussion.

Round 1 consultation asked the following questions:

- How will raising the age of criminal responsibility impact the current services/program landscape?
- Who are the children and families in the target group who are at risk of interacting with the criminal justice system or who already have?
- How well or otherwise are their needs currently being met?
- How is the service system currently working to meet the needs of children with complex needs who are at risk of coming into contact with the criminal justice system or who already have/are?
- Where are the current service gaps in meeting the needs of children with a range of complex needs?
- What is required to meet the needs of children aged 10–13 who will be affected by the reform?

In the second round of consultations, groups of stakeholders received feedback on the key findings, and interviewers tested out the proposed alternative response. Seven group consultations were completed with government and non-government participants, and their feedback has been considered and included in this final report. See Appendix 1 for a list of organisations consulted.

Section 7 provides an overview of possible models that could respond to children affected by raising the age of criminal responsibility. This includes models that are known to be effective in responding to complex needs, a possible police response and a discussion on the range of accommodation that may be required to support children. This section provides a brief overview of Therapeutic Jurisprudence and Solution-Focused Courts as possible models to respond to children if exceptions to raising the age of criminal responsibility for serious offences are adopted.

Section 8 reports on the risks and implementation issues identified by stakeholders that will require attention in order to successfully manage the reform. Section 9 presents a possible response to raising the age of criminal responsibility, which includes a non-justice embedded youth worker model and safe accommodation options to support police's interactions with children who may be at risk of antisocial or unsafe behaviour, a Multidisciplinary Therapeutic Panel (MTP) - a collaborative forum to make service delivery decisions for children with complex and challenging needs and a wraparound service to meet those needs.

Section 10 summarises the key reforms that, we believe, are required to strengthen the system. It presents a proposal for an independent authority to oversee and support systems reform.

Limitations of the Review

The Review team focused primarily on the age group affected by the decision to raise the age of criminal responsibility – 10–13 years – with only passing attention to younger children. However, we acknowledge the powerful evidence that shows that early offending can be prevented by evidence-informed early intervention programs.

Secondly, the aim was to gather a range of different stakeholders' views about the gaps and possible implementation issues. It must be acknowledged that their views are based on their experience and perceptions.

2. CHILDREN WHO COMMIT CRIME: RISK FACTORS AND NEEDS

Children who commit crime have considerable heterogeneity in their characteristics and needs. They require individualised, in-depth, coordinated support from a variety of services. There are, however, some key characteristics that associate strongly with early offending behaviours (i.e., under 14 years). Previous research identifies the major risk factors for early onset criminal behaviours, including personality or temperament and early environmental conditions, such as harsh and erratic parenting, early behavioural problems or trauma, history of parental offending and the role of adverse childhood experiences (Baglivio et al., 2020; Whitten et al., 2019). These factors seem to predict offending more than later risks caused by subsequent changes in the family, school or peer environment (Aguilar et al., 2000; Moffitt, 1993; Moffitt et al., 2002). These differences in risks and the time at which they emerge are often used to argue for prevention strategies, with an emphasis on implementing early intervention services such as intensive parenting programs (e.g., Webster-Stratton & Taylor, 2001).

There are specific challenges to accurately identifying children most at risk and determining how best to respond to their needs – to address behaviours once they have been identified. This is because most children with early risk characteristics associated with early onset and life-course-persistent pathways do not develop into young offenders (Loeber et al., 2003). These international findings are consistent with findings from the Longitudinal Study of Australia's Children (LSAC; Forrest & Edwards, 2015), which found that many children with associated risk factors at a younger age do not proceed to crime or delinquency in adolescence. The LSAC data suggests that developing programs and resources that only target children who show signs of being at risk of engaging in crime or delinquency may not reach other children who need them. It may be that the public health approach is more productive in addressing possible crime or delinquency. In this context, a public health model would see systems develop a continuum of services that combines universal (primary prevention) programs with those that are more targeted, based on population risk – known as blended prevention or targeted universalism (Herrenkohl, Higgins et al., 2015; Herrenkohl, Lonne et al., 2019). Figure 1 provides a picture of the developmental pathways model that identifies how risks accumulate and shows why a continuum of services is critical.

Figure 1: Developmental pathways model
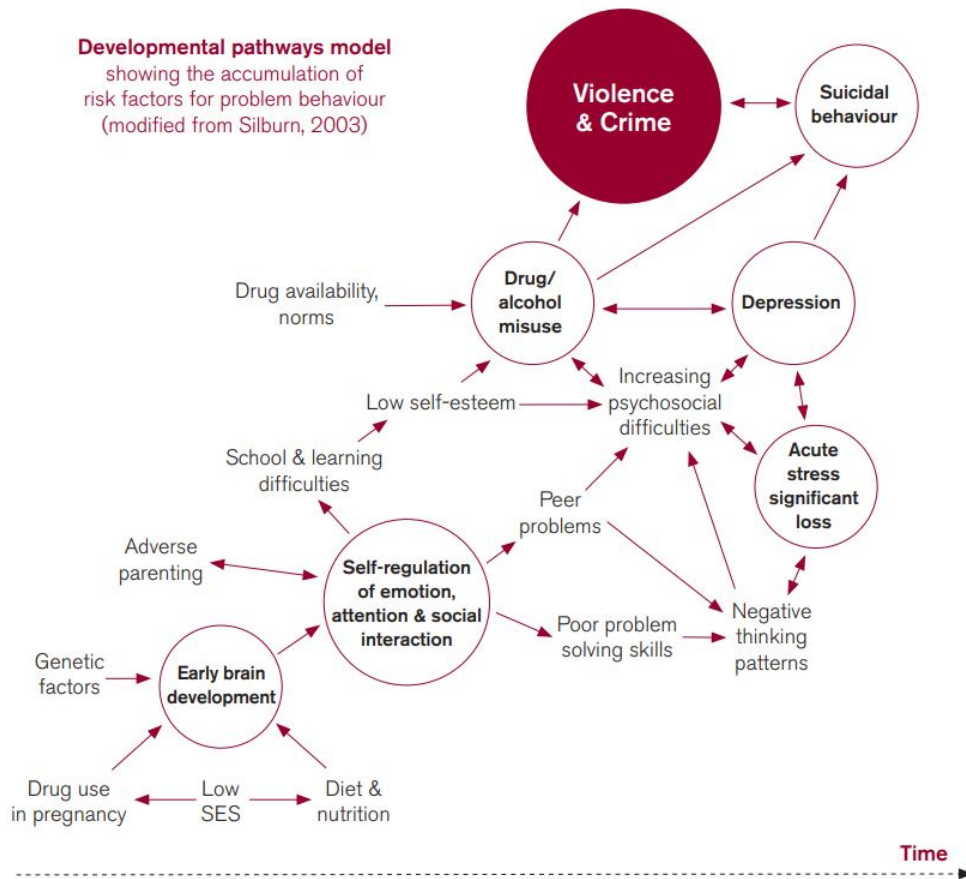
Source: Hemphill & Smith, 2010.

The following sections examine some of the common needs experienced by children who are at risk of offending and identify opportunities to extend appropriate services to meet their needs. The ACT data presented in the next section reflect these needs and characteristics.

2.1 CHILDREN WITH COMPLEX NEEDS

Growing evidence shows that children with complex needs are at significant risk of coming into contact with the police, youth justice and prisons, both as victims and offenders (Aderibigbe, 1996; Butler & Allnut, 2003; Kenny et al., 2006; Reed & Lyne, 2000). 'Complex needs' is a term usually used about individuals who have a combination of: mental health problems; cognitive disability, including intellectual and developmental disability; physical disability; behavioural difficulties; precarious housing; social isolation; family dysfunction; and problematic drug or alcohol use (Baldry et al., 2013; Carney, 2006; Draine et al., 2002; Hamilton, 2010). Further factors identified as specific to children include the risk of harmful behaviours in early life and early educational disengagement (Archer, 2009; AIHW, 2021; Baldry & Dowse, 2012). In addition, a large number of children in the justice system have at least one disability: cognitive or neurodisabilities, including intellectual disability; other specific learning disabilities (e.g., dyslexia); communication disorders (e.g., language and speech disorders); attention deficit hyperactivity disorder (ADHD); autism spectrum disorder; and foetal alcohol spectrum disorder that often go unnoticed and unassessed prior to entry to youth justice services (Baidawi & Piquero, 2021).

As we discussed above, trajectories to harmful/criminal behaviours can begin early in life. If welfare and early intervention services are adequately resourced and well-coordinated, they can be effective

in reducing vulnerability for children at risk of entering the criminal justice system (Fletcher, 2012; Johnson et al., 2010). Based on the complex needs profile, they are likely to be multiple service users; however, services often do not exist or are unlikely to be coordinated or tailored to meet children's multiple psychosocial challenges simultaneously (Mitchell, 2011; National Research Council and Institute of Medicine, 2009; Nunn, 2006). In Australia and comparable jurisdictions, current systemic and welfare responses appear to have only limited impact on preventing early contact with the criminal justice system from escalating into a cycle of incarceration and re-incarceration. Paradoxically, systems mandated to address the psychosocial problems of children with complex needs, such as education, child welfare, youth justice and mental health, continue to operate and to be delivered in departmental silos (Dowse et al., 2014).

2.2   PSYCHOLOGICAL TRAUMA

Traumatic experiences often underlie complex needs and co-occurring mental health problems, and research indicates that most children in youth justice systems have experienced trauma, with many experiencing current symptoms of post-traumatic stress disorder (PTSD) (Branson et al., 2017; Zettler, 2021). The after-effects of traumatic experiences play a significant role in the legal and behavioural challenges that bring children into contact with law enforcement and the youth justice system. Children who experience significant early life trauma are likely to place themselves in harm's way for traumatic accidents or violence because of impulsivity and poor supportive relationships (Zettler, 2021). Children who have experienced trauma can exhibit a range of problematic behaviours as a result, with reasons including being in a persistent heightened state, dissociation due to misreading cues, and being quickly triggered into a fear response. This often presents as aggression and disobedience (Dwyer et al., 2012).

Complex trauma is particularly challenging in terms of provision of support, given that the symptoms of trauma can make the child disengage from services and avoid contact with professionals. It is crucial that unmet 'survival' needs for alleviating trauma are addressed before further service intervention. The youth justice system is generally under-equipped to meet the treatment needs of youth with psychological trauma (Acoca 1998; Snyder & Sickmund, 2006).

2.3   INTERGENERATIONAL CRIME

Previous studies have documented that crime is heavily concentrated in families. For example, quantitative evidence shows that the likelihood of criminal convictions for an individual increases with the number of convicted family members (Farrington et al., 2001; Junger, Greene, et.al. 2013). In addition, criminal or antisocial parents appear to be the strongest family factor predicting offending, but it is still unclear why this happens (Farrington, 2011). A relatively recent systematic review on the intergenerational transmission of crime confirms these patterns and shows that transmission is strongest from mothers to daughters, followed by mothers to sons, fathers to daughters and fathers to sons (Besemer et al., 2017). The findings of that review highlight the importance of interventions intended to break the cycle of offending, proposing interventions targeted at children of incarcerated parents as the starting point. These include family-based intervention programs, such as parent education with a focus on prevention and early intervention.

Children who have a parent incarcerated often experience a range of interrelated issues, including homelessness, mental health issues, family conflict and family separation, neglect, isolation and poverty (Saunders & McArthur, 2013). Because of the nature of the stigma they experience, many children are not well supported to deal with the issues in their lives – nor with their shame, grief and loss (Flynn & Saunders, 2015; Saunders, 2018).

2.4 CROSSOVER CHILDREN

Australian and international evidence shows a strong overlap in children involved in the youth justice system and child protection services, perhaps unsurprisingly: children in the child protection system share the same risk factors as those in youth justice (AIHW, 2018; 2020a; 2020b, Hunter et al., 2020; Malvaso et al., 2017). Specifically, Australian data show that children in the child protection system are 12 times as likely as the general population to be also under youth justice supervision (AIHW, 2016). Similarly, children under youth justice supervision are 12 times more likely than the general population to be in the child protection system. Non-family-based out-of-home care (residential care) is a particularly strong predictor of a child's involvement in youth justice (Malvaso et al., 2017).

Recent Victorian and South Australian research indicates that children who are in both the child protection and juvenile justice systems:

- are referred to the child protection system before the age of 10 years
- have a greater maltreatment recurrence (i.e., larger number of substantiations) and maltreatment persistence (notifications and substantiations both before and after age 12) than children solely involved with child protection services (Malvaso et al., 2017)
- experience cumulative adversity, with an average of 5.4 adverse childhood experiences.

Their research also indicates that Aboriginal and Torres Strait Islander children in the justice system appear to have experienced greater cumulative adversity than non-Indigenous children

One in five children who are in both the child protection and youth justice system had one or more deceased parents, compared to other studies of children in the justice system (12–16%) and compared to 5 percent of young people generally (aged 18–24) (Baidawi & Sheehan, 2020).

2.5 HARMFUL SEXUAL BEHAVIOUR AND CHILD SEXUAL EXPLOITATION

Harmful Sexual Behaviour and Child Sexual Exploitation are two further issues that children who enter the justice system may experience.

Harmful Sexual Behaviour [2] is sexual behaviour carried out by children that is developmentally inappropriate and abusive towards themselves or others (Hackett et al., 2016). Although there is limited prevalence data about Harmful Sexual Behaviour, Australian police data showed that 9–16 percent of sexual abuse was committed by other children. Finkelhor et al. (2009), reporting on US data, found that, in 35 percent of cases of sexual abuse of victims aged 0–18, the perpetrator was another child or children. This rose to 50 percent for victims aged 0–12. Children with harmful sexual behaviours are likely to have experienced significant childhood trauma, been exposed to neglect, physical, sexual and/or emotional abuse, had early exposure to sex and pornography and often to have experienced social isolation as well as disengagement from school (O'Brien, 2011; Seto & Lalumière, 2010).

Child Sexual Exploitation is adult-perpetrated sexual abuse that involves a child receiving goods, money, power or attention in exchange for sexual activity (Hackett et al., 2016). As with Harmful Sexual Behaviour, there is no reliable prevalence data (as a form of child sexual abuse); it is estimated that 10–20 percent of girls and 5–10 percent of boys are victims of child sexual abuse – broadly defined as ranging from unwanted touching to rape (cited in McKibbin, 2017). The literature describes many forms of sexual exploitation, including sexual grooming; sex in exchange for tangible (money, drugs, alcohol etc.) or intangible rewards (attention, affection etc.); the production or distribution of sexual

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[2] 'Harmful Sexual Behaviour' is used because it is the terminology accepted by the Australian Royal Commission into Institutional Responses to Child Sexual Abuse (Royal Commission, 2016).

images; and abuse by an individual who has established a seemingly consensual relationship with a child (Beckett, 2011; Jago et al., 2011; Pearce, 2009).

2.6   ABORIGINAL AND TORRES STRAIT ISLANDER CHILDREN

Aboriginal and Torres Strait Islander children are overrepresented in the youth justice system and experience ongoing impacts from colonisation, dispossession and alienation from Indigenous cultures (Australian Human Rights Commission, 1997). They also have high levels of individual risk factors, such as mental illness, unemployment and disabilities. Although Aboriginal and Torres Strait Islander Australians make up just 6 percent of the Australian population aged 10–17, they made up almost half of all children in youth detention on an average night in 2020 (AIHW, 2021). Recently, the ACT reported the largest decrease of the rate of Aboriginal and Torres Strait Islander youth in detention of all the states and territories from 2017–18 to 2018–19; however, the Indigenous rate of incarceration per 10,000 individuals was still over 150, compared to just 18 per 10,000 of non-Indigenous youth.

A recent Australian study (Jones, 2017) found several factors associated with an Aboriginal and/or Torres Strait Islander child's risk of having contact with the youth justice system. The strongest risks included gender (males were at greater risk than females), substantiated child abuse or neglect notification, mother's contact with adult corrections and mother's age (< 20 years), compared with Aboriginal and/or Torres Strait Islander children who did not have contact with the justice system.

The cultural disconnect in the provision of child, youth and family services to adequately match the complex needs of Aboriginal and Torres Strait Islander children may partly explain some of the persistently high rates and the inability of relevant services to intervene early, before the onset of harmful behaviours. Any change in the legislation involving raising the minimal age of criminal responsibility will have to ensure the provision of better and more culturally safe services for Aboriginal and Torres Strait Islander populations.

2.7   CHILDREN FROM CULTURALLY AND LINGUISTICALLY DIVERSE BACKGROUNDS (CALD)

Current evidence about the association of CALD groups and involvement in youth justice is mixed. For example, Brindis and colleagues (1995) found that immigrant and native-born Latino children in the United States engaged in a greater number of risk-taking behaviours than native non-Hispanic children. However, Australian large-scale data did not show a significant difference in children's criminal or delinquent behaviours at 12–13 years between children from English-speaking families and children from non-English-speaking families (LSAC, 2014). CALD groups face challenges that can increase their chances of justice involvement, including culture shock; intergenerational discord/family breakdown; financial and housing challenges; limited access to services; experiences of racism/discrimination; fear or distrust of authorities; and limited awareness and understanding of Australian law, including their own rights and obligations (Shepherd et al., 2020).

There is no publicly available data on children aged 10–13 from culturally and linguistically diverse (CALD) backgrounds in the ACT's criminal justice system; however, it could be assumed that similar patterns prevail across jurisdictions in Australia.

2.8   HOMELESSNESS

Homelessness has been identified as one of the risk factors for, and/or consequences of, involvement in the youth justice system. An Australian longitudinal study of over 1,500 people, 'Journeys Home', examined housing stability and homelessness across the states and territories and found that individuals with a history of youth justice involvement were more likely to be homeless than those who had no interaction with the youth justice system. These individuals were also almost twice as likely to be 'rough sleepers' as those with no involvement with youth justice (Bevitt et al., 2015).

Further, national Australian data (AIHW, 2016) show that almost 15 percent of children and young people under juvenile justice supervision accessed homelessness support services within the 12 months before the start of their most recent youth justice supervision, and almost 20 percent did so within the previous two years. These data also show that one in 12 children and young people accessed homelessness support services within 12 months after the end of their most recent juvenile justice supervision, while one in eight received it within two years (AIHW, 2012). More recent national data show a significant overlap between juvenile justice and homelessness service involvement; these 'overlap' children were more likely to be older (15–17) and male; 40 percent of them were Aboriginal and Torres Strait Islander youth, 40 percent experienced current mental health challenges, and 30 percent had experienced family violence (AIHW, 2016).

Homelessness always entails the presence of other risk factors and is often the result of family conflict, violence and family breakdown.

2.9   CHILDREN AND FAMILY VIOLENCE

Two aspects of family violence are known to be predictive of future criminal behaviour. Firstly, child abuse is related to future crime, with studies showing that physical child abuse and neglect predict future criminal involvement (Widom & Maxfield, 2001; Cicchetti & Toth, 2005). Some authors argue that child abuse explains the intergenerational transmission of externalising behaviour (Verona & Sachs-Ericsson, 2005). Secondly, witnessing parental violence is also predictive of future crime in children (Margolin & Gordis, 2000); and exposure to both indirect family violence (i.e., witnessing violence) and direct family violence (i.e., being the victim of violence) is related to adolescent violence that can lead to criminal charges against the child (Beckmann et al., 2017; Contreras & Cano, 2016; Cornell & Gelles, 1982; Gámez-Guadix & Calvete, 2012; Ibabe et al., 2013; Kennedy et al., 2010; Lyons et al., 2015). Finally, anecdotal evidence suggests that experiences of family violence may lead a child to leave the family home, which may lead to homelessness and make them more vulnerable to engaging in criminal behaviours.

3. SERVICE PATHWAYS FOR CHILDREN AGED 10–13 WITH COMPLEX NEEDS

Children's early and prolonged involvement in the youth justice system is influenced by a range of factors, both individual (e.g., cultural identity, gender, psychosocial history, trauma) and socio-environmental (e.g., family conflict, poverty, prior experience in the child protection system), that are beyond legal factors. The previous section identified a range of needs; this section describes how those needs shape the service pathways of children across the health, mental health, substance abuse, education and child protection systems, based on the existing literature. It can be used to inform system-wide responses and evidence-based practices to better meet the needs of children, their families, and communities.

Consistent with the public health approach, service systems that ensure children's needs and rights are met include universal services such as education, health care, support services, targeted or secondary services such as mental health, substance misuse programs and other targeted programs, and tertiary systems such as child protection and youth justice. Secondary and tertiary service networks specifically target and respond to at-risk children and families (Garland et al., 2001).

Maschi et al.'s (2008) literature review revealed particular patterns of need and service usage that made young people more vulnerable to involvement in the juvenile justice system:

> Social/environmental risk factors, such as unmet service needs and/or prior service involvement with special education services, child welfare, social services, and mental health and/or substance abuse treatment, influenced youth's entry and prolonged service use patterns across multiple systems of care (p. 1,382).

Children with multiple needs experience complex trajectories before accessing services. However, many service systems have attributes that are known to disrupt care specifically for children; key among these are the strict eligibility criteria and transitions of all kinds (e.g., entering kindergarten, primary school to high school, from child to adolescent services). These transitions, often rigid and poorly executed, can lead to disengagement from services and poor outcomes (MacDonald et al., 2018). They are where the children often fall through the gaps.

Working with children in, or at risk of contact with, the youth justice system results in substantial multisystemic challenges (Goodkind et al., 2013; Richards, 2011). Many children will have had existing or prior contact with two or more human service organisations before an interaction with the justice system (Howell et al., 2004; Graves et al., 2007; Goodkind et al., 2013). As Section 4 details, a significant proportion of children have needs that see them becoming involved in both the child protection and youth justice systems (Chuang & Wells, 2010; Herz et al., 2012; Malvasoa et al., 2017; Mendes & Baidawi, 2012) or with a disability or mental health service and juvenile justice (Graves et al., 2007; Dowse et al., 2009).

What follows is a description from the literature of the specific domains where needs are, or could be, identified and possible service pathways for children in the target group. The discussion of services in the ACT reflects these needs in Section 6.

3.1 HEALTH

It is common for children who are at risk of unsafe or problematic behaviour to have had inadequate or inconsistent health care. Children with complex needs often present with one or more physical health needs, including dental, eye or hearing impairment (He et al., 2019; Raman et al., 2017) as well as asthma, diabetes and obesity (Stanley et al., 2005).

Children in the justice system commonly experience a range of disabilities. These include cognitive or neurodisabilities (e.g., intellectual disability, dyslexia), communication disorders such as language and

speech disorders, ADHD, autism spectrum disorder and foetal alcohol spectrum disorder (Baidawi & Piquero, 2021). These issues often go unnoticed and unassessed or are inadequately responded to before entry to youth justice services.

3.2   MENTAL HEALTH

Children who are at risk of offending or who have offended are known to have multiple mental health and behavioural difficulties as well as substance misuse challenges. This can be due to early adverse experiences such as trauma, neglect and/or abuse. Mental health challenges can include hyperactivity, depression, anxiety, ADHD, personality disorders, mental illness, suicidal ideation, PTSD and oppositional defiance disorder (Osborn & Delfabbro, 2006). Pathways to mental health care for children tend to be complex, with multiple help-seeking contacts and, sometimes, lengthy delays before appropriate care begins.

To put the extent of children's mental health challenges into perspective: an Australia-wide survey found that 17 percent of children aged 4–17 reported that they had used a mental health service in the previous 12 months (Johnson et al., 2016), with 27 percent of adolescents aged 12–15 rated as high or very high for overall mental health problems (Dray et al., 2016).

3.3   SUBSTANCE MISUSE

Children in youth justice systems also experience higher levels of substance abuse disorders than the general population of children (Ahmad & Mazlan, 2014; Newbury-Birch et al., 2014; NSW Health and NSW Juvenile Justice 2016). The current research finds a relationship between substance misuse, mental health challenges and involvement or risk of involvement in the criminal justice system.

3.4   EDUCATION

School is a universal service in which all children are expected to engage. Previous literature indicates the strong relationship between challenges arising in school (e.g., poor mental health, learning difficulties, academic failure, school suspension and early disengagement) and future harmful behaviour emerging (Hemphill et al., 2006, Hemphill et al., 2017). The link between early school leaving and criminal behaviour has been well established, with clear relationships between low school achievement, poor academic performance and low engagement at school resulting in early school leaving and criminal behaviour (Hemphill et al, 2006; Sullivan, 2004). Similarly, there is growing evidence to suggest that engagement with the criminal justice system tends to correlate with poor educational engagement and achievement (Strnadová et al., 2017).

A major international literature review (Lyche, 2013) classified the causes of early school leaving into three groups of factors. The first group includes individual and social factors (e.g., lack of motivation, low performance and student behaviour) and family factors (e.g., socioeconomic background, parents' views of school, parental engagement). The second group of factors relates to school practices such as suspension and/or expulsion. The third group relates to the lack of alternative opportunities, for example, vocational education.

The 2009 New South Wales Young People in Custody Health Survey (Indig et al., 2011) found that almost all young people in custody had been suspended from school at least once, and almost half had been expelled at least once. These young people left school, on average, at the age of 14.4. The majority (90%) had left by Year 10.

3.5   STATUTORY CHILD PROTECTION

We have noted that a pathway exists between the child protection and youth justice systems, making children who come to the attention of child protection authorities at least 12 times more likely than other children to offend and to come under the supervision of youth justice services (AIHW, 2018). More than half the children detained in youth justice centres are known to child protection services (AIHW, 2018). There is a strong trajectory from child protection services to youth justice for Aboriginal and Torres Strait Islander children (Jones, 2017).

Individual risk factors, such as the type of abuse, have been found to influence children's entry and service use patterns in the child protection system. In Australia, 54 percent of child substantiations were for emotional abuse (often because of concerns about family violence), followed by neglect (22%), physical abuse (14%) and sexual abuse (9%). Other individual risk factors that influence child protection involvement include age (children aged under one year are twice as likely to have had at least one child protection substantiation as children aged 1–4 or 5–12), Aboriginal and Torres Strait Islander children are overrepresented among children receiving child protection services, compared with non-Indigenous children (AIHW, 2021). Other family and community risk factors include a range of parental/family characteristics, including parental substance misuse, involvement in criminal behaviour, family conflict and social isolation. Social or environmental factors include poverty, housing stress, neighbourhood disadvantage and violence.

4. CHILDREN IN THE JUSTICE SYSTEM

Understanding the size of the affected group is essential to enable adequate service provision. To assess the number of children who interact with the justice system, detailed data from ACT Courts and ACT Policing is required. Unfortunately these data were not available for this report, however, we understand JACS is undertaking this data analysis work internally to assist with future planning.

According to data provided by ACT Policing in 2019-20 **61** young people aged 10-13 years had charges cleared against them[3]. Of these, 36 young people had charges cleared by caution, drug diversion, alcohol diversion or restorative justice diversionary conferences; and **25** had charges cleared by arrest, summons, or were charged before the court. It is acknowledged that police also have many interactions with young people that are difficult to report on if they are not being formally proceeded against.

Section 4.1 provides comprehensive data on the group of children who were on youth justice orders supervised by CYPS. This cohort of children would be assumed to be those with the most complex needs. It is also likely that the children in the cohort went through a period of being diverted from the youth justice system, prior to CYPS supervision. Because of this, the cohort mostly includes children with particularly high and complex needs who were involved in offending behaviour. The cohort includes all children aged 10–13 who were admitted to Bimberi Youth Justice Centre during this time.

4.1 CHILDREN AGED 10–13 ON YOUTH JUSTICE ORDERS SUPERVISED BY CYPS

This section outlines key insights regarding children aged 10–13 who were supervised by the CYPS on youth justice orders between 2015–16 and 2019–20.

Cohort demographics

Of the 48 children in the cohort, 33 were males and 15 were females. There were no 10-year-olds and very few 11-year-olds (>5) in the cohort, with most aged 12 or 13 years old when they first experienced CYPS youth justice supervision. Thirty children were from non-Indigenous backgrounds, and 18 were Aboriginal and Torres Strait Islander children. Aboriginal and Torres Strait Islander children were significantly overrepresented in the cohort (approximately 38%) despite making up less than 2 percent of the total ACT population.

ACT data reported by the AIHW shows that 10- to 13-year-olds consistently make up a small proportion of the total number of children and young people in the ACT youth justice system. For example, Figure 2 shows that, in 2019–20, of all 149 children supervised by CYPS on youth justice orders, only 12 (8%) were below the age of 14.

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[3] • A charge relates to the specific offence an alleged offender has been charged with when apprehended or proceeded against by police. People apprehended and placed in protective custody for intoxication are not usually charged with any offence and excluded from any charge related data.
• Charges can be cleared when the investigation of the offences has resulted in one of the following outcomes: arrest, summons, charged before court, caution, diversionary conference, drug diversion or alcohol diversion (for young people under 18. Note that the clearance of an offence may not necessarily occur in the same period in which it was reported and clearance types may change over time. For example, ACTP clearances marked as diversionary conference may change depending on whether an offender has fulfilled the requirements of the diversionary conference. If the offender does not fulfil the requirements they may be subsequently summonsed for the offence and the clearance type changed.
• Charged before the court mean fresh charge(s) are added to existing criminal proceedings at the time of an alleged offender(s) court appearance or at, for example, a bedside hearing.

Figure 2: Children under youth justice supervision in the ACT from 2015–16 to 2019
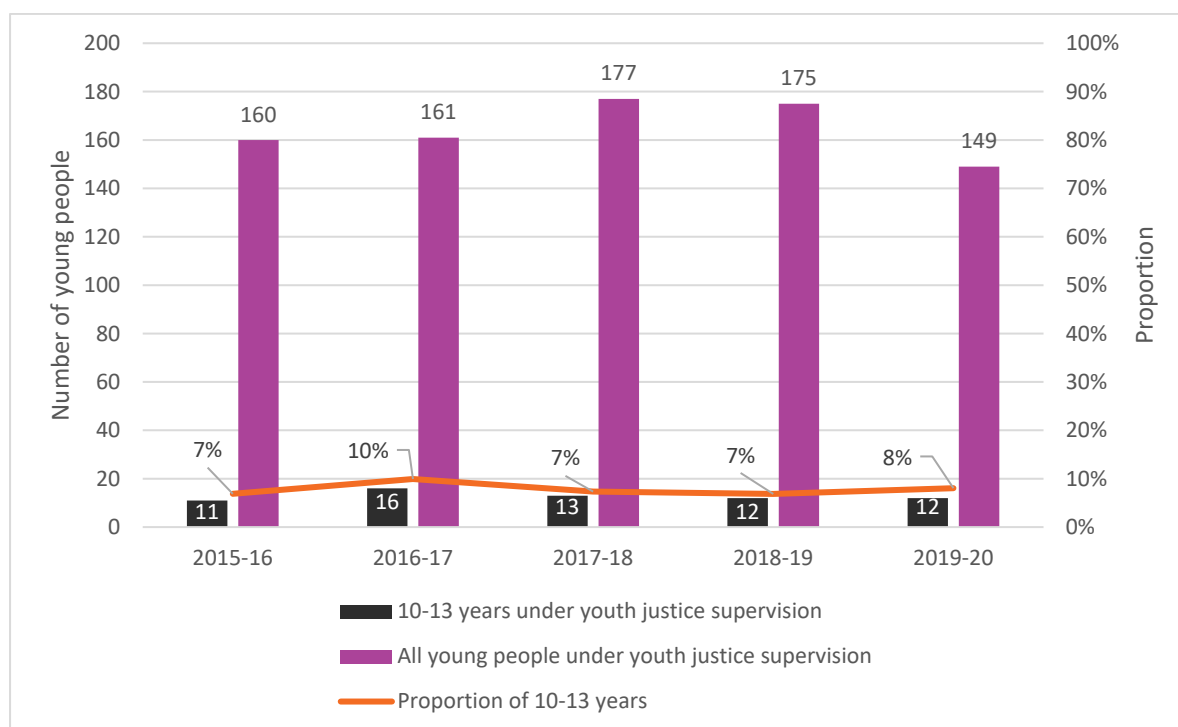
Source: Australian Institute of Health and Welfare, Youth Justice in Australia 2019–20, Table s11b. In this table, the cohort does not sum to 48, because children may be counted multiple times over financial years.

Offending rates

Over the review period, 458 offences were recorded against the children in the study cohort.

The 30 non-Indigenous children in the cohort offended at a greater rate than the 18 Aboriginal and Torres Strait Islander children, with 12.1 offences, on average, for non-Indigenous children, compared with 5.2 offences, on average, for Aboriginal and Torres Strait Islander children.

An analysis of the number of offences recorded by each child shows that a relatively small number of the study cohort committed a significant number of the total offences. Most children in the study cohort – 28 out of 48 (58%) – had five or fewer offences over the review period, with 13 of these children (27%) having committed only one offence.

Serious offending type

The data demonstrate that 10–13-year olds' offending is generally less serious than that of older children or adults, with no offences such as murder, manslaughter or sexual assault recorded over the five years of the review period.

Table 1 outlines the most serious offence per youth justice supervision order, noting that individuals could have more than one order. It is important to note that these figures do not represent all offences, only the most serious offence. For example, if a child had three offences – assault (non-sexual), break and enter, and property damage – only assault (non-sexual) would be counted below, because it is the most serious offence on their order. Seriousness of offence was assessed based on the Australian and New Zealand Society of Criminology (ANZSOC) Subdivisions.

Table 1: Types of serious offences

Most serious offence	2015–16	2016–17	2017–18	2018–19	2019–20	Total
Assault (non-sexual)	10	7	17	17	26	77
Justice procedure offences	3	7	17	19	20	66
Robbery	5	4	2	8	7	24
Property damage	5	7	7	3	6	28
All other offences	3	5	10	4	3	25
Total number of most serious offences	**26**	**30**	**53**	**51**	**62**	**232**

Justice response

It was rare for children in the cohort to be sentenced to detention. In the period, very few children (<5) were given a sentenced detention order by the Childrens Court.

It was much more likely for children to experience unsentenced detention. Approximately 81 percent (39 out of 48) were admitted to the Bimberi Youth Justice Centre at some point in the period.

Figure 3: Number of orders by legal status for the cohort 2015–16 to 2019–20
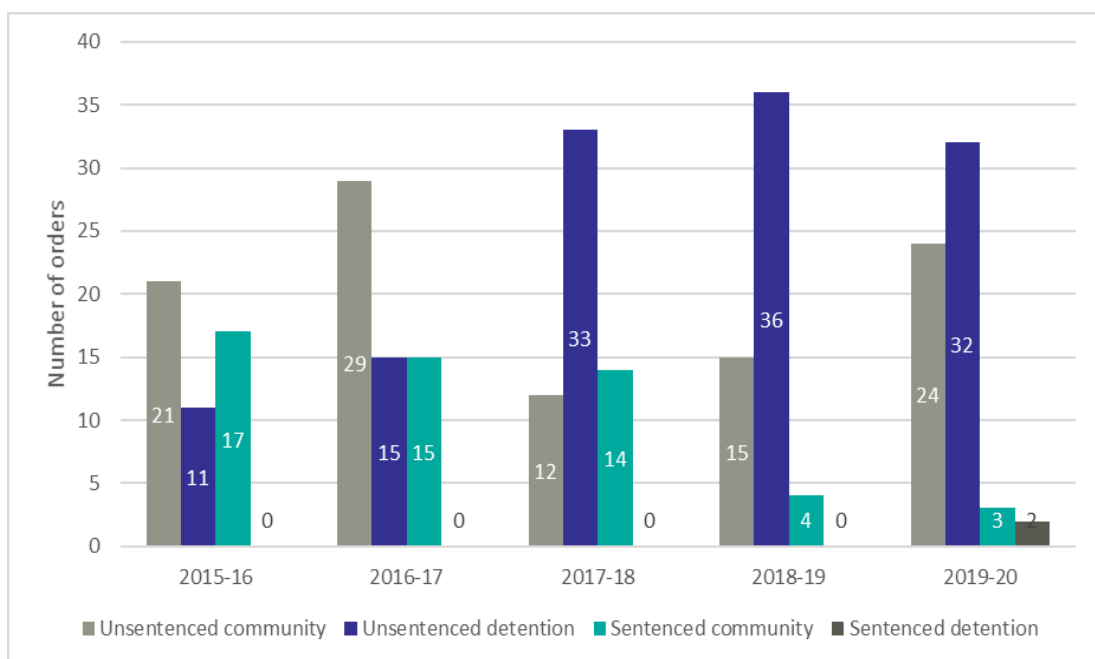
Source: unpublished CYPS data. This graph presents numbers of orders for the cohort, not number of children.

Between 2015–16 and 2019–20, there was an 82 percent decrease (from 17 to 3 orders) in the number of sentenced community-based orders. However, there was a 59 percent decrease of unsentenced community-based orders between 2016–17 and 2017–18 (from 29 to 12 orders). This is the same period in which unsentenced detention orders (remand) increased by 120 percent, from 15 to 33, remaining at that higher level for the rest of the review period.

The increase in remand orders meant that, in 2017–18, 2018–19 and 2019–20, there were more instances where a child was admitted to custody in Bimberi than provided bail. This correlation may indicate a lack of safe accommodation options (other than Bimberi) for children with high and complex needs in the cohort, resulting in more frequent admissions to Bimberi.

Characteristics of children

Engagement with child protection

Twenty-nine percent of the cohort (14 out of 48) were on 17 different child protection orders at some point in the 12 months following their first CYPS supervised youth justice order in the review period. The remaining 34 were not subject to a care order in the 12 months following their first youth justice supervision order. This is closely aligned with the national average, where 28 percent of those under youth justice supervision in 2018–19 had received a child protection service in the same year.[4]

Domestic and Family Violence

A history of domestic and family violence was very common in the review cohort. Around 90 percent of the total cohort (43 out of 48) were reported to have experienced domestic and family violence as a victim and/or as a perpetrator.

Child development and intellectual disability

Fifty-eight percent of the cohort (28 out of 48) were recorded as having a 'moderate' or 'significant' developmental delay or intellectual disability. Many of these concerns may relate to lack of emotional regulation and anger self-management. These concerns may often be expressed as violent behaviours, which lead to disengagement from school (either suspension/expulsion or refusal), making it difficult to determine whether a child has low educational outcomes because of disengagement from school or from a learning disability. Some children's' development may have been impacted by trauma associated with exposure to domestic violence, abuse and/or substance misuse.

Although trauma plays a significant role in child development, some children in the cohort had diagnosed disabilities that contributed to intellectual/educational concerns – including dyslexia, dyspraxia and language difficulties, including processing language and non-verbalism.

Sexualised Behaviour

Approximately 33 percent of the cohort (16 out of 48) were categorised as having 'moderate' to 'extreme' sexualised behaviour. Many of these children were noted as having been victims of sexual abuse and exploitation.

Mental health

Two-thirds of the cohort (66%, or 32 out of 48) were assessed as having 'moderate' to 'significant' mental health concerns that limited normal functioning.

Only one-third of the cohort (33%, or 16 out of 48) were reported to have received some level of clinical diagnosis relating to their mental health within 12 months of their first CYPS supervised youth justice order in the review period.

The audit also indicated that 38 percent of the cohort (18 out of 48) were recorded as having reported suicidal ideation or at least one suicide attempt.

School Behaviour

A large majority of the cohort (85%, or 41 out of 48) were noted as having 'moderate' to 'extreme' school behavioural concerns. Seventy-two percent of the cohort (35 out of 48) were recorded as having been suspended or expelled from school. For most children, this related to violent or

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[4] Australian Institute of Health and Welfare, 2020. *Young people under youth justice supervision and in child protection 2018–19*. Cat. no. CSI 28. Canberra.

threatening behaviour towards teachers or peers. Twenty-nine percent of the cohort (14 out of 48) were recorded as refusing to attend school or having significant truancy concerns.

4.2 SUMMARY OF INTERVIEWS WITH YOUNG PEOPLE AND CARERS

There were 10 interview participants (six young people and four parents/carers) who provided insights into **'What has not worked well'** in supporting children and young people and their families who interact with the police and the youth justice system. They also provided some, but a limited amount of, information about **'What has worked well'** to support them: generally, supports and services were seen as lacking in the ACT context. We have summarised the main findings in this section relating to:

1. family circumstances
2. mental health
3. justice system
4. schools
5. substance abuse and other risky behaviours. [5]

We also include their views in other sections of the report to highlight their experiences.

Most young people had experienced more than two out of the four common risk factors for youth justice involvement (drug/alcohol misuse, mental health challenges, violent behaviours and struggles with school); those who had been detained in Bimberi, reported a greater number of risk factors. Most young people had a history of drug or alcohol misuse, and most reported a history of mental health challenges (such as depression and suicidal behaviours, anxiety, PTSD and Borderline Personality Disorder [BPD]). Half of the young people had used violent behaviours, mostly at school or at home. All except one young person had experienced school-related struggles. These characteristics reflect both the literature and the ACT CSD data on children in the youth justice system.

Family circumstances, including child protection involvement

Consistent with national data about children and young people in youth justice services, many – but not all – participants had been clients of child protection services in the ACT. In response to '**What has not worked well**', young people who had been removed from their birth families generally had a negative (or no) relationship with their biological parents, who had exposed their children to serious safety concerns and/or drug misuse. Residential care was described as traumatising, with little consistency in care or therapeutic input leading to negative developmental pathways and exacerbating harmful behaviours.

In response to the research question: '**What has worked well**?', young people perceived the care of their families (both foster and biological parents) as stable and supportive, a very important protective factor in their childhood and adolescence.

Mental health issues and service use

Participants' accounts regarding the mental health of young people and their experiences of mental health services were one of the most significant contributors to *'**What has not worked well**'*. Child and Adolescent Mental Health Services (CAMHS) and hospital emergency departments were viewed as not managing the complex and serious issues some of the young people were experiencing. There was a clear call from several family members for a secure facility to treat multiple and complex mental health concerns, where young people would be safe and supported, and which could be used instead of hospital emergency departments or calling the police.

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[5] A separate report with more detailed findings has been provided to government.

'**What has worked well**' in supporting these young people in terms of their mental health and wellbeing included finding a good GP to support them. Some were able to reach out for help themselves at an older age. Those who were not doing well at the time of the interview had been offered multiple services that were not sufficient to manage their complex circumstances or meet their needs.

Youth Justice System

Participants predominantly highlighted aspects of the youth justice services that '**Has not worked well**' for the young people and families. This included the shock and trauma from intrusive and frightening interactions with the police and difficulties navigating the justice system, particularly as a parent. A stay in detention was described by several parents and a young person as a missed opportunity that had the potential to provide a platform for 'rebuilding relationships' within families, but in which the families were not sufficiently engaged – and sometimes were completely excluded.

'**What has worked well**' in the youth justice system -- according to the participants – included restorative alternatives to court proceedings, including Warrumbul Court, Circle Sentencing and Restorative Justice Conferencing. These were perceived as a 'turning point', making a lasting, positive impact on the lives of the young people.

Substance misuse

This study reflected the findings of previous research into children in the youth justice system: most young people reported significant problems with drug and/or alcohol use, and these challenges had often led to, or exacerbated, their engagement in harmful behaviours and to police interactions.

Participants provided insights related to the research question: '**What has not worked well**' with respect to substance misuse. Drugs and/or alcohol were commonly used to self-medicate untreated symptoms of mental health disorders, depression, anxiety and PTSD. Support services in the ACT, including youth justice, were unable to provide adequate long-term supports, particularly for co-morbid and complex mental health issues and substance misuse. Young people considered it unfair to restrict their drug use as part of their bail conditions without providing adequate supports or rehabilitation. That omission had led them to breach bail on several occasions. Rather than the banning of drug or alcohol use, participants called for longer-term and holistic solutions to addressing substance misuse, particularly in the context of mental health problems.

Schools and the education system

Like mental health services, the education system was perceived as having major gaps in supporting young people with complex needs and who engage in harmful behaviours in the ACT. Our findings show that the common manifestation of adolescent mental health challenges and complex needs profiles (externalising behaviours, substance misuse and missing school) are not, currently, appropriately dealt with in the schools. These findings are also consistent with literature indicating that educational issues are a major predictor for youth justice involvement (see Section 3.4).

Participants – young people in particular – only provided information on '**What has not worked well**'. They reported that schools tended to exclude – rather than support – students who showed antisocial behaviours. Young people also identified a lack of adequate resources to support students in the school environment; a lack of referral information about appropriate services; and a lack of follow up when support services had been suggested to families. Transition to high school seemed to be a particularly vulnerable period of time for most participants: a majority of their mental health challenges started soon after starting high school. Young people had insightful suggestions for improvements in schools' approach, including special support workers, 'being genuinely interested' and 'speaking in the same language as the students'. These are all types of relational support that are particularly important for children and young people experiencing mental health challenges.

Aboriginal and/or Torres Strait Islander perspectives

One-third of the participants in the interviews were of Aboriginal and/or Torres Strait Islander background. This is consistent with the overall rates in the youth justice system, where they are nationally overrepresented. Reflecting the ACT data (Data & Insight summary), the Aboriginal and Torres Strait Islander young people had engaged in less serious offences (e.g., traffic) than the non-Indigenous participants, and they were generally older.

In response to **'What has not worked well'**, the Aboriginal and/or Torres Strait Islander participants revealed particularly negative experiences of systemic racism and a lack of cultural awareness – in schools, within the police and in the child protection system – that was likely to cause, young people and their families to disengage and to feel unsafe when interacting with these institutions. There were some grave concerns about most schools and the child protection system having set up cultural awareness programs and protocols but delivering them in a tokenistic manner.

Participants also provided examples of **'What has worked well'.** They generally included Aboriginal-led programs for families and young people that facilitate a deeper cultural engagement with their own history and land. They also experienced positive outcomes from the alternative justice processes led by Aboriginal and/or Torres Strait Islander Elders, including Warrumbul Court and Circle Sentencing, for children and young people who had interacted with the police in the ACT.

5. GAPS IN THE SERVICE SYSTEM FOR CHILDREN AGED 10–13 YEARS

The literature identifies how service systems are often unable to meet the needs of those at risk of unsafe or problematic behaviour because of a lack of identification and assessment; ineffective information sharing and communication between services; a lack of coordination between services (Anthony et al., 2010; Cannon et al., 2008; Herz et al., 2012); overlapping and competing services (Anthony et al. 2010; Herz et al., 2012); service gaps (Heffernan et al., 2005; Mendes & Baidawi, 2012); and a lack of familiarity with existing services or functions of other services, including referral pathways (Dowse et al., 2009).

Almost all groups of stakeholders consulted for this Review identified similar service system issues. It was strongly acknowledged that responding adequately to children who may be at risk of harmful or unsafe behaviour requires a coordinated and more integrated response. The barriers identified in the literature were reflected in stakeholders' descriptions of the barriers preventing children and their families from accessing effective responses across the service system. They pointed to a lack of coordination and integration across the service system, including: ineffective information sharing; a lack of capacity to work with children with a range of needs; a lack of specialised and generalist programs; types of service delivery modes that lack flexibility; complexity in navigating the system; limited understanding of child-specific familial and cultural needs; limited understanding of what services are available; and long waiting lists for specialised services. Across the consultations, stakeholders repeated that the demand for services outstripped the availability.

The recurring themes from the consultations are presented below. Stakeholders also provided examples of existing services that could be enhanced to meet the needs of children aged 10–13 (or younger). These are discussed in Section 6.

5.1 BETTER SYSTEMS FOR IDENTIFYING AND ASSESSING NEEDS EARLIER

> Life course prevention approaches views the prison pipeline – and the chance to change course – as beginning with the effects of disadvantage on the previous generation (e.g., criminal-justice system involvement) and extending from birth through countless opportunities to support non-criminal environments and prosocial lives, rather than letting risk factors compound and a prison-based future be inevitable. This is the concept of developmental crime prevention (Lambie & Gluckman, 2018).

A view held across stakeholder groups was that there is not enough screening or identification in responses to younger children. Rather, the system is responding to crisis and focuses on those who are already in the youth justice and child protection systems. One stakeholder stated that, when you have long waiting lists (over 18 months) for 'early intervention' services, such as health services for children or family support, it cannot really be early intervention.

There is strong evidence that early intervention (or support and help) is effective in young children who experience trauma, maltreatment or disabilities and who are showing challenging behaviours, either in Early Learning and Care or in the early years of school. More proactive methods of identification and intervention for struggling children who do not yet meet the criteria for mental illness are required, and support is necessary while waiting for a diagnosis that will, hopefully, provide access to help. There is a widely held view that the existing service system remains siloed, fragmented and difficult for vulnerable families to navigate, particularly given long waiting lists and strict eligibility requirements. There are also limited services that are culturally safe for Aboriginal and Torres Strait Islander children and families.

5.2 NEED FOR STRONGER MULTIDISCIPLINARY COORDINATED MODELS

Although there has been an unprecedented emphasis on collaboration and working together over the last decade, this remains a significant gap identified by a range of stakeholders. The service system needs integrated (wraparound) early intervention services, facilitating access to multiple disciplines that can respond to mental health needs, including drug and alcohol challenges and trauma-related behaviours. Stakeholders said that information sharing remains a significant barrier to creating effective and early partnerships.

There is a clear and urgent need, identified in the consultations, to develop and implement more integrated and collaborative ways of working, this is despite the popularity of case management models across the ACT, which has collaboration and coordination at the core. The section below explains in more detail how a lack of specialised services, with strict eligibility criteria, remains a barrier to developing effective, integrated responses to children and families with complex needs.

Early wraparound (multidisciplinary) support and parenting education for children and their families working together is also required. A range of stakeholders clearly outlined the early intervention argument, pointing out that children aged 10–13 often begin to manifest behavioural challenges much earlier. Identifying and intervening earlier by responding to children and their families' needs, including the impact of intergenerational trauma, is essential; this is where the root of the problem often lies.

Several non-government stakeholders said that there needs to be more partnership work between government clinical services and non-government organisations (NGO) to improve trust and coordination. They felt that CAMHS can disregard what the NGO services are telling them when they have concerns about a child's mental health needs. The relationship needs to be strengthened.

One stakeholder said:

> The kids we are talking about are often too complex to be managed by NGOs given the current resources and training/skills of staff currently available to them. No single service is adequately funded to manage their needs, it should be a government-coordinated effort.

Most young people interviewed for the Review had overcome their struggles with managing mental health challenges, educational challenges and social issues experienced at the time of their police/justice involvement. One of the young people who had experienced multiple trauma and significant developmental disruptions provided insight about the process they had gone through and how they experienced multiple issues:

> I'm 21 now, so it's been over 10 years that it's been a very, very slow and steady process, but the amount that I have done is crazy. And the amount I have left to go is also very crazy, but it's manageable. I don't think the stuff I'm doing now would have helped if I had intense therapy then, I don't think it would have done much just because I was being re-traumatised by the system at the time and the instability I had to face. But I definitely needed more supports back then to have that stability. What I have achieved now is only because I was persistent and I reached out for help, it didn't come easy. [non-Aboriginal young person 1]

5.3 LACK OF ACCESS TO SPECIALISED SERVICES

Across the consultations, the current system was consistently described as 'fragmented'. This emphasises the structural problems of the provision of generalist services, for example, case

management models[6] for families or children with a lack of specialised secondary services.[7] Almost all stakeholders raised the issue of how difficult it is for children to access mental health and alcohol and other drug services, identifying long waiting lists or narrow eligibility criteria for specialised services.

Stakeholders also spoke about the lack of cultural programs and support for Aboriginal and Torres Strait Islander children and families. Young people and families or carers who participated in interviews for the Review argued that there needed to be more Aboriginal-led programs for families and children that facilitate a deeper cultural engagement with their own history and land. Gugan Gulwan is the only Aboriginal Youth Service, so it is difficult for those who live in other areas of Canberra to access the range of Gugan Gulwan's services. In turn, it is difficult for Gugan Gulwan to meet all the needs of Aboriginal and Torres Strait Islander children and families with their current funding arrangements, because they are not always funded to work with children under 12.

Services for CALD children are currently small and hard to access (e.g., for Polynesian Islander and African children and families). Connecting children and families to specialised cultural services remains a challenge.

Many stakeholders described (and identified as a risk for raising the age) the problem that access to secondary or specialised services was dependent on a child's presence in either the child protection or youth justice systems. One stakeholder said: 'If services can be delivered in the youth justice system, they should be able to access them in the community'. Another said: 'kids shouldn't have to get in trouble to access support, and by the time they are it's too late'. One provided an example of how, once a 'care team' was established by CYPS, a range of coordinated services became available to the child and their family; those services had not been available until then.

Mental Health services were repeatedly identified as a gap in the system. Stakeholders made the point that, because Mental Health services do not class trauma as a mental health issue, healing from trauma remains an unmet need for many children. They also point to a lack of in-patient mental health services that are designed and equipped for adolescents who display harmful or challenging behaviour. Currently, children are treated in adult mental health facilities or sent interstate for in-patient mental health treatment because of the lack of services in the ACT.

The consultations identified a further significant gap: that of violence services/treatment for children in the age group, noting that children are often both victims and perpetrators of domestic and family violence. Children frequently come into contact with police and the youth justice system because of their violent or antisocial behaviours, but they are left without holistic support to address these behaviours.

Instead of a system that is collaborative and integrated, there is a bottleneck in the secondary system[8] (long waiting lists for mental health and disability services) that resembles what Allen Consulting

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[6] Case management is a person-centred approach to improve the coordination and continuity of service delivery, especially for people with multiple support needs. This intervention supports individuals by helping them to identify needed services, facilitating linkage with services, and promoting participation and retention in services (Vanderplasschen, Rapp, De Maeyer, et al. 2019; Grace et al, 2012).

[7] Useful to use the Public Health Approach conceptual model to understand services aimed at preventing issues that lead to early offending.

[8] **Primary or universal services** are delivered to the whole community to provide support before problems occur. They are best implemented using universal service delivery platforms that all families access e.g., schools, early childhood education and care and other community services. **Secondary (specialised) services** target families where there is a higher risk of problems emerging, e.g., mental health issues, substance misuse, family violence. **Tertiary services** respond to individuals and families where offending or child abuse or neglect has already occurred or is believed to have occurred. Services delivered or facilitated through child protection services or youth justice services.

described as an hourglass shape, rather than the public health model pyramid. It is very difficult for children and their families to access secondary services from universal services. However, it is when problems escalate, and tertiary services become involved, that there is potential for needs to be met.

Figure 4: Hourglass representation of system bottlenecks
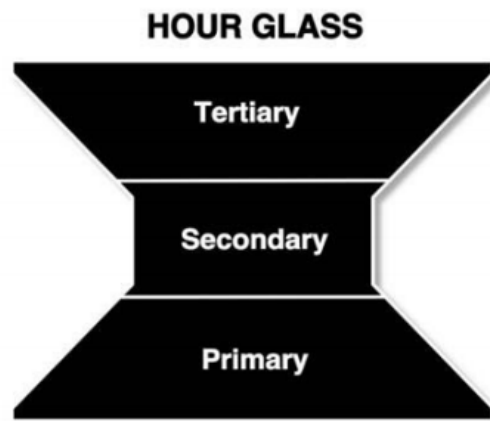
Source: Allen Consulting 2009

5.4   THE AGE GROUP IS A SERVICE GAP

The target group is not commonly eligible for a range of services in the ACT. For example, most youth support services, including crisis accommodation, focus on 15 years and up.[9] Those youth services who work with 12-year-olds see younger children as the ones who often fall through the gaps and are most at risk of going onto offending pathways (compared to those who come to the justice system in their teens). For example, one service explained that, if a 12-year-old presents to their service, they cannot be fully supported under current program funding guidelines because of age restrictions. 'This is a "bone of contention" that is unable to be resolved with government, who don't understand the need'. Some services have decided to extend the eligibility of programs to younger children (and siblings), but this remains unfunded and therefore unsustainable. It also means that services become stretched, leading to long waiting lists (of up to 12–18 months for some programs).

Some stakeholders regard this age group of children as also being part of the 'missing middle': too unwell/complex for primary services, but not complex enough to access specialised services, or having comorbidity which excludes them (e.g., disability and/or AOD or trauma response).[10]

One view was that services respond to eligibility criteria rather than to the assessment of need. Age is the most identified way of restricting services, but it also includes children with complex high-level needs and dual diagnosis. Many services have exclusion criteria for children; for example, mental health services do not always support a child who also has drug or alcohol challenges. A further key eligibility restriction noted across stakeholder groups is the need for children and their families to agree to voluntary involvement. Section 5.6 discusses this issue in more detail.

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[9] One service that aims to address this gap is the recently introduced trial of the Safe and Connected Youth (S&CY) program, which supports children and young people under the age of 16 who are at risk of homelessness. https://www.youthcoalition.net/what-we-do/safe-and-connected-youth-project/

[10] Mental Health Services report that young people with comorbid issues can access CAMHS, so long as their mental issues are considered moderate to severe. They don't require a diagnosis but need to be experiencing moderate–severe symptoms or impact on functioning (e.g., significant suicidal ideation/self-harm, not leaving the house due to anxiety, psychotic symptoms).

Having services based on age, with rigid eligibility criteria, presents a major risk to adequately meeting the needs of children who are affected by raising the age of criminal responsibility. Rigid eligibility criteria are also likely to prevent any opportunity to provide early supports to children with complex needs who may be at risk of early offending behaviour.

5.5 WORKFORCE ISSUES

Several stakeholders identified gaps in the current workforce which will be exacerbated by the reform. They named common and long-standing workforce issues, including staff turnover resulting from short-term funding models, capability, and demands and competition from other sectors. High staff turnover, particularly in lower paid and more casualised sectors/occupations, was identified as a major issue. These workforce issues often lead children to disengage from services; the lack of consistency of practitioners affects their ability to engage and build trusting relationships.

Other specific issues included the ability to attract and retain professional and specialised staff, such as psychologists, leading to a reliance on private sector clinicians. It was reported that private clinicians may not take on children with complex, high-level needs or challenging behaviour, because they may be unreliable by not turning up for appointments. The funding of private clinicians via Medicare means that they will not be paid if the child does not turn up. Children and their families are then reliant on non-government programs, which may be more appropriate, but which remain very small and under-resourced, with long waiting lists.

Other workforce gaps identified include limited availability of specialised practitioners to respond to children with trauma-related behaviours, children aged 10 and over who have developing mental health challenges, and children experiencing harmful sexualised behaviours and violence. As Section 3 identified, these are the key needs identified in the literature as strongly associated with early offending behaviours.

5.6 BARRIERS TO ENGAGEMENT

A key finding of the consultation was that a large section of the service system was inherently inflexible and not well fitted to serve the most crucial needs of children at risk for harmful behaviours. One effect of this structural issue is the cycling of children through a service sector that does not reflect their needs. Stakeholders said that interacting with multiple services or trying to access them without success is likely to lead to 'service fatigue' for children and to further exacerbate their psychosocial difficulties and feelings of marginalisation. Consistent with this view are the routine comments by children on the way they are 'bounced' between services or different workers without getting their needs met (Blakemore et al., 2019; Mayock & Parker, 2020). This 'cycling' results from the inaccessibility or non-existence of many services in the ACT.

One young person we interviewed described their experiences with child protection services:

> There was a lot of inconsistency with the people working with me, so I'd make a relationship with someone and then they would go. I was moved a lot (to new houses), if that had slowed down that would be better. If I had just been able to find stability rather than just every time, I felt slightly stable it being thrown away I felt like every time I would figure out my feet, whether it be buses or the new school, or the new team, it would just be ripped out from under me again, chucked around. [non-Aboriginal young person 2]

Several consultations revealed that the 'voluntary' nature of most services limited what they could do to build engagement with children with complex needs. Services might try several times to contact or engage with children where 'they [the child] just didn't engage'. However, children with complex needs generally want help but are often unable to take up opportunities because of common barriers:

difficulty in keeping appointments because of lack of access/money for transport; poor organisational skills; not having an adult who can support them to attend; feelings of being judged; and previous poor experiences where they have been let down (Brown et al., 2016). These difficulties are exacerbated by services that place preconditions on children seeking support, such as coming into the office, being on time, not being affected by illicit substances or being homeless.

Stakeholders also talked about a lack of understanding of the impacts of neglect, trauma, domestic violence, mental illness and learning disability on children; that could also lead to service exclusion. Children's behaviour can also be a barrier to service engagement when they are excluded from school or services by antisocial behaviours. Previous research suggests that the most marginalised and vulnerable children are at greater risk of expulsion from services and school and subsequent offending (Blakemore et al. 2019).

In the same vein, one of the young people we interviewed described their negative experiences with the school while experiencing significant mental health problems:

> School was the main reason for my mental health's turning point. Teachers in specific...the school tried to offer me support but it was kind of just so I'd go away. Just kind of so they didn't have to deal with it anymore. It wasn't because they genuinely cared about me and they genuinely cared about my mental health. They were trying to get me out of that school. They were trying to make me fill out applications to all these other schools. [non-Aboriginal young person 3].

5.7   STRONGER DEVELOPMENT OF SERVICES WORKING IN A TRAUMA-INFORMED WAYS

Across the service system, there was some recognition of the extent and nature of adverse childhood experiences and their impact on behaviour and lifelong wellbeing. Although the impact of trauma on a range of wellbeing factors is recognised, stakeholders argued that schools, non-government services and residential care still need to further develop and integrate trauma-informed approaches and care in the way they work. Trauma-informed care describes an organisational structure and treatment perspective that involves not just understanding, but recognising and responding to, the effects of all types of trauma. This remains a significant gap across the service system.

At a minimum, trauma-informed care approaches call for consistency (seeing the same practitioner every time), client-centredness (a focus on what the children and their families say they need), individualised tailored approaches and a focus on 'what happened to you' rather than 'what did you do'. One of the major challenges in the delivery of trauma-informed care is the lack of operationalisation of the term in practice; thus, many professionals do not know what it means in their direct interactions with children and their families.

Stakeholders noted that Aboriginal and Torres Strait Islander children or children from refugee backgrounds require increased availability of culturally safe programs and support to respond to the impacts of trauma. A stronger understanding of cultural sensitivity in mainstream programs and specific culturally safe service delivery are also required.

One participant described a teacher showing them the movie *Rabbit Proof Fence*. Afterwards, non-Indigenous students made comments like: '*Well you should be grateful that your Elders were taken away and then put into those institutions.'* The young person did not believe that the teacher was able to safely respond to this interaction. Similarly, one young person described how a cultural space specifically set up at school as a 'safe place' for Aboriginal and Torres Strait Islander students was taken over by non-Indigenous students for other purposes. This type of 'tokenistic' delivery of cultural awareness education is more likely to increase than decrease racism and discrimination towards Aboriginal and Torres Strait Islander students.

Notwithstanding recent efforts to increase knowledge about the impacts of trauma on service engagement and behaviours, more is required to reduce organisational barriers to ensuring that vulnerable clients receive trauma-informed care. This means supporting teachers and other practitioners to gain the knowledge and skills to respond effectively to trauma in the moment. This involves a development from knowing about or recognising trauma to being able to identify and respond in trauma-informed ways.

5.8   LACK OF SAFE AND SECURE ACCOMMODATION

A range of stakeholders identified the need for safe accommodation for children. They emphasised that this need will be intensified by the change to the age of criminal responsibility. Several aspects of the lack of safe (and secure) accommodation included:

- There is a lack of after-hours and crisis accommodation options that can respond to children aged 10–13 years who are, for example, unable to go home. Police may lack adequate options when, as is likely, they will continue to be first on the scene. Currently, Bimberi or police custody (for commission of a criminal offence) is used to securely 'hold' children until alternative arrangements can be made. Bimberi is the only locked, youth-focused facility in the ACT and will no longer be available under these circumstances.
- A small group of stakeholders identified the need for a therapeutic facility (secure, as in locked). They highlighted how the *Children and Young People Act 2008* outlines a capacity for therapeutic protection orders, but no facilities to enact those orders. For continuous reoffending, there might be a period where children need to be in another type of secure setting (UK models with the secure training centres were suggested) that keep the child and the community safe but are also therapeutic to support healing (see Section 7 for more detail of existing models). A parent in the Young People and Carers study explained how Bimberi provided safe accommodation that 'forced a routine' on the child and meant that families didn't have to worry about their children harming themselves or others around them.
- There is a lack of safe housing options for children at risk of homelessness (a risk factor for harmful behaviour). Although the Safe and Connected Youth (S&CY) program has been piloted and evaluated, and funding has been obtained for accommodation through Ruby's Model, neither program is yet fully funded.
- Service stakeholders and participants in the Young People and Carers study indicated that Bimberi can provide respite for families and children – a 'time out' that allows everyone to reset and make a plan. The introduction of Ruby's Model of supported accommodation could be appropriate not only for crisis accommodation (see below for more details) but could also provide respite accommodation for children and their families where there is conflict.
- There is a lack of appropriate accommodation for longer-term care of children who may require mental health treatment and support or who remain a danger to others. Children have been admitted to adult mental health facilities because of the lack of a specialised adolescent mental health facility. A youth-focused outreach mental health team exists; however, strict eligibility criteria prevent many of the known complex high-level children from accessing this service.

  Some caregivers interviewed for the Review pleaded for a secure therapeutic facility where they could have taken their children instead of going to hospital emergency rooms or calling the police themselves. There is a desperate need for a secure mental health facility for children that deals with their mental health needs, where they can stay for a while and be safe, so both the child and their family (at home) can have a rest and not be on constant alert. [non-Aboriginal family member 1]
- It was stated that children and young people in residential care are not able to be contained or supported with the use of restrictive practices if there is no Behaviour Support Plan in place; this

has posed challenges for staff in responding to trauma-related and serious risk-taking behaviours.[11]

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[11] *The Senior Practitioner Act 2018* allows <u>residential care staff to use restrictive practices</u> to assist in providing intensive therapeutic support as outlined in a young person's positive behaviour support plan.

- Restrictive practices are allowed if they are validated by a support plan.
- Appropriate use of restrictive practice in this setting is not reportable conduct. This means that providers of out of home care can use reasonable restrictive practice to ensure a child or young person in residential care can receive intensive therapeutic support without being confined to a therapeutic protection place.

6. CURRENT ACT SERVICE SYSTEM – SUGGESTED ENHANCEMENTS

The following section presents a brief overview of the types of existing ACT services, based on the needs identified in Sections 3 and 4, and discusses where enhancements can be made.

A report written in New Zealand on preventing youth offending argues: 'it's never too early and never too late' to intervene. Although this current report focuses on the needs of children aged 10– 13, the argument for prevention is compelling. To prevent early offending-like behaviour requires interventions that aim to influence the health and wellbeing of the whole population. As is necessary in addressing all public health problems, interventions are required across all service levels and must be able to reach every level of society, including children, families and communities. The current focus of significant funding is on children who are already in the child protection and youth justice systems.

Researchers argue that life-course prevention approaches offer the chance for families and children to change course. This begins with the effects of disadvantage on the previous generation (e.g., criminal justice system involvement) and extends from birth through the multiple opportunities to support non-criminal environments and prosocial lives (Homel et al., 2012). It is well accepted that intervening early is more effective and cost-effective than allowing risk factors to compound and increasing the possibility of children engaging in early offending and joining the prison pipeline.

In an analysis of what works to prevent children and young people offending, a New Zealand report makes the case clearly:

> Early, positive engagement can stop intergenerational cycles of trauma, offending and prison involvement. The effects of abuse, neglect and maltreatment on children's development and behaviour can be successfully addressed at home, at school, in the community and in targeted mental health and other services, for a fraction of the cost of imprisonment. Pre-school programmes and providing age-appropriate interventions based on cognitive-behavioural therapy (CBT), are the most cost-effective developmental crime prevention approaches. Interventions are effective for pre-schoolers and young children who are experiencing trauma and maltreatment and who are showing the challenging behaviours that underpin a pathway to offending. The younger the child at intervention, the more effective it is likely to be (Lambie & Gluckman, 2018).

6.1 HEALTH

Early health screening is provided to all children in kindergarten in the ACT during the first year of formal education (kindergarten or equivalent school program). The screening includes hearing and eye tests, weight and height. Where needs are identified, nurses either ring parents or send a letter outlining the process for referral to services. This is an ideal opportunity for health needs to be identified and resolved. However, during the consultations, several access barriers emerged: long waiting lists for publicly funded services; the expense of private providers; variability in parents' capacity to respond to the referral; and the absence of follow up with families. A further issue raised was the unwillingness or inability of Health staff to share information with Education staff about health issues that may impact learning. The screening process could be enhanced, to leverage the opportunity for early intervention.

An analysis of 17 early developmental prevention programs for children aged 0–5, which included structured preschool programs, centre-based developmental day care, home visiting, family support services and parental education programs, showed that they improved children's wellbeing (educational success, cognitive development, social–emotional development, social participation,

involvement in criminal justice and family wellbeing) and could be seen well into adolescence (Manning et al., 2010).

Because children with disabilities, such as cognitive disabilities, intellectual disabilities or a range of other neurodisabilities are frequently seen in the criminal justice system, universal health screening starting in school offers several opportunities to intervene. Consultations raised the issue of a general lack of disability awareness across mainstream services. Children with disabilities are an example of where mainstream youth services, mental health and disability services are siloed and unable to respond to the strong comorbidity of mental health problems and disability. One stakeholder said: 'disability often does not exist on its own'. Siloed services are a barrier to children and families receiving the help they need. Other issues identified included the observation that the National Disability Insurance Scheme (NDIS) is not appropriately structured for children with psychosocial disabilities.

6.2   MENTAL HEALTH

Many stakeholders emphasised how difficult it was for children to receive mental health services in the ACT. This was put down by stakeholders to the specialised nature of CAMHS. Also identified was the need for trauma-informed services and specialised trauma-focused treatment and healing options for adolescents.

One stakeholder described the gap in mental health services in the following way, which encapsulates views across the consultation:

> mental health is the biggest one [gap] usually, undiagnosed mental health conditions, we see a lot of young people who have poor mental health. No opportunity to have service supports or they fall within the gaps of the current support services available. A number of kids/families say there is a gap in mental health services, and they have asked for support for years. Then there is a reason they do not fit into the criteria of a current service. It is left to escalate until the child has an incident and the court is then involved. They have then gone through the court process which isn't child friendly. The big gap is mental health and the need to be intervening early to provide the support needed.

Participants in the Young People and Carers study carried out for this Review also identified interactions with a range of mental health services in the ACT, including CAMHS, grief counselling, support from their General Practitioners and community outreach services, including homelessness services. These service experiences were not generally perceived as helpful. In fact, the response from mental health services in the ACT was identified by most young people as one of the major challenges for meeting their needs. This was particularly so in terms of the lack of adequate help responses to their acute, life threatening and complex mental health needs, which continued to deteriorate despite their being linked up with existing services.

Current mental health services were also limited in scope in their delivery of services for complex needs. One young person who had spent some time in Bimberi described their challenges with getting appropriate treatment for multiple mental health diagnosis in the ACT:

> Mental health support in Canberra is so bad, I had to go to Sydney to get the help I needed [for depression, anxiety]. My brother has to go to Sydney for his medical needs as there's nothing in Canberra and it's hard on the whole family. [non-Aboriginal young person 6]

ACT Mental Health is currently scoping and designing two new services. Although these services will target the older range of children in the group who will be affected by raising the age of criminal responsibility, they will be a valuable addition to the mental health suite of services:

- a multidisciplinary service to support young people aged 13–17 with complex needs who experience mental health challenges alongside trauma and/or drug and alcohol abuse
- an intensive trauma service for adolescents to support recovery and positive behaviour for those who have experienced childhood trauma, including abuse or neglect.

A range of new services in the non-government sector has been recently implemented to help fill this gap. An example is the Youth & Wellbeing program run by Catholic Care. It is an outreach mental health service for young people aged 12–25 in the ACT. It was reported that younger children would benefit from this program with further funding. Such services remain **small and oversubscribed**, despite limited knowledge of them by possible referrers.

A residential mental health service is the Supporting Young People through Early intervention and Prevention Strategies (STEPS). Working in partnership with CAMHS, Catholic Care provides support for people as an alternative to hospitalisation. STEPS offers a Step Up, Step Down accommodation option for children experiencing moderate to severe mental distress. STEPS also provides transitional outreach support for clients exiting the program. However, there are strict rules around involvement in the program. Often, children with complex needs are not eligible – for example, if they do not have an exit address, they do not meet the inclusion criteria. The age group targeted is 13–18.

Possible enhancements

- CAMHS early intervention through schools could be expanded to all ACT schools (at present, only 1 to 2 schools per term can be accommodated).
- Mental Health services could provide an outreach service to schools, to increase reach and early intervention.
- Non-government mental health services such as Youth & Wellbeing programs could lower the age of services to include children younger than 12.
- Aboriginal Community Controlled Organisations could be funded to provide or expand existing mental health and healing programs that are culturally safe for Aboriginal and Torres Strait Islander children.
- Increase trauma-based counselling and advocacy programs for children who are from a refugee background. Currently, Companion House is funded to deliver the equivalent of 1.2 EFT practitioners to work across all schools In Canberra.

6.3 RESPONSES TO CHILDREN USING VIOLENCE AND VICTIMS OF VIOLENCE

Many stakeholders, including young people and carers, identified the role violence plays in bringing children to the attention of the police and the justice system. Most of the young people interviewed described how their use of violence had led to their first police interactions at a young age. All of the CYPS cohort discussed above reported domestic and family violence as a victim and/or as a perpetrator.

In the ACT, there are very limited-service responses and no therapeutic services designed to work with children who use violence in their homes, in school or in the community. This is an area that requires significant attention.

6.4 SUBSTANCE MISUSE

There are limited drug and alcohol services available to children in the age group.

Almost all the young people who participated in interviews for this Review reported problematic substance misuse which began in high school, or even earlier: 'I was 10 years old and stealing my parents' wine and drinking before going to school every day, no one knew'. Many had started experimenting with marijuana when they started high school and had quickly escalated to harder drugs, such as ice.

Those who were using alcohol or other drugs felt that they were 'set up to fail' by the youth justice system. One young person described their experience:

> I was really dependent on marijuana and, I told the judge... I'd expressed my concern that they were setting me up for failure [bail conditions say no drug use, but no treatment was offered], that it was an unrealistic goal. And I did actually breach bail for that, but I got let out because Judge [name], he saw something in me as well. He saw something that nobody else did and he gave me a chance. [non-Aboriginal young person 4]

The Ted Noffs Foundation runs a residential treatment program, Program for Adolescent Life Management (PALM), but the target group is children aged 13–17. Health has one full-time Youth Alcohol and other Drug worker who does youth counselling. Although this worker used to provide outreach once a week to an NGO, this no longer happens. Currently, if a child needs to detox, they can only go to Canberra Hospital – which is not regarded as ideal.

A program such as Functional Family Therapy (Section 6.6), if expanded, can work with children who have challenges with substance misuse.

6.5 EDUCATION

Most stakeholders argued that intervening earlier, when issues emerged, is essential. School was where needs were identified (or not); referrals to services were made, but they were difficult to access. If needs – particularly learning needs – were not identified early and responded to, serious behavioural issues had the potential to emerge.

Young people who participated in interviews for the Review described school as having few resources and/or willingness to deal with and support children and young people who have complex needs: 'if you make their job more difficult, you're excluded and not supported'. Some schools had made efforts to support the young persons, but they were not resourced to do this adequately. One Aboriginal young person described their experience of school:

> There are no teachers I've really connected with. I'm not really open with them, none of them really listen. They're just more about education, but when I'm struggling to do education because of other things...they just put it on their shoulder and push it back. But my [sports teacher] at school's really good, she's great. She helps me a lot. And she helps with other things as well. Listens. [Aboriginal young person 5]

Across all key service domains (health, education, legal services and community services), stakeholders agreed that intervening earlier was essential. Schools were seen as playing a critical role in identifying emerging issues, given that they consistently come into contact with most children and families. The strong association between learning difficulties and youth justice involvement provides a particularly strong rationale for better identification and treatment of learning challenges when they first begin. Unmet needs are known to lead to harmful behaviours that can result in suspension or disengagement from school, which is another strong predictor of youth justice involvement.

A stakeholder said this, for example:

School responses to mental health and behaviour are a challenge – lots of suspensions, re-entry meetings, re-entry meetings aren't helpful, find it quite punitive, can only come back to school if they apologise, adds layers of trauma and increases mental health challenges. Schools want to help and are reactive and the cycle begins here.

Education has a range of mechanisms for responding to children and young people's needs, including school psychologists, youth workers and coordinating mechanisms which include:

- Network Student Engagement Team (NSET) – an allied health team which includes social workers (more likely to work with families in younger years or the young person during high school), Speech Therapists, Occupational Therapists. This is mainly a program that aims to support the classroom teacher and is more often focused on primary school students.
- Complex Case Management – focuses on occupational violence (provides strategies to stop staff getting hurt), restrictive practice team, attendance team (children and young people with chronic issues of going to school). A triage system is used, based on injuries to staff or on attendance, to assess the level of complexity and develop a plan to respond. Where these mechanisms are instituted, the view was that, often, the return to school processes take considerable time, during which the suspended child or young person becomes harder to engage.
- Flexible Education options provide personalised education programs to students who, at a particular point in time, cannot access education at their enrolled school. The Flexible Education model promotes inclusivity and individualised learning by connecting students to multidisciplinary teams that develop education and wellbeing plans that may intersect with community agencies to address the needs of students and their families. Flexible Education offerings include:
    - Home Education
    - The Hospital School
    - The educational program at The Cottage
    - Muliyan
    - Murrumbidgee School (previously known as Murrumbidgee Education and Training Centre) located at Bimberi Juvenile Justice Centre
    - Distance Education
    - Vocational Learning Options (VLOs)
    - The Aboriginal and Torres Strait Islander Student Engagement Program (yet to be named)
    - ACT public schools provide school psychologists who can provide direct support or interventions to students, consult with teachers and families, or work alongside other members of the student services team (school youth health nurse, school social worker, youth worker) to help students thrive in their school environment.

A range of community organisations said that they worked in schools with children, young people, and their families. Because youth workers are employed in high schools, some partnerships between schools and community organisations have been developed; however, it was noted that this could be further developed, to ensure that youth workers and other staff working in schools are aware of available services. Stakeholders indicated that schools sometimes make referrals to community organisations, to access support for children, young people, and their families.

Transitioning from primary school to high school can be a challenge for a range of children who may require further education and social support. There is evidence that children at risk of experiencing a difficult transition to high school include those with emotional and behavioural difficulties, prior difficult experiences in primary school and limited engagement in extracurricular activities.

Several young people interviewed for the Review described transition to high school as a turning point for the escalation of more serious issues, commonly beginning with skipping classes and quickly escalating to missing days and weeks:

> I was a really, really good kid. I started high school and about six months through Year Seven, my mum started noticing my grades changed. My mum never once got a phone call other than the teacher's praising how good I'd done. And she was starting to get phone calls about my behaviour, how drastic my grades were dropping. I started hanging out with people that I thought were cool, that I wanted to be like. They were kind of like my idols. I just wanted to be them and at such a young age, that's terrible. That's deadly. *[non-Aboriginal young person 6]*

Recognising the challenge for some children of transitions, ACT public schools aim to support all students with their transitions by providing a range of programs and services: from primary to high school, high school to college and college to post-school options. Schools within each network reportedly co-design transition activities, share ideas and develop strong working relationships, to ensure the delivery of best practice transition programs within the network.

Although there is limited evidence about the effective elements that make up a successful transition program (Rossiter et al., 2018), in addition to Education's transition program, North Side Community services are currently working with Gungahlin schools to implement a universal program to further support transition to high school. This program can also work with individual children who need extra support.

6.6 STATUTORY CHILD PROTECTION

As Section 2 outlined, many children who are at risk of being in, or are in, the youth justice system also had interactions with the child protection system. Consistently with existing research, most young people interviewed for the Review had at some point lived in out-of-home care placements. Those who had been in foster care had been removed as babies; they described stable and supportive foster placements that had been disrupted following interactions with the police:

> She [foster mum] has been so awesome and still is to this day. I talk to her all the time. She's a star. She did her best to get me on the straight and narrow, but she couldn't. It all started with the drinking, that was when I got locked up for the first time, because of drinking...but she forced me to move out because she didn't have a choice. Because some of the s**t I was doing she could have lost her job if they found out she had someone who was doing all this stuff in her house. So, she took it very seriously and had to send me into the refuges. Which weren't any better, but they weren't the worst. [non-Aboriginal young person 1]

Two young people had been placed in residential care upon being released from Bimberi or after what they described as minor interactions with the police. They moved to residential care from foster and kinship placements, predominantly because of the young person's absconding and/or their problematic behaviours in the house, which included violence and substance misuse that led to police involvement. The residential care placement was sometimes a gateway to further police interactions. Those who had experienced residential care described it as traumatising; one young person explained their entry to crisis accommodation:

> It was like a four-to-six-week placement, for crisis. So a lot of lash outs would happen there, a lot of people who really were just angry, who had just left home or been removed, or just had a placement breakdown, or left Bimberi all put in the same place. You walked in and your pockets were searched, I was having

metal detector wands waved all over me. And then the other resident, a male resident, was like, 'If she's older than 14 she's mine.' And that is just disgusting, I was terrified. I ran away the next day. [non-Aboriginal young person 1]

Statutory child protection has recently made available two new evidence-based programs that could be expanded. These are the two Functional Family Therapy (FFT) programs.[12] FFT Child Welfare is currently being provided by OzChild in partnership with Gugan Gulwan Youth Services for Aboriginal and Torres Strait families at risk of child protection intervention and entering out-of-home care.

FFT is currently being piloted for six months in the ACT. It is a family intervention program for at-risk pre-adolescent to older young people with very serious needs such as conduct disorder, violent acting-out and substance misuse. While FFT targets young children and people aged 11–18, younger siblings of referred adolescents often become part of the intervention process. FFT aims to reduce and eliminate the problem behaviours (e.g., conduct disorder, violent acting-out and substance abuse) and accompanying family relational patterns through individualised behaviour change interventions. It has a strong evidence base. This is a program that could be further utilised for non-child protection clients, which would allow community organisations, police or families to refer.

An alternative model that has proven effective in the treatment of complex psychosocial needs is Multisystemic Therapy (MST). MST is a multifaceted, short-term, intense, home-based, evidence-based intervention that has been widely used since the early 1990s with adolescents who experience severe social, emotional and behavioural problems (MST Services, 2010). It is one of the few interventions that has been around long enough to have been systematically evaluated for its effectiveness in treating antisocial problems in adolescents in the juvenile justice context, for example (Littell et al., 2005). A systematic review and a meta-analysis of 22 studies (n= 4066) of young people in youth justice showed small but significant treatment effects of the MST program on offending behaviours, mental health, substance use, family factors, out-of-home placement and peer factors (Van der Stouwe et al., 2014). A more recent review, only including randomised controlled trials (12 trials; n=1,425), shows that MST is most effective with more severe antisocial behaviours and emotional disorders in reducing antisocial behaviours as well as suicide attempts (Tan & Fajardo, 2017). Both reviews also reported that MST is particularly useful for juvenile 'offenders' under the age of 15 who display more severe psychosocial problems but may not be appropriate for children and young people children who experience less severe socio-emotional difficulties.

This program may also need to be adapted to meet the needs of Aboriginal and Torres Strait Islander and CALD families, because it is based on Western theories using evidence mainly from the United States.

6.7 OTHER POSSIBLE SERVICES

A range of possible evidence-informed options that currently exist and could be extended, as well as several examples of new evidence-informed programs that could be introduced into the ACT, would include:

- Strengthen programs that build community connections, including for children, to meet their cultural needs and to develop a strong identity.
- Consider models that have intensive, persistent and/or assertive outreach to better work with children and families. Some youth work models do provide services into schools, but this requires more development and funding, to increase their reach and ability to work with children earlier.

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[12] https://www.ozchild.org.au/service/functional-family-therapy-fft-cw/

- Provide more funding for brokerage for children and families to meet specific short-term needs or to fill gaps until, for example, services under the NDIS is approved – along the lines of the Community Assistance and Support Program.
- Offer more diversion-like programs that aim to engage children in prosocial connecting activities (e.g., sporting teams, art programs, community groups).
- Ruby's Model is a Family Conflict Program that also provides accommodation. It could be suitable for children who are affected by the change in legislation (and will no longer be taken to Bimberi). There are plans for one house in Canberra's north which will provide essential services to children under 16. Consideration should be given to providing a second house in Canberra's south. This would go some way towards having enough appropriate crisis and transitional accommodation for 10–13-year-olds, as well as providing support to the child and their family to resolve conflict and improve relationships.
- Make Intensive Family Support available to families who are not in the child protection system. Currently, Uniting provides an Intensive Family Support program that only accepts referrals through CYPS; it may be more appropriate to offer this assistance to families at an earlier stage, before child protection involvement.
- Extend the suite of parenting programs. There are several evidence-based programs that are currently provided in Canberra and could be extended; for example, Tune into Kids, provided by Canberra Regional Community Services. This is a parenting program that focuses on emotions and is designed to assist parents to establish better relationships with their children. The program teaches parents simple emotion coaching skills – how to recognise, understand and manage their own and their children's emotions. The program is targeted to families with children aged from 2 to 10 and aims to prevent problems developing in children, promote emotional competence in parents and children, and reduce and treat problems with children's emotional and behavioural functioning when present.
- The Incredible Years is also an evidenced-based program that involves a series of three separate, multifaceted, developmentally based curricula for parents, teachers and children. It focuses on strengthening parenting competencies and fostering parental involvement in school experiences. It aims to promote emotional and social competence and to prevent, reduce and treat behavioural and emotional problems in young children. There are parent, teacher and child programs that can be used separately or in combination. There are treatment versions of the parent and child programs as well as prevention versions for high-risk populations. It has been found to reduce behavioural issues and improve family and peer relationships. It is targeted at families with children aged from birth to 12 with behaviour or conduct problems. In Australia, it has been rolled out in other states, and, although Aboriginal and Torres Strait Islander families have been included in the program, there is limited evidence about its cultural suitability.
- FFT is currently being provided to Aboriginal and Torres Strait families and could be extended to non-Indigenous families as an early intervention program. See above for information on this program. Because there are limited programs for children who use violence, an extension of FFT is essential.
- MST, discussed earlier, is another option that could be considered. A longitudinal study in NSW found that, between one and three years after completing the program, 80 percent of families reported that children were not offending at all (confirmed by official data) and had improved outcomes, such as connection to school or employment, improved mental health and reduced substance misuse (Stout et al., 2017).
- Introduce culturally specific programs that are designed and facilitated by Aboriginal and Torres Strait Islander or CALD peoples/services. There are several new Aboriginal and Torres Strait Islander organisations that have recently been implemented or are being planned. Consider mapping the current Aboriginal and Torres Strait Islander service landscape (in more detail) to identify what support and mentoring these new organisations will require to ensure sustainability and effectiveness.

- An idea suggested several times was the need for a community hub with co-located NGO services, specialist services (e.g., mental health and drug and alcohol services, housing services, Centrelink, social activities) which would be a one-stop shop to help children, young people and their families. This would operate along the lines of the Child and Family Centres which are currently available to all families with children under 8 years old.

7. POSSIBLE RESPONSES TO SUPPORT IMPLEMENTATION OF A HIGHER MINIMUM AGE OF CRIMINAL RESPONSIBILITY

7.1 MODELS THAT RESPOND TO COMPLEX NEEDS

This section provides an overview of a range of models that could be introduced into the current service provision in the ACT to respond to children with complex needs. This is not a systematic review of the different models; rather, it identifies types of models that might be considered at particular points in the system. Responses across all levels will need to recognise and explicitly address the fact that, rather than simply co-occurring, complex needs are pervasive and interlocking and must be addressed in concert rather than in isolation (Dowse et al., 2014).

Ungar et al. (2014) posit that six principles – consistent with trauma-informed approaches – must apply in appropriately addressing complex needs. According to the principles, services must:

- be multi-level and ecologically complex in their delivery
- coordinate multiple services and challenge barriers created by service silos
- emphasise continuity over time, ensuring both seamless delivery and engagement by staff with clients/patients/residents
- be negotiated on a case-by-case basis, with services matched to people's cultures and contexts
- be designed to offer a continuum of interventions from least to most intrusive
- be effective, whether that effectiveness is demonstrated through practice-based evidence or more conventional and manualised evidence-based treatments.

Over many years, and throughout the current consultations, concerns have been raised by service providers, clinicians, carers, the Office of the Public Advocate, police and others about how difficult it is to provide services to children and families with multiple and complex needs in a timely and early way. As sections above have described, the group of children most affected by the raising of the age of criminal responsibility often have complex needs. They require a level and a type of support that the existing service system structure, with its emphases on targeted, time-limited, specialist interventions, does not readily allow. Currently, children with complex needs are often responded to reactively, having to enter the statutory systems of child protection and/or youth justice to receive more coordinated responses.

In any response to children with complex needs, several key elements need to be in place, including a shared recognition and understanding of the nature of the complexity and common criteria and language used to identify those children. Reform will also require specific cross-portfolio/directorate integration which understands and takes a pathway approach to supporting more coordinated service response across the key domains. This includes health, mental health, disability, education and child protection services. Integrated models require and support information sharing across the different service sectors (an issue that has been identified during the consultations as problematic). Finally, there must be more focus on a clearly articulated and shared set of outcomes; this requires robust data, to ensure that the shared approach is accountable in achieving real change for children and families.

The stakeholders agreed, throughout the consultations, that there was a need for more collaborative, integrated and joined-up service delivery to overcome the current fragmentation in the system for children and families with complex needs. Advocates of more collaborative interventions emphasise the similarities in the characteristics of children and families who access mental health, family support, child protection and juvenile justice systems and argue that the door through which children or families enter the service delivery system should not limit their access to holistic assessment and comprehensive, needs-based responses.

7.2 MULTIDISCIPLINARY PANEL MODELS

As part of a 'systems change' to responding to children aged 10–13 (and, potentially, older and younger children and families), stakeholders envisaged a multidisciplinary panel to address the complex needs of children and families. Multidisciplinary panels can be effective structures that monitor, problem solve and authorise a system of care for children with complex needs, including emotional and behavioural challenges – especially if they are adequately resourced (Bertram et al., 2011).

Panel models are used with different foci such as education, disability and youth justice. They tend to have a common range of elements, including a single-entry point, eligibility defined in terms of complexity, holistic and comprehensive needs assessments, coordinated care planning and intensive case management, with access to brokerage funds to directly purchase services in a timely manner.

Referrals to a panel can occur at different points on the continuum of need, to cater for emerging complexity, early intervention or responding to a crisis. The model may include a mandatory or statutory element. Decisions about the mandatory or statutory role of the proposed panel will be required and may necessitate legislative change.

There is a range of different panel models being used in other jurisdictions and internationally. Two relevant Australian examples have been identified as responding to a high level of complexity:

- **Multiple and Complex Needs Initiative** (MACNI) – Victoria. Provides targeted, time-limited and flexible interventions to a small number of people aged 16 and over with combinations of mental illness, substance dependency, intellectual impairment and acquired brain injury, and who pose a risk to themselves and/or others.
- **Youth Complex Needs Assessment Panels** – Queensland. Address identified issues and barriers by planning, implementing and reviewing strategies and interventions required to support at-risk children and their families in working towards improved health and wellbeing for children up to 18 years who have multiple and complex needs, defined by the breadth of need, or children with challenging or complex needs that place them, or others, at risk of harm and require a response from two or more services or departments.

A multidisciplinary panel, as a governance structure, would oversee a coordinated system of care that aims to reduce the fragmentation and silos of traditional service provision. The stakeholder consultations identified the need to organise mental health, education and other children's services into comprehensive service networks that can better respond to the varied and complex needs associated with emotional and behavioural disabilities – both earlier and in response to crises. It would oversee responses to individual needs but also facilitate ongoing monitoring and system advocacy for interventions over time.

Wraparound approaches

Given their complex need profiles, children who are at risk of interactions with the youth justice system are most likely to benefit from individualised child and family-centred 'wraparound' approaches. Wraparound models are an intensive, structured process that convenes a team of highly skilled professionals involving the child and their family members, along with professionals and natural supports relevant to a child with complex needs and their family circumstances (Walker & Bruns, 2006). This approach provides a flexible process through which any number of traditional and non-traditional services and supports can be identified, implemented and coordinated. Wraparound models take a community-based, family driven, collaborative approach that engages both informal and formal supports for families in a culturally competent, individualised and strengths-based way.

Wraparound models have been applied across many settings (including the previous ACT Turnaround program and the current S&CY), to achieve a broad range of outcomes, including: improved mental

health; reduced youth recidivism rates; more successful permanency outcomes; improved school achievement and attendance; and retention in less restrictive educational settings (Bruns et al., 2008a; Suter & Bruns, 2009). A comprehensive evaluation of wraparound approaches concludes that these service models can potentially yield better outcomes for children with complex and serious behavioural issues when directly compared to children receiving conventional or single types of services (Suter & Bruns, 2009). Recent evidence shows the effectiveness of wraparound models for the treatment of children with complex emotional needs, particularly in relation to keeping children out of the juvenile justice and residential care systems (Olson et al., 2021).

The active elements of the wraparound process have been defined by a set of philosophical principles (Bruns et al., 2008b).

Wraparound Principles
1. **Child and family centred** – supported decision making which incorporates choice and clear goals. Family and child/youth perspectives are intentionally elicited and prioritised during all phases of the wraparound process. Planning is grounded in family members' perspectives, and the team strives to provide options and choices such that the plan reflects the family's values and preferences. Family group conferencing is a model that supports this principle.
2. **Culturally competent and accountable** – demonstrates respect for, and builds on, the values, preferences, beliefs, culture and identity of the child, family and community. The team is responsible and accountable for culturally safe decisions and practices.
3. **Utilising natural supports –** the team actively seeks out and encourages the participation of family members and networks of interpersonal and community relationships. The wraparound plan reflects activities and interventions that draw on sources of natural support.
4. **Collaborative** – the wraparound team works cooperatively and shares responsibility for developing, implementing, monitoring and evaluating a single wraparound plan. The plan reflects a blending of team members' perspectives, mandates and resources. The plan guides and coordinates each team member's work toward meeting the team goal.
5. **Community based** – the wraparound team implements service and support strategies that take place in the most inclusive, most responsive, most accessible and least restrictive settings possible and that safely promote child and family integration into home and community life.
6. **Flexible and individualised** – to achieve the goals outlined in the plan, the team develops and implements a customised set of strategies, supports and services which includes the child and family (e.g., flexible funding models, brokerage, commissioning models).
7. **Unconditional** – the wraparound team does not give up on, blame or reject children or their families; when faced with challenges or setbacks, the team continues walking alongside and working towards meeting the needs of children and their families and achieving the goals in the wraparound plan, until the team reaches agreement that a formal wraparound process is no longer necessary.
8. **Strength-Based** – the wraparound process and the wraparound plan identify, build on and enhance the capabilities, knowledge and skills of the child and family, their community and other team members.
9. **Outcome based –** ties the goals and strategies of the wraparound plan to observable and measurable indicators of success that are agreed on; monitors progress in terms of these indicators through walking alongside the family, and revises the plan accordingly.
10. **Restorative** – is underpinned by principles of restorative justice and includes Family Group Conferencing, as well as restorative processes for victims.

In addition to prevention and early intervention strategies to support children at risk of youth justice involvement, there is a clear need for targeted approaches for those who are already in the system.

7.3 AN ALTERNATIVE SUPPORTIVE POLICE RESPONSE

Most stakeholders were aware of the need to develop an alternative process for responding to children aged 10–13 when a criminal justice response will not be relevant. The types of incidences include: where a child may be using violence; where a child is acting in an unsafe manner; or where a child is unsafe by circumstances. Stakeholders regard current outreach models to support children as limited; they should be enhanced, especially for after-hours crisis support. Services that operate only on weekdays from 9 am to 5 pm are inadequate to deal with crises.

A safe and child-friendly place where police can take a child (yet to be identified; however, possible options were discussed in Section 6.7) was recognised as being essential, along with the development of clear guidelines for police. Several stakeholders identified the '2 am response' as a test for the reform, calling for a similar model to the Police, Ambulance and Clinician Early Response (PACER) model.

One example of this type of model is the **Victorian Embedded Youth Outreach Program (EYOP).**[13] This program aims to enhance Victoria Police's ability to support the complex needs of young people at high risk of antisocial or criminal behaviour and/or victimisation. The evaluation of the EYOP pilot showed that the model provided targeted, timely *'and supported pathways for young people from police contact to engagement with service providers who can assist in addressing the underlying welfare needs and criminogenic factors that drive contact with police'*. Conceptually, like the PACER model recently introduced into the ACT, the EYOP pairs a police officer with a highly skilled and experienced Youth Support and Advocacy Service worker, to provide after-hours responses to children and young people encountering police.

The EYOP intervention aimed to reduce long-term involvement in the criminal justice system by engaging with the young person and their family, assessing their needs and referring them to youth services, including:

- Family intervention
- Behavioural intervention
- Education
- Employment
- Housing
- Mental health
- Drug and alcohol
- Victims of crime
- Prosocial recreational activities, including sport.

The EYOP operating model does not intend to exclusively target young people who have engaged in criminal behaviour. T**he primary prevention and early intervention** focus of the model does not require a young person to have had contact with police through alleged offending. The common theme from youth workers was that the EYOP model provided an opportunity to develop a therapeutic relationship with a young person, whether offending had occurred or not. Their emphasis was on establishing a rapport with the young person, breaking down barriers and supporting the young person's access to services.

Although this model was focused on diversion and was targeted to young people older than 14, it provides important elements (and evidence) to consider supporting police responses to 10–13 year olds affected by raising the age of criminal responsibility.

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[13]see https://www.police.vic.gov.au/sites/default/files/2020-10/EYOP%20final%20report%20Exec%20Summary%202020_09_24.pdf

Key outcomes from the evaluation of the EYOP:

- The benefits of the EYOP outweigh the costs and provide value for money.
- Most young people who receive a referral to a support service attend at least one appointment.
- Young people spoke positively about the relationships they have established with their youth workers and referral services.
- Police members noticed how effective youth workers' approach is to de-escalate and engage with young people.
- Youth workers have a greater awareness of the impacts of criminal behaviour and pressures of policing.

Our proposed alternative response assumes that an embedded youth work outreach response (EYOR) is in place to support the impact of raising the age of criminal responsibility. Figure 5 (see Section 9) describes how the outreach model could work within the proposed alternative response.

7.4   SAFE AND SECURE ACCOMMODATION OPTIONS

Section 5.8 discussed stakeholders' concerns about the lack of safe and secure accommodation options when returning home is not an option for children. Previously, police custody (for commission of a criminal offence) and Bimberi were available when necessary. The following section provides an overview of possible housing options, from voluntary safe accommodation to secure (locked) options.

Crisis voluntary accommodation

Section 6.6 addressed the need for enhanced and extended services. Suitable crisis accommodation is a critical requirement for children who cannot return home. Sometimes, children need somewhere safe to stay at very short notice or after hours.

Ruby's Model, a much-needed accommodation service, will have some crisis beds that may be available under certain circumstances – for example, when children come into contact with police and the embedded youth worker at 2 am or in other crisis situations. If Ruby's does not have an available emergency bed, Marymead may have appropriate, suitable housing.

Two further emergency care options could be explored. The first is to access trained emergency carers. This model exists in the out-of-home care system, and these carers may be an appropriate option for some children where an institutional response is not suitable.

Finally, an option of last resort is the provision of paid carers to support children in a hotel in the event of a crisis and where no other option is available. This response has been used in the out of home care system but is regarded as the least suitable (and most expensive) option.

Secure welfare models

Secure welfare models are locked residential facilities, used in other Australian jurisdictions and internationally to detain children who are at immediate and substantial risk of harm. They are most frequently directed to those children who have offended, are at risk of harm or have complex needs not associated with offending. Research about their effectiveness in improving outcomes or the practice parameters required for secure care is limited. There is some 'anecdotal evidence for its judicious use' (Crowe, 2016; McLean, 2016).

McLean's report for the South Australian Royal Commission into Child Protection Systems in 2016 identifies the key questions that must be asked if a secure accommodation model is under consideration. These include:

- What protects children and young people 's rights to freedom vs their right for adequate treatment and care/safety?

- What level of harm, or risk of harm, to the child or others is appropriate for placement in a secure facility?
- Is not having an appropriate option available grounds for placement in a secure facility?
- What exclusion criteria would there be for admission? (e.g., Victoria notes that property damage cannot be grounds for admission.)
- What is the appropriate length of time for a child to be placed in secure care?
- Who has the power to commit a child?
- What are the key therapeutic characteristics required?
- Should this be a government facility?

Several Australian and international jurisdictions have secure facility models. They have been established primarily to provide secure care for children and young people aged 10–17 (12–17 in Western Australia) who are deemed to be at substantial and immediate risk of harm to themselves or to others. Reasons for admission can include (and are often a combination of) sexual exploitation, self-harm, substance misuse and/or mental health issues (Victorian Ombudsman, 2013).

Children and young people can be detained by order of the CEO/Secretary of the department responsible for child protection if they are under a protection order; for those who are not, an application to the Children's Court is required.

Secure welfare models are seen in Australia as an option of last resort, to manage high levels of risk with which a child or young person may present. They are not regarded as a long-term option. In Victoria and Western Australia, children and young people can be contained for no longer than 21 days. In NSW, the Children's Court determines the length of stay – typically a one-week order for assessment, followed by a 3-month order with options to review.

Several jurisdictions, including NSW and NT, use the Sanctuary Model (a trauma recovery model) in their secure care units. The Sanctuary Model is an evidence-based, trauma-informed model used in residential care. It focuses on safety and on creating an understanding of how past adversity can continue to have an impact throughout life. It recognises that trauma has an impact, not only on the people who have experienced it, but also on the staff who work with them (Galvin et al., 2021).

Secure Welfare Model in the ACT

Establishing a secure welfare model in the ACT has been considered. Section 532 of the *Children and Young People Act 2008* (the CYP Act) provides for a therapeutic protection order (TPO). A TPO directs that a child or young person be confined for a period at a therapeutic protection place and that this confinement be part of the implementation of a stated therapeutic protection plan. The child or young person may be confined for intensive therapeutic support for a period outlined in a therapeutic protection plan. As is the case in other jurisdictions, a child or young person who is not already the responsibility of the Director General will have their daily care transferred to the Director General of the Community Services Directorate while the TPO applies. The conditions of the TPO are defined by the Childrens Court, to prevent the child from engaging in harmful conduct.

The primary reason why a secure model has not been introduced in the ACT is the low number of children and young people who would require such a response. Possible secure accommodation options exist (e.g., Marymead or current residential care houses) and could be developed (e.g., with increased security and specific staff training if children are of significant harm to others) under the specific high level of risk required by the current legislation. If this is an option, it would need to be developed as a therapeutic model (e.g., the Sanctuary Model) with trained and experienced staff.

It is certainly not clear that the need would increase significantly enough to justify the cost of such a service, either through enhancing current accommodation options or initiating a purpose-built facility. See Section 9 for a discussion about mandatory engagement through the proposed alternative response.

In some jurisdictions, such as New Zealand and the UK, raising the age of criminal responsibility comes with exceptions for serious offences, such as murder or serious sexual assault. If the ACT follows that path, one possible response to respond to such children is therapeutic jurisprudence (TJ), underpinned by the child's needs and case managed by the court.

This concept views the law as a social force that can produce therapeutic or anti-therapeutic consequences (Wexler & Winick, 1996; Winick & Wexler, 2003). This approach can direct court decisions beyond the specific dispute before the court and toward the needs and circumstances of the individuals involved in the dispute (Rottman & Casey, 1999, p. 14). The premise underpinning TJ is that judicial officers can play a role in 'encourag[ing] offenders to confront and solve their problems' (Daly & Marchetti, 2012, p. 469). Inferentially, the same applies to people who appear before the courts in a non-offending capacity. Through the lens of TJ, courts and tribunals can seek to maximise the therapeutic and minimise the anti-therapeutic consequences of the law and legal processes. TJ draws on fields such as psychology, behavioural sciences, social work and criminology to inform court innovation (Richardson et al., 2016) and reputedly underpins a range of court programs or procedures around the world – including, but not limited to, solution-focused or problem-solving courts such as drug courts, mental health courts and family violence courts.

How do solution-focused courts work?

These solution-focused or problem-solving courts act as a 'hub' to connect various services – such as drug and alcohol treatment agencies, community-based corrections, probation services and domestic violence agencies – to form a holistic and integrated approach (Blagg, 2008). Although these courts operate in different ways, they usually have the following features:

- case outcomes – working on tangible outcomes for defendants, victims and society
- system change – seeking to re-engineer government systems' response to problems such as drug and alcohol dependence and mental illness
- judicial monitoring – active use of judicial authority to solve problems and change defendants' behaviour
- collaboration – engaging government and non-government partners (e.g., social service providers and community groups) to reduce the risks of reoffending
- non-traditional roles – for example, altering aspects of the adversarial court process and ensuring that defendants play an active role in the process (e.g., Bartels, 2009).

Solution-focused courts use evidence-based interventions to help those before the court to address the underlying causes of their offending and other problematic behaviours. Michael King (2009, p. 13) noted in the *Solution-Focused Judging Benchbook*, endorsed by the then Chief Justice of Australia, that our courts:

> often become the dumping ground for those with significant problems – problems society has otherwise been unable to resolve or that society has aggravated due to poorly conceived and/or executed policies.

TJ models target people before the courts with one or more identified 'problems' that appear to have contributed to their offending (or other problematic) behaviour and commonly constitute an area of vulnerability. In practice, these 'problems' or vulnerabilities may include mental illness, substance misuse, anger management, financial difficulties and homelessness.

A Therapeutic Care Court (TCC) has recently been introduced in the ACT for children, young people and families with care and protection matters in the Childrens Court. The TCC will provide for court-led interventions for parents whose children and young people have been removed from their care or

are at risk of being removed from their care. The TCC aims to provide extended services for parents, grandparents and guardians who are involved in care and protection proceedings and to improve outcomes for families with parental substance misuse, family violence and mental health challenges. This is a positive addition to supportive and therapeutic responses to child protection concerns. However, some of the issues and gaps raised in the review of the service system for this report will also be relevant for services 'provided' under the TCC and may significantly limit its ability to achieve its desired outcomes.

8.   ISSUES TO CONSIDER FOR IMPLEMENTATION

This section reports on risks and implementation issues identified by stakeholders. A successful response to the reform will hinge on the attention paid to these issues.

8.1   MORE CHILDREN NOTIFIED TO STATUTORY CHILD PROTECTION

Without an early holistic response to families and responses to what is happening in the lives of children, there is a risk that even more children will be reported to CYPS. A broad range of stakeholders raised the concern that raising the age before adequate system changes are in place will be a lost opportunity to intervene earlier and improve outcomes for children and their families. The concern focused on the potential for the merging of criminal behaviour and delinquency into care and protection issues. This could disproportionately impact on Aboriginal and Torres Strait Islander children, who are already overrepresented in both systems.

Participants also pointed out that failure to develop appropriate alternative supported accommodation will lead more children into residential care. They did not consider that an appropriate response.

8.2   IMPACT ON VICTIMS' RIGHTS

Some people also raised the potentially negative effect on victims of harmful behaviour, who may lose support and access to restorative justice processes. Currently, victims of crime are supported through Victims Support ACT; however, if courts are taken out of the equation during the proposed changes, victims may lose their rights to justice and accountability.

Any alternative model will need to acknowledge the rights and interests of people impacted by harmful behaviour. Under a revised minimum age of criminal responsibility, those who have been impacted by the harmful behaviours of children require access to the same or similar supports as are currently available to victims of crime. This includes access to restorative processes, assistance with recovery and access to information about the steps taken in responding to the child's harmful behaviour.

8.3   CARVE-OUTS/EXCEPTIONS

There was no consensus across stakeholder groups on the issue of exceptions to raising the age of criminal responsibility for serious offences such as murder or serious sexual assault. To fully align with the evidence around adolescent brain development and the United Nations recommendations, the logical argument is that there should be no exceptions. This is also supported by the increased negative outcomes for children who are 'criminalised' through their interaction with the criminal justice system. The principles that underpin the reform must apply across the board: if a child is neurologically incapable of understanding the seriousness and consequences of shoplifting, then, logically, the same applies to murder. The evidence is clear that, given the cognitive and mental health challenges that children with complex needs experience, the current system leads to more harm for both children and for the community. Moreover, the more serious the crime, the greater the need to ensure that we prevent further crimes and do not escalate criminality – therefore, it is better to address children's needs as early as possible. Any exceptions weaken the arguments for raising the age of criminal responsibility. They are not aligned with the evidence that responding with a criminal justice response is neither appropriate nor effective.

Stakeholders who were in favour of carve-outs held the view that the community would object to this proposition; it sends 'the wrong message to children'. There is a need to respond to serious crime, not only to protect the community from harm but to protect the child from themselves. Some victims

expressed particular concerns about the loss of support, recognition and participation rights in the context of serious offences if there were no exceptions.

This is undoubtedly an important issue for consideration. If exceptions are to be introduced, the type of response is of critical importance. A range of other countries where exceptions exist have broad TJ responses. These approaches focus on children's needs and prioritise prevention, education and treatment. Section 7.4 discussed possible responses to children's behaviour, including mandatory or compulsory elements within an alternative model. However, in the context of Victoria's Secure Welfare service, Crowe (2016) argues that the relationship between conceptualising the risks (to the child and the community) and responding to vulnerable children's needs and rights is not clearly articulated or currently balanced in the context of secure welfare. That is, there is more focus on the risks that the child poses to themselves and the community and less on responding effectively to their needs. Reducing criminal behaviour and recidivism is in both the community's and the child's best interest: ensuring that treatment and therapeutic responses are available leads to better outcomes than ongoing involvement in the criminal justice system.

8.4 Implementing a strong narrative to explain the changes

Stakeholders raised concerns about the political pressure that could be brought to bear by community members who might not agree with the decision to raise the age of criminal responsibility. Some in the community, fuelled by the amplification effect of the media, believe that harms committed by children are an ever-increasing threat (Muncie, 2014). However, contrary to public perception, the frequency and intensity of children's harms have generally decreased, with reducing numbers of children in detention overall.

Stakeholders argued that it is important to bring the community along with the reform by clearly outlining the arguments and benefits for a therapeutic or public health response, rather than a criminal justice one. The broad arguments need to focus consistently on what is now known about children's brain development, the real and serious impacts of trauma on behaviour and the evidence of negative long-term outcomes associated with early interactions with the justice system. Further, the clear message must be that those who have been harmed will continue to have rights, including options for support and access to restorative approaches.

8.5 Issues for Aboriginal children, families and the community

The overrepresentation of Aboriginal and Torres Strait Islander children in the youth justice and child protection sectors means that Aboriginal services and members of the community will have a critical role to play in any changed response. Trust will need to be built between Aboriginal and Torres Strait Islander Services and mainstream non-government and government services, with Aboriginal and Torres Strait Islander people leading the design of service responses and implementation.

Stakeholders noted that Aboriginal and Torres Strait Islander parents and families, including families with disabilities, are 'hyper vigilant' because of their concerns about CYPS intervention and the ongoing trauma that it has caused for many families.

Gugan Gulwan provides a range of prevention and early intervention services that are currently targeted at the 12–25 age group. Gugan Gulwan argues for lowering the age of children eligible for services such as those provided by the Drug and Alcohol Team. They are not currently funded for intensive case management services, although their families require culturally safe and intensive responses. They perceive major gaps in their existing offerings but feel that they are required to meet the needs of the community.

8.6 RESTORATIVE APPROACHES

With the change to the age of criminal responsibility, theoretically, there will be a group of children and victims who will not have access to restorative (justice) processes because there will be no 'offence'. International and local evidence indicates that restorative approaches can provide a positive experience for children and for those who are harmed, even in the absence of formal offences or guilty pleas. Further, children who are held accountable for harmful behaviour, who then repair damaged relationships and achieve closure, may be at decreased risk of (re)offending (Calhoun & Pelech, 2010). Restorative approaches should be considered as part of a range of processes and services that can be made available in the context of responding to the needs of children, their families and those who have been harmed. Victims need the opportunity to engage in this process and to receive an apology or other reparation.

Community-based approaches developed by First Nations people in New Zealand and Australia provide important alternative methods to conflict resolution and problem solving. These approaches often call for the immediate and/or extended family and the local community to be involved in a discussion 'circle' or 'conference' with the offender about the wrong done – not to decide on a punishment, but rather to seek an apology and the most appropriate method of reparation (Calhoun & Pelech, 2010). This has particular significance in the context of Aboriginal and Torres Strait Islander communities who have been discriminated against and overrepresented within the criminal justice system.

In the ACT, the Warrumbul Court uses a model of restorative justice but is currently part of the criminal justice system. It could be expanded for non-criminal purposes. Several of the young people we interviewed for the Review identified Warrumbul Court as a positive experience.

The use of Family Group Conferencing should also be considered as a key decision-making model. It is an important way of including families and the community in identifying and responding, as part of the plan to meet the needs of children in the target group. This is already offered in the ACT for Aboriginal and Torres Strait Islander families who are engaged in, or entering, the child protection system.

Another opportunity is to further extend the services offered through the Conflict Resolution Services. Engaging independent restorative practitioners could provide a timelier response to children who are in conflict or who use violence with their parents/carers or with residential care workers.

8.7 TRAINING FOR ALL – INCLUDING SERVICES THAT WILL PROVIDE THE NEW RESPONSES

In order to implement change effectively, it is critically important to implement a robust training strategy. Stakeholders require a range of training and development opportunities to establish appropriate levels of knowledge and skills necessary for responding to children (and their families) with complex needs. There is significant evidence that, unless stakeholders understand why the changes are being implemented – as well as what the change is – resistance to the change will impact on implementation (Haight et al., 2014).

A communication strategy will be necessary to bring the community along. Some specific training needs include:

- Training for police, who will still be called in circumstances where there is family violence or other unsafe situations. Police will need to clearly understand the implications of raising the minimum age of criminal responsibility for their powers and responses. Police will also need extra skills and knowledge to respond in the absence of a criminal justice response. Section 7.3 discussed the EYOP; its implementation would require further training.

- A package of tailored workshops that explain the processes of any new model (how to refer, eligibility and services' responsibility). Evaluations of multidisciplinary responses identify how important it is for all stakeholders to understand the 'core' features of the model and the vision for collaboration (Haight et al., 2014).
- The completion of the Youth Mental Health Service Portal, which identifies existing services and mandatory training around the use of the portal, could assist with the issue of uncertainty about what services currently exist.
- Information sharing is required for an effective and adequate collaborative response. The current, siloed service system leads to gaps in responding to children and families with complex needs. Services and individuals are still uncertain about when they can and should provide information to others.
- Training is required to implement a child-centred, family-focused framework for more holistically meeting the needs of children. Section 5.4 explained that service responses to 8–12-year-old children are currently underdeveloped. More understanding and skill development of child-centred and family-focused practice is required. Youth workers are skilled in working with children, often with limited focus on the family network; child and family practitioners work directly with families but not directly with children.
- An integrated trauma framework is appropriate for all services, including practical strategies on how to implement trauma-informed care principles in interactions with children and their families and an increased understanding of practices that ensure cultural safety.
- Specific training on restorative approaches and principles, to convey how the proposed changes to the response to children under 14 years will work.

8.8   Issues identified in the second round of consultations

A key focus for the second round of consultations, completed between June and the end of July 2021, was to test out stakeholders' views about the proposed alternative response. These consultations were held with government and non-government stakeholders. We presented and discussed the key findings of the Review and particular aspects of a proposed model (outlined below in Section 8). Several important themes were identified through the second consultation round. These issues were considered and integrated into the alternative response, discussed in Section 9.

- **Acceptance that a panel/wraparound model was appropriate and required for children and families.** There was broad agreement that the gaps identified in the first round of consultation were aligned with stakeholders' advice and experience. The consensus about gaps was particularly strong regarding
    - the lack of services for children in the age group most affected by raising the age of criminal responsibility
    - the fragmented and siloed nature of the current system
    - continuing barriers to information sharing between services and directorates.

- There was also broad agreement that children with complex needs require more intensive **coordinated responses**. No models/mechanisms currently exist in the ACT that stakeholders believed could be enhanced to meet the complex needs of children.
- **Legislating the response.** There was much discussion about previous coordinated models (e.g., Strengthening Families, Turnaround, Intensive Family Support) and the observation that none of them is still available. A strong view was presented that an MTP should be legislated, to ensure that it has the authority to make certain children's needs are met in a timely and coordinated way through the proposed wraparound service model.
- Importance of embedding key principles of **restorative and therapeutic** approaches into an alternative response with special consideration given to the needs of the victims.

- **Location of the panel.** There was recognition that children's needs are the responsibility of a range of human service directorates, raising the question of which – if any – directorate would be responsible for the MTP and wraparound service. Stakeholders agreed that the MTP should not be regarded as an alternative 'child protection response' and that perhaps the new response should not be 'owned' by one directorate. This issue of governance is discussed in the next section.
- **Mandatory service engagement**. Consideration was given to possible mandatory aspects of the proposed alternative response. Most stakeholders felt that it is often services that require mandating, rather than children. Mandating or compulsion (e.g., orders) was regarded as a 'last resort' and often is not particularly effective. An alternative response will require special care in its delivery, using practice that adheres to what is known to be effective in engaging children and families (e.g., outreach, respectful persistence, building trust, flexibility, listening to children, responding to what they say; working in trauma-informed ways) and to remove current barriers to service engagement.

9. AN ALTERNATIVE RESPONSE

Section 7 identified a range of different models that could comprehensively respond to children who are affected by raising the age of criminal responsibility. This included a review of a crisis, early intervention police program and a discussion of a range of different accommodation models. It provided a description of multidisciplinary panels with wraparound approaches which are supported by robust evidence of their effectiveness to better respond to children with complex needs and their families.

The following section sketches out the key elements of a response and identifies possible processes such as staffing and referral pathways. Once the decision is made to implement such a model, more detailed design work would occur, including legislating required changes.

We must be mindful that the proposed response will not be effective unless the appropriate services are available for the panel to refer to, and the skilled and experienced workforce is in place to deliver the solutions. Any alternative response will fail to achieve its outcomes without the key systems reforms identified in this Review and the necessary injection of significant investment and resources to make them happen.

Figure 5: Multidisciplinary Therapeutic Panel and Wraparound Service
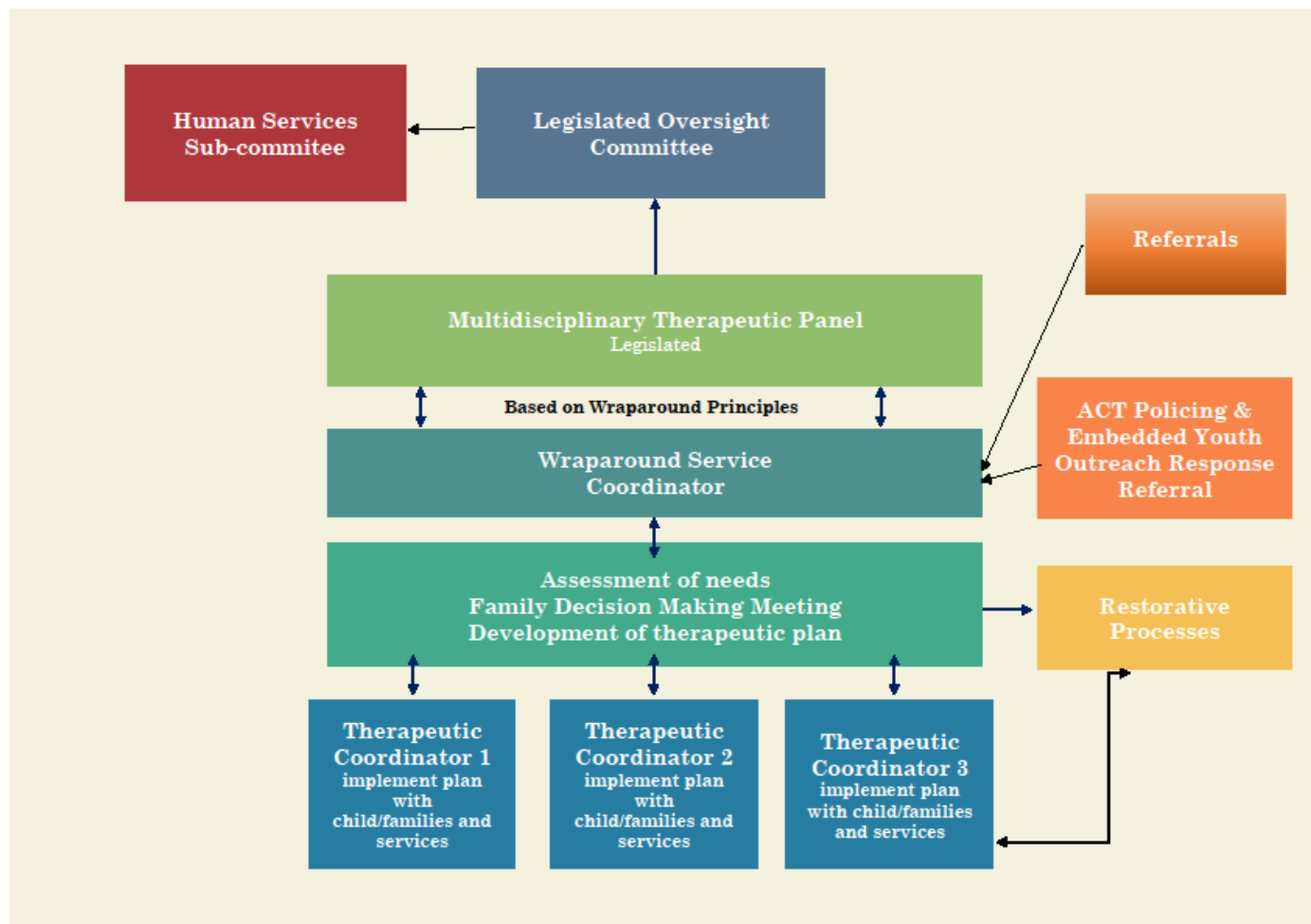
9.1   GOVERNANCE

Oversight Committee

A legislated Oversight Committee (the Committee) is proposed as the key governance mechanism. It would include community-based and government members, Aboriginal and Torres Strait Islander representatives[14] and the Commissioner for Children and Young People. The Committee would focus on identifying patterns and trends in service responses and emerging needs, would be responsible for identifying systemic issues that have arisen because of the changes to raising the age of criminal responsibility, would make recommendations for policy and legislative changes if required to solve systemic issues, and would provide oversight to any mandatory service intervention that may have occurred (e.g., Therapeutic Protection Orders – see Section 9.3). It is important to have this level of governance, to ensure that there are checks and balances between voluntary approaches and any possible coercive, mandatory responses and to provide a mechanism for dealing with systems issues that require resolution.

The Committee could work with the Human Services Sub Committee (Sub Committee of Directors General of Community Services Directorate, Education, Health, Justice and Community Services) but would remain independent in order to ensure that they can provide government with expert advice. The Chair of the MTP, described below, would be at least an ex-officio member of the Committee.

More detailed work is required, to establish clarity in roles, information sharing, the authority of the Committee and the MTP and how this governance model would work with the operations of the Human Rights Commission.

9.2   A CRISIS RESPONSE

Given that many children interact with the police in a crisis situation, several stakeholders identified the '2 am response' as a test for the reform. They advocated for a similar model to the existing PACER model. The Embedded Youth Outreach Model described earlier was trialled in Victoria with good outcomes. One possible use of such a model in the ACT is to provide a non-justice, supported response to children who may be at risk of antisocial or unsafe behaviour and/or victimisation.

The response assumes that police would continue to be the first responders in circumstances where children are engaging in unsafe or harmful behaviour. As with the Victorian model, the **Embedded Youth Outreach Response (EYOR)** would be a collaboration between police and youth workers to respond to the safety and other needs of children (particularly under the age of 14) after hours, when services are not available. EYOR would provide an initial safety assessment which would lead to a decision about where the child needs to go and a follow-up function by the youth worker. This is a critical opportunity to link children and families to helpful supports.

Further work should assess when the EYOR would be most effective. It may be possible to establish the times when police are called out to respond to children, for example, Thursday, Friday and Saturday nights. It is essential that there be an available response to children when services are closed. Currently, prior to the change in legislation, children in these circumstances are taken home, or taken into police custody and to Bimberi if a crime has been committed. Police custody and Bimberi will no longer be options, so alternative accommodation provisions must form part of the service response.

Figure 6 shows that an **initial assessmen**t is made by the youth worker, to determine the steps needed to keep the child safe. For example, the child may be returned to parents, family members, guardians

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[14] In previous examples of coordinated wraparound models attempted in the ACT, there were both a Multidisciplinary panel and an external oversight mechanism – for example, Turnaround (a multidisciplinary, case management model for young people in the justice system).

or carers. In the absence of these options, the youth worker can purchase **emergency accommodation** through an extended Ruby's Model or through Marymead. These are both crisis and short-term options only.

The youth worker attached to the EYOR will **follow up** the next day, or as soon as possible with a further assessment of need. This may result in supported referrals to existing services (such as Safe and Connected or existing youth work wellbeing and family support programs with extra funding to increase capacity). It will be important to identify which service, if any, is already known to the child and family. This may lead to a reactivation or to increased intensity of services and service delivery. This response offers an opportunity to link children and families to supportive youth and family services early, to advocate with school or to link them with mental health services (which will need to be extended to include children younger than 12). The follow-up role of the EYOR worker is particularly essential for those children who have been taken to emergency housing. Decisions must be made about what is the most effective next response.

The Multidisciplinary Therapeutic Panel (MTP) discussed below will be an option for those children whose needs are complex and beyond what can be met by the current (enhanced range of) services or where there have been repeated interactions with police and/or the EYOR.

Figure 6: Emergency Response for children
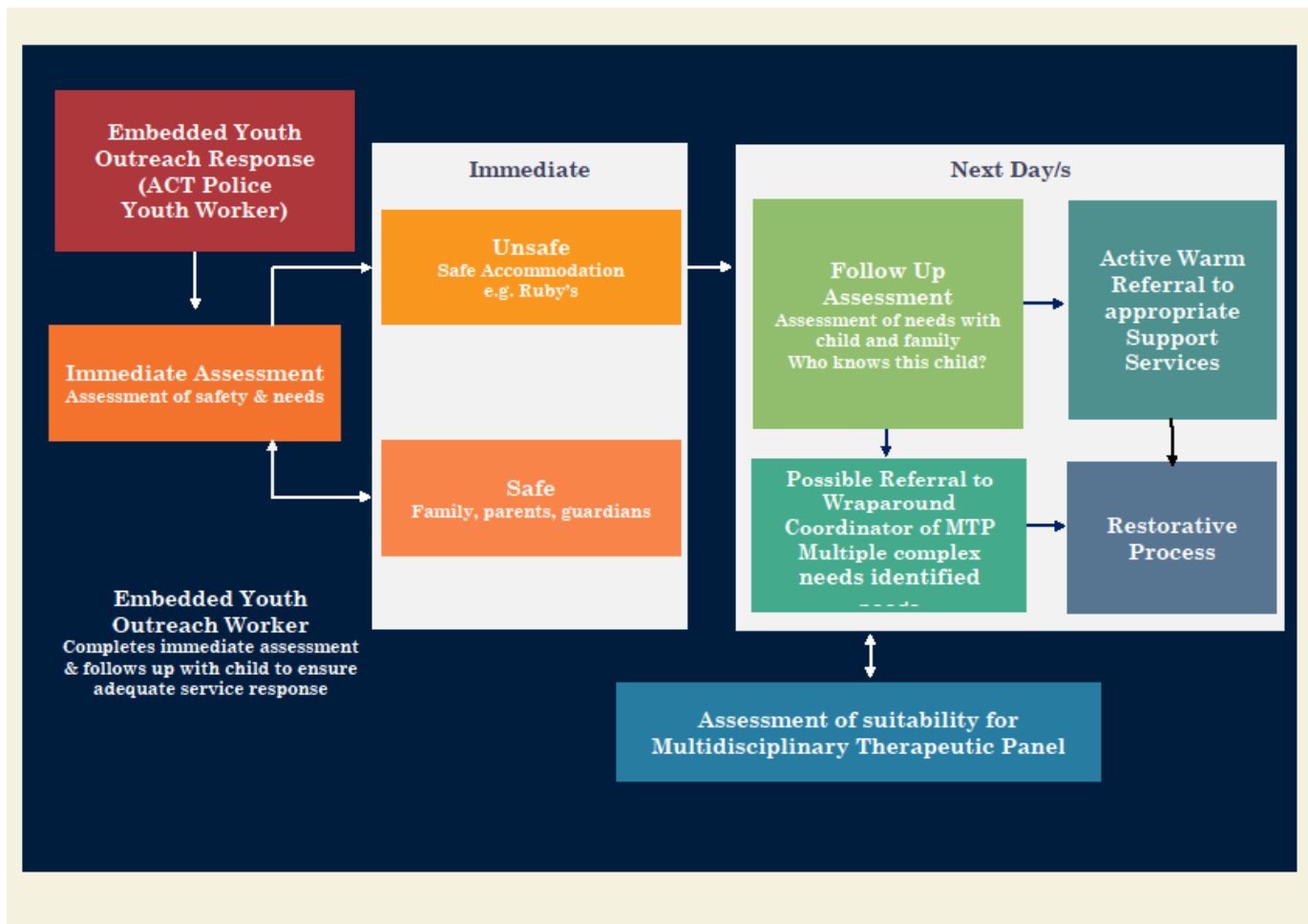
9.3   Multidisciplinary Therapeutic Panel

A legislated MTP would meet on a regular schedule (monthly) to provide a collaborative forum for the discussion of service delivery options for children with complex and challenging needs. It would also

oversee the work of the wraparound service (discussed below). It would play problem solving and accountability roles, to ensure that service blockages and issues for specific children can be identified and resolved. It would provide a mechanism for closer working partnerships, improved communication and the monitoring and evaluation of the collaboration. Through its work and data collection, systems issues will be identified and reported to the various directorates for response and resolution. It would escalate systemic issues and provide trend analysis reporting to the Oversight Committee (outlined above), because these issues potentially impact others not yet known to the MTP. Reports are likely to include options for building capacity within existing service providers, providing evidence of unmet need and broadening options to better serve the needs of this cohort.

The MTP would consider and review children who have been referred to the panel because of their complex and/or challenging needs and where insufficient or inadequate service responses exist to meet those needs. It would review the effectiveness of the care plans developed by the wraparound service, to ensure that they are holistic, appropriate, responsive to children and families' needs and, where appropriate, that they include a plan for restorative processes for people who may have been harmed.

Any panel model to assess and work with children and families with complex needs must have the right people around the table – people who have decision-making discretion and authority. It would include senior decision makers from across key directorates and community organisations (including police, CYPS, Disability, Mental Health and Education) and would include Aboriginal and Torres Strait Islander membership. It could also include independent community members and/or experts. It is essential that the panel is not, and is not seen as, a child protection process.

The MTP needs to be legislated to ensure continuity and sustainability of its functions. A statutorily appointed, independent Chair of the panel is critical. This is to avoid previous experiences in the ACT of multidisciplinary panels and wraparound coordinated services which have not been sustainable over time and have easily been dissolved. The powers of the panel will need to be clearly articulated. They may include powers to compel information and service responses.

The MTP requires appropriate resources to support its functions. It needs to be able to respond adequately to time-sensitive issues affecting children and families. It will need resources to gather and collate appropriate data for accountability and evaluation purposes: to show evidence that it is doing what it is set up to do.

The limited resources available now for specialised clinical services and therapeutic programs raise the question of whether the panel has the authority to 'jump the queue'. This has equity implications for other vulnerable children (e.g., clients of CYPS) who are on waiting lists for services and potentially also have complex needs. Further work will be required to address this question and explore the implications of allowing the panel to 'buy' extra services rather than making extra demands on existing limited resources.

Who could refer?

The development of referral processes must take account of threshold eligibility issues. The initially narrow requirements could be reviewed and possibly expanded following the period of implementation and piloting. The target group of the MTP and the wraparound service would initially be based on complexity of needs for children aged 10–13, because they will require a new response. However, over time, it will be important to develop needs-based criteria rather than aged-based criteria.

Referrals would initially come to the Wraparound Services Coordinator from police, the EYOR worker (see Section 9.2), the Public Advocate and other services, including CYPS. However, it will be important not to overwhelm them with referrals and assessments; that would lead to extended waiting times for plans to be developed and implemented.

The MTP's interaction with other systems and responses to complex needs

Several other panels and coordinated models currently exist in the ACT, for example:

- S&CY, which provides early intervention responses to children who are at risk of homelessness.
- The TCC will provide for court-led interventions for parents whose children have been removed from their care or are at risk of being removed from their care.
- The Family Violence Safety Action Pilot (FVSAP) provides intensive case management and case coordination. FVSAP case managers work collaboratively with partner agencies to develop safety action plans with a strong focus on perpetrator accountability. The FVSAP can respond to children as victim–survivors. This includes the specific risk management approaches needed to meet the needs of individual children within family units.

Part of the initial assessment process would include the identification of services currently working with the child and their family. For example, children who are referred to the MTP may already be in the child protection system and part of the new Therapeutic Court response. In this scenario, where existing services and coordinating mechanisms are already in place, a referral to the MTP should not be needed.

The S&CY program is also a coordinated model with an early intervention focus that works with children under 16. Referrals to this program and from this program are an obvious pathway where there is a range and complexity of needs.

Wraparound Service – systems of care

Evidence discussed earlier shows that individualised child and family-centred 'wraparound' approaches are the most effective ways to respond to the complex needs of children with high levels of trauma. Wraparound models are an intensive, structured process that convenes a team of highly skilled professionals, involving the child and their family members along with professionals and natural supports relevant to a child with complex needs and their family circumstances (Walker & Bruns, 2006).

The new wraparound service demands a well-trained and skilled team, including a Wraparound Services Coordinator (WSC) who carries out assessments and acts as a navigator and connector between the panel members, and Therapeutic Coordinators (TC), who work directly with the child, family, community and services. Ideally, this team could meet weekly.

As part of the assessment process, a Family Group Conference (FGC) would be offered, to ensure that children and families can participate in the development of a plan and identify what they need. An assessment of possible restorative processes would engage people who have been harmed by the child's behaviour. This restorative conference or approach could be identified as one of the key needs of the child and/or victim. The FGC and restorative process/conference would be facilitated by either external independent facilitators or increased resourcing within the Restorative Justice Unit in JACS. This is discussed further below.

Wraparound Services Coordinator

The WSC carries out the assessment of children, using a holistic needs assessment; liaises with, and provides information about children to, the MTP; meets weekly with the TC to provide supervision and matching of children to the TC; identifies problems or barriers to implementing the developed plan; facilitates shared problem solving; and reviews the progress of implementing the plan. Because the Panel only meets monthly, the WSC is the first point of contact for referrals.

Further, the WSC would assess situations and decide whether referrals are better placed in other, already existing (expanded and enhanced) services – not reinventing services but identifying and engaging existing services more effectively.

Therapeutic Coordinators

Within this model, the TC team develops, implements, scaffolds and monitors the progress of the family towards agreed goals based on the child and family's needs and perspectives. Depending on the complexity and size of each family, the TC would generally carry a low caseload of around 3–5 families per 1.0 EFT worker. The TC will not provide services. Rather, it works to support the direct implementation of the plan with children and families and with the identified services. Again, we must reiterate that this will only be effective if there are services, particularly clinical services, available for the plan to be developed and implemented. Previous sections have emphasised that long waiting times and rigid eligibility criteria are currently barriers to meeting children's needs. One strength of the TC role is their ability to provide 'active holding' to children and families if there are waiting times to access services. This means checking in and providing support in the interim.

TCs would be employed by the Multidisciplinary Therapeutic Panel 'program'. It is essential that at least one of the TCs is an Aboriginal or Torres Strait Islander practitioner. TCs will need to be highly skilled, experienced, well supported and adequately remunerated.

One of the key elements of a wraparound approach is a clearly articulated team – a group of professionals who work together to implement the care plan. Wraparound principles require the care team to work alongside the child and their family and other networks to deliver services and supports aimed at addressing the child's needs. Depending on the circumstances, children may continue to have a key worker from another agency as the primary caseworker, supported by the TC.

Assessment

The WSC would complete a preliminary assessment to engage with the child. Assessment would be holistic, including physical, cognitive/educational, psychological, social and cultural needs. As part of the assessment, the WSC would contact key professionals involved in the child's life and collate any specialised assessments carried out by other service providers and consult with them (e.g., school, mental health services, disability assessments). Using multiple informants is a widely accepted approach to holistic psychosocial assessments, to ensure a therapeutic response which matches the child and family's needs.

One principle that underpins wraparound models is the clear commitment to child and family-centred, supported decision making which incorporates choice and clear goals. There must be methods that intentionally elicit and prioritise children and families' perspectives during all phases of the wraparound process. Therefore, the assessment process and the development of a plan must be grounded in children and family members'[15] perspectives, with options and choices provided so that the plan reflects family values and preferences. FGCs would facilitate family-led decision-making processes involving children and families in decisions and would be useful for developing plans to meet children's needs and increase their wellbeing. Integrating family group decision making into the assessment process is an important element to ensure alignment of the principles of wraparound services.

The range of services provided

The provision of services under the wraparound service would be needs based and incorporate a holistic assessment of the child and family's circumstances. Based on this assessment, available services and other supports in the community would be identified and engaged to address these needs. The range of services offered in the Plan (integrating the FGC) would be confirmed and signed off by the MTP, the child and their parent/carer/guardian. The TC would play a coordination role with

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[15] We are using family as an encompassing term for people who are important to the child. This might include others that children choose as supporters to be part of the family decision making process.

clinical and other services provided either by existing (extended) or new services and with the purchase of services through proposed brokerage funding.

The services should be provided in a timely manner and with flexibility to suit individual circumstances. This means that the services exist and are available; and they are willing, motivated or mandated to engage with the child. Current long waiting lists create a risk to effective responses. One way to facilitate more timely access to services would be to provide cross-directorate funds, available for purchasing assistance in line with agreed plans for services that would otherwise not be available. Wraparound Milwaukee model is an example that combines funding across government departments and services to provide maximum flexibility and a sufficient funding source to meet the needs of children and families. Wraparound Milwaukee requires pooled, flexible funding that allows for individualised, needs-based planning to purchase services (Kamrandt, 2000).

Brokerage funding is a key component to the model and is critical to ensure that individualised plans can be implemented by purchasing what is required. Initially, the WSC would assess the child's needs (updated as required) and authorise the expenditure of funds for therapeutic or other services as needed. This funding would have to be sufficient to ensure that access to specialised services is possible. If there is no service to meet a particular need, the ACT will have to purchase it and to develop the evidence for the need for such a service in the ACT. For example, the ACT currently does not provide MST (discussed in Section 6), but it could be purchased if specifically required. Brokerage funds would also allow the team to expand the menu of available services for children. However, unless further investments are made in the secondary service system, brokerage itself will not be adequate to meet the type of needs that may be identified.

Restorative Processes

Restorative approaches should be considered as part of a range of processes and services that can be made available to respond to the needs of children, their families and those who have been harmed. An important part of the proposed approach is to make available a range of restorative practices: restorative meetings, the provision of an apology, victim impact letters or other forms of reparation. Although this would no longer be part of the criminal justice system, the opportunity to participate in a restorative meeting might be considered as a way of ensuring that victims' needs are also met.

As part of the early assessment – or when it is deemed appropriate – a victim impact statement could be provided to the MTP and/or TC. It would be used, at their discretion, as a therapeutic tool for increasing the accountability of a child for their conduct through understanding of the direct impact of their behaviour. Holding a child accountable for their harmful behaviour is one factor in contributing to the decreased risk of reoffending. This would also be a particularly useful restorative practice, available to victims in circumstances where a restorative conference is not available or consented to.

A notable proportion of restorative justice processes do not proceed because the facilitator assesses that, despite victim consent, it would be inappropriate to proceed. This reality highlights the need for other mechanisms to allow victims to put 'on the record' the harm they have experienced. This makes the use of a therapeutic victim impact statement provided to an MTP and/or TC an important process. Used appropriately, restorative processes are likely to have a therapeutic and empowering impact on both the victim and the perpetrator of harm.

These restorative processes could be provided by extending the work of the Restorative Justice Unit in JACS, by contracting a non-government organisation such as Conflict Resolution Service or by independent, appropriately trained facilitators. Restorative facilitators will need to be highly skilled and experienced in engaging children. Further detailed work will ensure that a range of restorative processes is embedded and available in the new response to children aged 10–13.

Voluntary involvement

The model described above is based on the voluntary engagement of children and families. These children and their families will benefit from wraparound, early therapeutic supports that respond to their needs in a sustained and comprehensive way. Although these comments relate to the arguments for voluntary involvement in the wraparound service described above, they are relevant to service engagement generally.

There is much written about the distinct needs of children and families that must be recognised in order to improve their experience of services. Services frequently say: 'we are a voluntary service'. This is often code for: 'we tried, they said no, or they didn't turn up, so we gave up'. This may be because they lack the resources required to persist in reaching out to children and families. It may also be that workers feel unsure and unconfident about how to respond to particular circumstances. Children and their families may also behave in ways that do not always meet desirable norms of behaviour (e.g., being polite, being on time, accepting help in the first instance), so they are not followed up with any real effort (Deakin et al., 2020).

There are many reasons why children and families may say no or struggle to participate and engage in the first instance (or multiple instances). They might have a negative attitude towards professional help, poor motivation for change, beliefs antagonistic to seeking help, or the fear that their needs will not be met. They might prefer self-reliance, fear stigma and being judged, have concerns about confidentiality, have previous poor experiences of services where they have been let down, or have experienced services as culturally unsafe (Brown et al., 2016; Noble-Carr et al., 2014; Saunders, 2018). Trauma symptoms and other mental health challenges are likely to contribute to service disengagement, so practitioners need to be highly skilled in trauma-informed care principles to effectively engage children.

Efficient and sensitive engagement of children and families must be built into the wraparound practice and implemented by the participating services. This includes awareness of the existing barriers to service engagement for particular groups (e.g., people from Aboriginal and Torres Strait Islander backgrounds or from Cultural and Linguistically Diverse backgrounds, and LGBTIQA+ children) and an understanding of the individual differences that may impact on engagement. Engagement is a therapeutic process in itself. It involves building trust and genuine relationships with children and their families. In reviews of ways to work effectively with children with complex needs, three empirically generated themes are identified as essential: collaboration, relationships (trust, connection) and empowerment-oriented practices such as involvement in decision making (Almqvist & Lassinantti, 2018). Most children and families will not require coercive measures when they are engaged by following best practice and with close alignment to the wraparound principles outlined in Section 7.2.

This quote clearly describes the essence of effective engagement:

> In the early part he went 'leave me alone'. But they didn't give up... Now he is on medication for his anxiety and depression. She (therapist) has made a big difference. She doesn't see it. She has made a big difference in the family in general (Stout et al., 2017).

Mandating engagement

We have discussed earlier the importance of voluntary engagement of children with complex needs. Mandated measures are often not effective and are not aligned with the therapeutic aims of the approach suggested. If the ACT Government makes the decision that a mandated response is needed, we suggest that it should be used:

- only as a measure of last resort (e.g., with repetitive harmful behaviour)
- only where there is a risk of serious harm to the child and/or others

- only where significant attempts at voluntary engagement have been exhausted
- consistently with the principles of TJ.

Our advice is that the ACT has an existing civil scheme under the *Children and Young People Act 2008* which allows for the Childrens Court to issue TPOs in these circumstances. This scheme, with some modifications, could be used in the rare event that coercive measures were deemed appropriate against a child. The legislation would require some modification, for example:

- There is no need for a TPO to require residence at a particular place. An order may be for treatment which can take place in the community, with the child residing at home.
- There should be no requirement for the Director General to assume daily care and responsibility for the child. This, in many circumstances, can and should remain with the parents and family.
- One option is for a clear referral pathway to be established from the proposed MTP to the Childrens Court for such an order. This would require authorising the Chair of the MTP or, if more appropriate, the Chair of the Oversight Committee to make such an application to the Childrens Court.
- Strict time limits should be put in place for the duration of any such orders, with regular reviews and rights of appeal (currently, an order can be extended to six months).

The other two existing mechanisms that allow for mandatory, non-criminal responses are the *Senior Practitioner Act 2018* and the *Mental Health Act 2015.* Both allow for the use of locked door facilities (if validated by a support plan) and for restraint to be used in exceptional circumstances and reported to the Senior Practitioner.

There appears to be no need for new or additional mechanisms; however, there may be a need for a modification of existing facilities to enable a child to reside in a hospital setting (for example) if they require mental health treatment or for a secure room to be provided on a short-term basis so that provisions can be exercised in accordance with the Senior Practitioner Act.

If a mandated response is required, invoking a TPO and the Childrens Court, children must be provided with the option of a legal advocate. Because TPOs have yet to be used in this context, funding for training and extra children's lawyers may be required.

Costing

We have provided (at Appendix 3) some broad estimates of what the response described above might cost. They take into account accommodation, an embedded youth worker model, the MTP and the wraparound service.

Once the detailed elements of the complex needs response are determined, a commissioning process[16] can develop the detailed design in consultation with stakeholders, to determine the most appropriate procurement pathways.

Accountability and evaluation

Any new alternative response, like that described here, requires a clear implementation plan in order to build accountability mechanisms across the service system. This includes agreements or MOUs between services, the clear identification of outcomes, and defined processes. Responding effectively to integrated service delivery requires a strong commitment and shared resources to address and overcome barriers. **Evidence clearly shows that a lack of commitment to cross-sector engagement**

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[16] We are aware of the important work that is being currently undertaken by the Community Services Directorate to move to a commissioning approach to service delivery. This involves community-led planning to decide what services people want and need and the way they are provided. This is an important reform.

and reform from relevant agencies will lead to insufficient buy-in from those who implement policy and practice changes (Drabble et al., 2008; Watt et al., 2013; Winkworth & White, 2011).

A developmental evaluation approach is essential and will significantly strengthen the implementation of the multiagency and collaborative model and associated practice change. Developmental Evaluation includes thorough piloting of the model, collecting data and reviewing the model's success in meeting its aims at regular time intervals. It allows for the iterative development and appraisal of the model to ensure that it meets its aims. **Identifying the key outcomes of the MTP prior to setting up the evaluation framework will be critically important**.

This type of evaluation is responsive to context and can evolve over time. It is thus particularly suitable to support a development of innovation and redesign that involves complexity and a crisis response. A developmental evaluation framework can be conceptualised as Action Learning or a try-test-learn approach, because it iteratively tests the model, tracks developments and responds to emerging issues (Patton, 2010).

One example is the recent S&CY evaluation. It set an important precedent by using the phases of implementation science to develop and implement the program. It also included a developmental evaluation, to monitor progress and make adaptations to increase the likelihood of success. Strong data collection processes will provide essential evidence about gaps, costs and future service needs.

10. CONCLUSIONS

This Review assessed the changes to the service system that will be required in order to raise the minimum age of criminal responsibility. It provided an overview of the complex needs profile of children at risk of offending, confirmed by existing ACT data (CSD Data and Insights project) and the voices of young people and family members. It also provided a broad analysis of the current ACT service systems and identified significant service gaps and an underdeveloped and under-resourced secondary service (specialised) system, which is often inflexible and uncoordinated. In response to these challenges, the Review has provided a proposal for an alternative response for children and families who are affected by the reform: for police, including emergency housing options, and a Multidisciplinary Therapeutic Panel with a governance group and a wraparound service. This final section identifies what is required to respond differently to the needs of children whom the legislative change for raising the age of criminal responsibility has brought into focus.

Based on the findings of the current Review, we argue for taking the legislative change as an opportunity for comprehensive systems reform. Unless broad-ranging service reform is undertaken, neither the legislative change nor the proposed therapeutic response will result in better outcomes for children. Therefore, the findings identified in this report should be used, not just to 'tinker' by adding a few more services, but to strengthen the system's responses to children and their families to better match their needs. This involves building a stronger, more coordinated service system, with a focus on early identification of problems and universal support responses. It requires a system that takes on a shared responsibility for children's wellbeing and safety. In the absence of systems reform, the legislative change is likely to result in failure to meet children's needs, but also to drive an increase in reporting to child protection services and – ultimately – to more children entering the justice system at the age of 14.

10.1 REFORMS REQUIRED TO STRENGTHEN THE SYSTEM

Early identification and help

Decades of research in Australia and internationally have demonstrated the benefits of early interventions for children, families and communities. Attempts to reform systems have been central to social policy and service debates (France et al., 2010; Lambie & Gluckman, 2018; Valentine & Katz, 2007). The argument is the same, whether we are responding to children and parents' needs in the early years through health and parenting programs or employing effective health screening at school, aimed at spotting and responding to learning difficulties, disabilities and parenting stress: identifying and responding to needs early can improve outcomes, reduce future risks and tackle future social problems. Early intervention has been shown to achieve, at relatively modest cost, changes to prevent harms that are very expensive to remediate (Valentine & Katz, 2007). Figure 7 shows that supporting the development of children requires early and sustained attention to the range of different life domains.

Figure 7: Pathways to positive participation
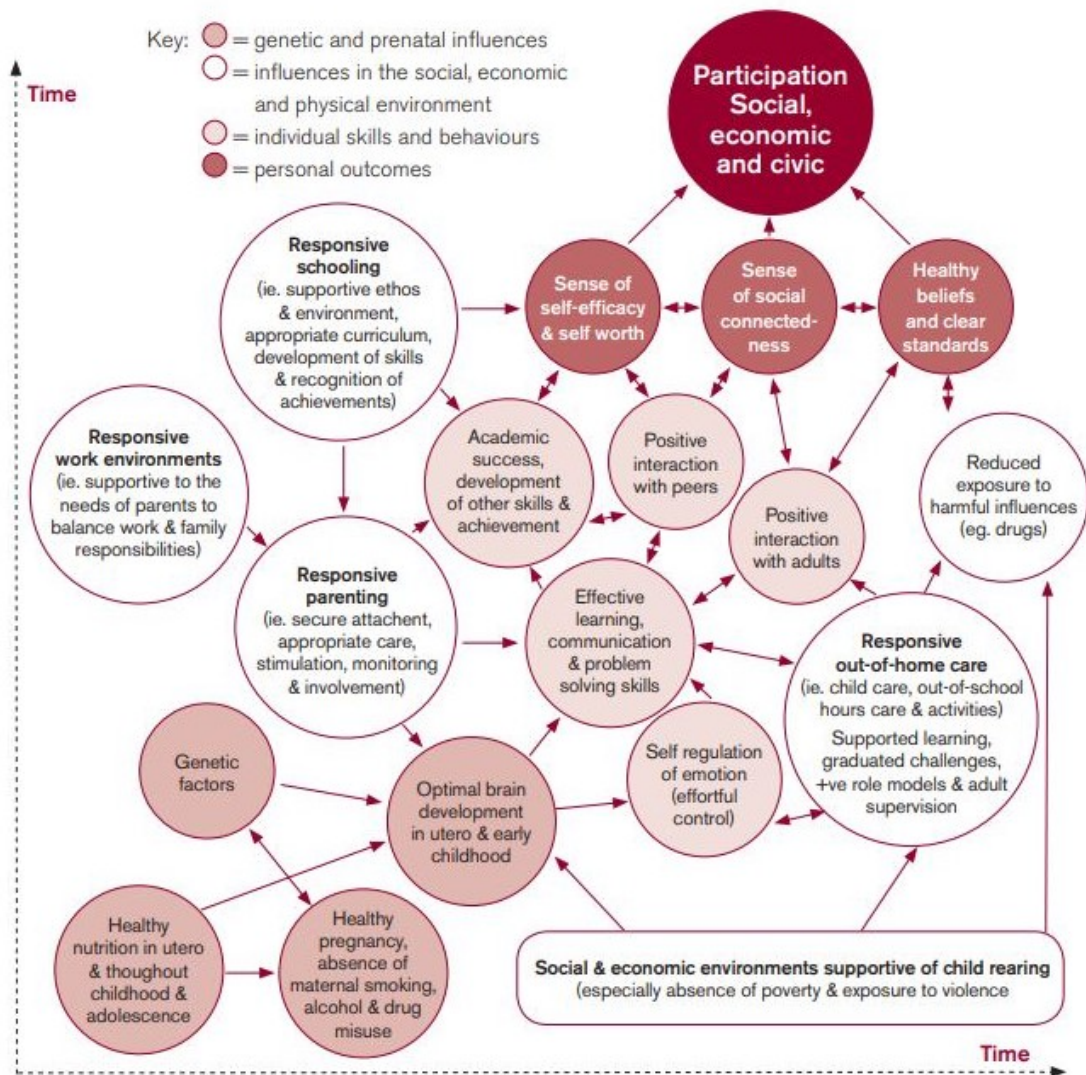
Source: Hemphill & Smith (2010).

The Review has identified the need for a stronger focus on early and coordinated support. By the time children interact with the youth justice system, their unmet needs have often multiplied and become more complex. The literature recognises that the complexity and clustering of risks and unmet needs increase the probability of future problems, and tackling these issues requires coordinated or multiservice interventions (Baglivio et al., 2020; Farrington, 2002).

Our current service system offers limited effective prevention, early intervention and individualised support to children generally, but to Aboriginal and Torres Strait Islander children and families specifically. Almost all stakeholders raised the issue of how difficult it is for children to access mental health, disability and alcohol and other drug services, identifying long waiting lists or narrow eligibility criteria for specialised services. Many stakeholders stated that schools are not positive places for some children, leading to their disengagement from learning – a key risk factor for early offending. Although there have been increased efforts to identify challenges early and attempts to build more coordinated service responses, barriers to getting those services. The Child Development Service[17] is an example

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[17] We note that the Child Development Service has had its funding reduced by almost 5% in 2021–22 (ACT Budget Papers).

of a very appropriate early intervention service; however, the waiting lists are long, and it assumes that parents can access and navigate the system to get what they need.

Appendix 2's list of services gives the impression that the ACT has a wide range of services available. However, there remain major gaps; services are thinly spread; many have long waiting lists; they tend to have inflexible eligibility; and many involve limited coordination. The existing suite of services does not serve well the age cohort **most** affected by the lifting of the age of criminal responsibility.

Strengthening universal settings – particularly schools

Stakeholders observed, and the literature supports, the important context of schools as a hub or centre for human services. This is not a new idea. Multiple stakeholders highlighted the fact that schools, particularly primary schools, are where children's complex needs first become identifiable. It is also clear from the existing literature that unmet needs at this point can lead to negative outcomes, including school disengagement, a significant early sign of negative pathways including youth justice involvement. Poor progress and early disengagement from school, coupled with known family disadvantage, may be markers of the presence of complex needs. Transitions for children are critical times that require additional attention. The children who participated in the consultation described how going to high school was a key point in their disengagement from school, which led to an escalation of issues in their life.

There is much more to be done to ensure that schools are adequately resourced and supported to engage actively with disability and mental illness and to work with welfare providers to enable integrated and holistic support for children at risk and their families (Dowse et al., 2014). Stronger relationships can be built between schools and services in the non-government sector. Although schools alone cannot solve the complex social, economic and family challenges that present daily in the classroom, they remain an important site from which to provide trauma-informed responses, opportunities for early identification and assessment of need.

School-based programs for children with complex needs and their families have proven successful in engaging families in the school community, improving the educational experiences of students and linking families to services early. As a universal setting, schools do not generally suffer from the criticisms faced by some other human services agencies. Where other services, such as mental health and child protection, are not easily able to reach out to, or sustain contact with vulnerable people, schools are institutions that have a long-term involvement with families. They provide an ideal base for proactive engagement with children and adults (Dryfoos, 2005; Webb & Vulliamy, 2003).

Stakeholders recognised the potential for services to be further embedded within the school context, to encourage closer collaboration between schools and external service providers. The Shaddock Report (2015) examined a range of models for collaboration and planning for children with complex needs, including wraparound services and co-located services from schools. They also recommended a project that 'provided a range of child and family services onsite at schools to benefit students with complex needs and challenging behaviour, and their families' (p. 171).

We argued above that it is critical to build the capacity of universal settings such as early education and care, maternal and child health and education to identify and respond to individual children and families' needs. This does not mean that they do everything themselves, but they can work with other supportive services to actively help parents and children to get what they need. Locating supportive services in universal settings increases the prevention and early intervention possibilities.

Enhanced Partnerships

Although examples of partnerships between schools and non-government programs and others – such as mental health services – were offered, stakeholders argued that more can be done to strengthen the capacity of schools to be a site of collaborative working. As Section 5.4 indicated, stakeholders

also felt that they had few options for younger children except to report to CYPS. One barrier for building interagency partnerships was a profound lack of information sharing between schools and other professionals.

Primary Schools as a site of holistic early help and support

Providing increased capacity within a universal service delivery platform (such as a school) to ramp up the intensity or nature of services to meet the needs of those for whom a standard service is not enough should be considered.

One model that builds the capacity of primary schools particularly is Schools as Community Hubs. This model serves to avoid the practical and structural barriers of accessing early help by providing a range of services, either in a school or in collaboration with a school. The hub calls on services to ensure that access to necessary support and services is readily available to all, with a focus on children who are disadvantaged and at risk. A community hub coordinator can work with the specific context of the school and provide a more coordinated path for children and families to access the help they need. Models such as these are required to be holistic and flexible and to address what is happening in each school. Having co-located services in the school makes it easier to create the links to services that are required (Moore et al., 2012).

Some Canberra schools have some elements of this model in place; but, considering the important role schools play in outcomes for children; more can be done to provide a site of early, coordinated help.

Improved integration of responses to meet children's needs

Children's (and their families') needs cross directorate boundaries. Families whose children experience a range of issues often find themselves navigating separate service systems and multiple service networks, including health, mental health, education and statutory child protection. Because of this, our key stakeholders were of the view that one directorate cannot take the responsibility for the proposed approach; it may be difficult to ensure that others take responsibility for providing crucial services, resources and aligned responses. Notwithstanding several attempts to provide more integrated approaches in the past, no one service or agency or directorate can form and implement a comprehensive plan that would adequately improve outcomes for children with complex needs who engage in harmful and unsafe behaviour. Collaborative approaches recognise the complex and interlinked nature of challenges for children and families and are better able to address complexity through coordinated interventions (Winkworth & McArthur, 2007).

All stakeholders could point to attempts in the past to improve integrated service responses, including, in the youth justice system, Turnaround – a complex needs panel with intensive case coordination; and the Strengthening Families and Intensive Family Support programs that focused on families with complex needs with the aim of preventing children from entering the child protection system. These programs no longer exist, and it is important for the proposed response to learn from the implementation successes and challenges of these past attempts. By the same token, the MTP proposed in this report is an essential component in responding to children affected by the legislative change; however, this model will inevitably be set up to fail without concurrent management of the major systems issues identified in this report. We must learn from the past. It is essential that, this time, a crucial service reform be carried out differently.

In approaching the reforms required to respond to raising the age of criminal responsibility, we must acknowledge that our service systems need transformative change. All proposals supporting the legislative change advocate for a coordinated service response through collaboration and shared responsibility. They drive changes and integration of services and directorates that will have benefits beyond the relatively small number of children and families who form the target group of this Review.

This is the time for new, innovative ways of thinking about administrative and governance design that can promote accountability for the agenda for change for children and their families across the ACT.

Building the capacity of the workforce

The Review identified key workforce capability weaknesses in meeting the needs of children impacted by raising the age of criminal responsibility. They include workforce pressures that arise from the structure of funding arrangements in the community services sector: short-term funding; funding uncertainty; and inadequate funding levels. These issues contribute to job insecurity and limit career pathways and resources available to support upskilling (AIHW, 2015; Martin & Healy, 2010). There are also workforce shortages in specific areas, such as allied health professionals needed to support children with trauma experiences and emerging mental health challenges (Lincoln et al., 2013).

Community services operate in the context of increasing complexity – a further source of pressure on the workforce. This includes the need to work collaboratively with other services and with practitioners from different disciplinary backgrounds; to work in more trauma-informed ways; to provide culturally safe and appropriate services; and to work with service users (including children) in more flexible and child and family-centred ways. Working in this environment requires increased skill and the capacity to identify, understand and respond to the individual needs of children and their families, earlier and more effectively. This finding is supported by research carried out in 2018 analysing the ACT Community Services Sector. Particularly significant in this context was the need for 'professional development which was identified as essential to transform or even maintain staff capabilities'. The level of complexity highlighted by the needs of children who are at risk of early offending underlines the critical need to invest in, and develop, the workforce. As a matter of urgency, a workforce plan is required that includes a training and professional development strategy, to further build the capacity of the sector to work in ways that are more trauma informed, collaborative, child and family centred and culturally safe.

Building more trauma-informed services

Underpinning the lives of many children with complex needs is the experience of trauma. It was reported throughout this Review that, although there have been attempts to increase knowledge about trauma[18] more work is required to reduce organisational barriers to employing integrated trauma-informed care and to ensure that teachers, practitioners and others have the skills to respond effectively to trauma. For example, trauma-informed care training is not adequately tailored for each service context. Very little is provided by way of operationalising trauma-informed care principles into direct client contact.

There is a clear need for further development of ways and tools to identify and respond to children and families in trauma-informed ways. This also means that, when trauma-focused care is needed, it should be made available for children and families; this service does not currently exist in Canberra, except for child protection clients.

Trauma-informed care and the provision of trauma-focused treatments are not the sole responsibility of one sector or service. Every 'program and service system that touches the lives of children can play an important role' (Barlett & Steber, 2019). Reforming the service system provides an opportunity to embed a shared understanding of trauma and the impact it has on children's learning, behaviour, relationships and feelings. Operationalising trauma-informed care into practice is also crucial, as is building this knowledge into policies and procedures. In the absence of trauma-informed care and responses, services are at risk of inflicting further harm on children and families.

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[18] We are aware that trauma training is currently being carried out with homelessness services

A self-determined Aboriginal and Torres Strait Islander response

Aboriginal and Torres Strait Islander children are overrepresented in the youth justice system and experience ongoing impacts from colonisation, dispossession and alienation from Indigenous cultures (Australian Human Rights Commission, 1997). They also have high levels of individual risk factors, such as mental illness, unemployment and disabilities. What can be said about the service system generally can be reiterated when considering the needs of Aboriginal and Torres Strait Islander children and their families. Stakeholders told the Review team about the limited effective, early services and supports throughout children's lives. Aboriginal and Torres Strait Islander participants in the qualitative interviews specifically highlighted systemic racism in mainstream services as well as poorly implemented cultural programs. Children and their family members called for Aboriginal and Torres Strait Islander-led and low threshold community and cultural programs that may divert children from dropping out of school and engage them with appropriate support services early. Services were at capacity or inaccessible because of geographic distance, and, again, the age group is poorly served. Some services, particularly substance misuse services, were restricted to older children, leaving younger age groups without access to the interventions and services they needed.

Aboriginal and Torres Strait Islander peoples must be strongly represented in building an alternative response when the age of criminal responsibility is raised. They must be represented on the MTP, as TCs and as FGC facilitators. The Aboriginal and Torres Strait Islander community and service providers must be actively engaged in determining appropriate responses and the services and programs best suited to meet the needs of children and families. In other jurisdictions, such as Victoria, legislation to ensure that Aboriginal and Torres Strait Islander communities design, administer and supervise key elements of the youth justice system in accordance with their own readiness, capacity and capability has been recommended.

Self-determination in responding to younger children at risk of early offending requires strengthening the role of, and appropriately funding, our current Aboriginal organisations, as well as supporting any new initiatives. Workforce capacity building and other support will ensure the sustainability of our Aboriginal Community Controlled Services.

For non-Indigenous service providers supporting Aboriginal and Torres Strait Islander children and families, there is significant work required for them to deliver culturally safe support services that meet the individual needs of children and families. Culturally safe workforce capacity building is necessary to ensure that mainstream organisations are working in culturally effective ways that are not causing further harm.

10.2 WHAT IS REQUIRED TO IMPLEMENT THESE REFORMS?

An Independent Authority

An independent authority is required, to oversee and support systems reform and implement the key reforms in response to the critical service gaps identified by this report. There is a range of directorates responsible for children's wellbeing and safety, their health, their education and their participation in society. An independent authority would be a mechanism for helping to create an integrated, whole-of-government and whole-of-community system to support children, by fostering a greater sense of shared responsibility across government and within communities for children's wellbeing and safety needs.

This authority could collaboratively develop an aspirational and transformational change agenda promoting children's wellbeing and safety. This authority would be appropriately resourced with policy and research capability, to work effectively with the human service directorates to implement the service and system reforms. It could provide research and policy assistance to improve services, organisations and the workforce, and it would work closely with the Children and Young People

Commissioner to support their role. Careful consideration is required to establish how the roles of the CYPC and Public Advocate will work with the authority.

Within this body, the MTP and its wraparound service could be located.

To guide effective reform, indicators of success must be determined, and this will assist the community to move beyond a deficits-based and tough on crime narrative. A further role of this authority could be to establish a shared and centralised mechanism for publishing accurate, cross-directorate, linked data to provide a strong picture on the Territory's children and their outcomes. In any reform, robust data is needed and must be regularly published, to provide accurate, up-to-date information on the ways reforms are implemented and how children's wellbeing and safety needs are being met. Improving data collection and analysis has the potential to increase transparency and accountability across the systems children interact with.

A Children's Wellbeing and Safety Framework

Improving outcomes for children (and their families) requires a shared framework that can be used as a key driver for a more joined-up approach across directorates. This framework would provide the authorising (policy) environment and actively enable services across sectors to work differently and more collaboratively, including at the practitioner level.

A number of frameworks and plans in the ACT present indicators of children's health, wellbeing, learning and development (ACT Children's Plan 2010–2014; 'A Picture of Children and Young people'; ACT Wellbeing Framework; and ACT Children and Young People's Commitment 2015–2025). These existing plans can be used to set a vision for a whole-of-government and whole-of-community approach to promoting the rights of children.

In addition, the Human Services Blueprint sets out a structure to improve the effectiveness of governance, structural and support processes so that the service system operates in a more person-centred and integrated way. When established, it had the Directors General across the human services working together on a high level taskforce. The aim of reporting, monitoring and utilising this information was to lead to better outcomes for children.

Our suggestion for a Children's framework is not to repeat or duplicate these efforts but, rather, to learn from the development of these initiatives to build a policy strategy that incorporates the best of these current frameworks. There are some examples from other jurisdictions: the Tasmanian Child and Youth Wellbeing Framework provides outcomes that will be used by government agencies to set goals, monitor and report their progress, identify areas where they can improve and inform the design and delivery of services.

Internationally, the Scottish Government's 'Getting it right for every child' uses an overarching policy framework to drive real change for children. The Scottish framework is:

> underpinned by a set of common values and core components, intended to provide a coherent strategy and program of action to strengthen universal service provision, coordinate multiagency professional practice, and embed early stage/age intervention and prevention within everyday working practices of all agencies and practitioners supporting children and young people, to ensure that children and families get the help they need when they need it.

Raising the age of criminal responsibility provides a significant opportunity to meet the needs of children in a more integrated and early way. It is an opportunity to build the capacity of the formal systems to provide appropriate and timely individual, family and systemic support through an integrated policy and service framework. Raising the age of criminal responsibility puts the focus on how critical it is to provide early, coordinated and sustained help to children. The response can provide

more positive futures for children. The key outcome of this reform is to meet children's needs. Meeting their needs across the key parts of their life will be of value not just to them and their family; it will benefit the wider community.

Round 1

ACT Council of Social Service

Youth Coalition of the ACT

ACT Together Consortium

Families ACT

Woden Community Service

Anglicare NSW South, NSW West & ACT

Marymead Child and Family Services

CatholicCare Canberra & Goulburn

Conflict Resolution Service

Northside Community Services

Companion House

Advocacy for Inclusion

ACT Human Rights Commission (Public Advocate)

Children and Young People Commissioner

Victims of Crime Commissioner

Victims of Crime Advisory Board

ACT Policing

ACT Office of the Director of Public Prosecutions

Legal Aid ACT

Canberra PCYC

ACT Courts and Tribunal (Childrens Court)

Warrumbul Court

ACT Aboriginal and Torres Strait Islander Elected Body

Aboriginal Legal Service ACT/NSW

Gugan Gulwan Youth Aboriginal Corporation

Child and Youth Protection Service

Bimberi Youth Detention Centre

Education Directorate

Justice Health Services

Canberra Health Services

Restorative Justice Unit

Raise the Age Coalition members

Round 2

Education Directorate

Health and Mental Health

Child and Youth Protection Services

Restorative Justice (JACS)

ACT Policing

Members of Raising the Age coalition

Children and Young People Commissioner

Gugan Gulwan Youth Aboriginal Corporation

Restorative Community Network

The table below provides a list of current programs provided by participants in the consultation. Where available we have indicated the waiting time and the age group for the program. We are not able to make any comment about the evidence base for all of the current offerings. Programs with a strong evidence base are discussed in the report. As can be seen from this table, although there are some programs for children in the aged group 10-13 years, they are limited. For those programs that do include younger children there are considerable waiting times.

	Organisation	Age	Aboriginal & Torres Strait Islander	ACT Gov	Waiting Period
Mental Health/wellbeing					
Stepping Stones therapeutic service for children aged 12 and under who have experienced trauma.	Catholic Care	12 and under			6 months
Next Step Psychological support service for children experiencing anxiety and/or depression.	Catholic Care	5-12 years			6-8 weeks
Project New Leaf (Face your Anger)	PCYC	8-17 years			6 weeks
Dhunlung Yarra (therapeutic counselling)	Gugan Gulwan and Relationships Australia	8-25 years	Yes		None
Messengers Program	Tuggeranong Community Arts Association	10-18 years			Pop in only for Y5-6 None for older kids
Youth Counselling	Menslink	10-25 years			3 weeks normally, 6-8 weeks at the longest
Cottage Day Program	CAMHS	12-17 years			No information available

	Organisation	Age	Aboriginal & Torres Strait Islander	ACT Gov	Waiting Period
Psychologists	Winnunga Nimmityjah Aboriginal Health Service	12-18 years	Yes		1-2 months
New Horizons (Seasons for Growth, DRUMBEAT, Rage)	Marymead	Under 18 years			18 months for individual counselling School Programs booked until Term 2 2022
Mental Health Counselling	Headspace	12-25 years			8 weeks for intake over phone (male), 12 for in person (female)
Youth & Wellbeing Mental Health Outreach Service	Catholic Care	12-25 years			2-3 months
Project Choose Respect	PCYC	12-25 years			As required
Connected Counselling for Aboriginal and Torres Islander young	Capital Health Network	Under 25 years	Yes		No information available
STEPS Youth Mental Health Residential program working in partnership with CAMHS (Child and Adolescent Mental Health Services) that provides support for young people as an alternative to hospitalisation.	Catholic Care CAMHS	13-18 years		Yes	No information available
Dialectical behaviour therapy	CAMHS	13-18 years		Yes	No information available
Specialist Youth Mental Health Outreach (SYMHO)	CAMHS	14-25 years		Yes	No information available
The Circles of Support provides support to children and young people who are experiencing social/emotional/behavioural difficulties	YWCA	8-15 years			No information available

	Organisation	Age	Aboriginal & Torres Strait Islander	ACT Gov	Waiting Period
Youth Engagement program	Woden Community Services	12-25 years			No information available
Court and Legal Support					
KAYAKS (Supporting Children after Separation)	Marymead	5-18 years			3-4 months
Interview Friends	Anglicare, Public Advocate	Under 18 years			None
Shine Program	Shine for Kids	Under 18 years			None
Justice Support					
Restorative Justice Conferencing	ACT Magistrate or Children's Court	10 -18 years		Yes	No information available
Youth Diversion Program (not currently running)	Winnunga Nimmityjah Aboriginal Health Service	12-18 years	Yes		Not currently running
Stand as One Mentoring (cancelled due to COVID)	Shine for Kids	10-21 years			Not currently funded
Youth Law Centre	Legal Aid ACT	12-25 years			Less than 1-2 weeks
Project 180 (Intensive Diversion Program)	PCYC	13-16 years			3-6 months
Alcohol and Drugs					
Warrumbul Circle Sentencing Court	ACT Magistrate or Children's Court	10-18 years	Yes	Yes	No information available
Drug and Alcohol/Mental Health Program	Gugan Gulwan	12-25 years	Yes		None
Community Art Program	Gugan Gulwan	12- 25 years	Yes		None
Program for Adolescent Life Management (PALM) Residential program	Ted Noffs	13-17 years			None for ACT young people

	Organisation	Age	Aboriginal & Torres Strait Islander	ACT Gov	Waiting Period
Youth Reaching Out Program Alcohol and drug counselling to young people	Catholic Care	13-18 years			No information available
Domestic and Family Violence					
Growing Together Support program for women and their children experiencing violence	Domestic Violence Crisis Service	5-13 years			No information available
Got Your Back Support group for young people impacted by family and domestic violence	Relationships Australia	12-18 years			None currently
Health					
Audiologist Outreach in schools	Winnunga Nimmityjah Aboriginal Health Service	Years Pre K-6	Yes		None
Junction Youth Health Service	Anglicare	12-25 years			None, youth worker 2-3 weeks, GP 2 weeks, nurse practitioner
Justice Health Services	ACT Health Directorate	10 – 18 years		Yes	None
Tenancy/Housing/Homelessness					
Ricky Stuart House	Marymead	5-12 years			No information available
Safe and Connected (Early intervention to prevent homelessness, including crisis accommodation)	Conflict Resolution Service with Woden, and Northside	8-16 years			2-4 weeks
Reconnect	Catholic Care	12-18 years	No		

	Organisation	Age	Aboriginal & Torres Strait Islander	ACT Gov	Waiting Period
(Early intervention to prevent homelessness)	Anglicare Gugan Gulwan		No Yes		Not currently run
Raw Potential Youth outreach support for at-risk and vulnerable young people	Raw Potential and Woden Communities Services	12-25 years			2 weeks
Family Support Program	Conflict Resolution Service	13-20 years			2-4 weeks depending on the family's needs
Coral's Cottage	Marymead	13 and older			No information available
Youth Housing Support Services	Catholic Care	15-25 years			No information available
Housing for Young People Program (HYPP) Young people leaving care.	ACT Community Services Directorate	16-25		Yes	No information available
Family					
Cool Kids	Capital Region Community Services	7-9 years			No currently running
Young People's Outreach Program	Domestic Violence Crisis Service	5-13 years			No information available
Trauma Counselling Service	PCYC	8-17 years			No information available
FACES Counselling	Catholic Care	10-21 years			No information available
Youth & Family Case Management (YFCM)	Catholic Care	12-18 years			No information available
Functional Family Therapy-CW	Gugan Gulwan and OzChild	Under 18 years	Yes		None
Project Empower (Case Management)	PCYC	Under 18 years			2-3 weeks
CYCLOPS (Support for young carers)	Anglicare	Under 25 years			None

	Organisation	Age	Aboriginal & Torres Strait Islander	ACT Gov	Waiting Period
Continuing Adolescent Life Management (CALM)	Ted Noffs	13-25 years			None for ACT young people
Child, Youth and Family Support Program (CYFSP)	Gugan Gulwan Anglicare and Woden Community Services	Under 18 years	Yes No		None
Education					
Network Student Engagement Team (NSET)	ACT Education Directorate	Years PreK-12		Yes	No information available
Impact (counsellors in Catholic schools)	Marymead	Years K-6			6-8 weeks
Migrant and Refugee Program	St Vincent De Paul Society	Years K-6			None, but some schools don't offer
Wellbeing Support teams (this can include social workers, youth workers, school psychologist and school health nurses)	ACT Education Directorate	Years K-12		Yes	No information available
School Psychologists	ACT Education Directorate	Years K-12		Yes	No information available
Tutoring Program	Gugan Gulwan	Years 2-12	Yes		None
Step Up	PCYC	8-17 years			Not running
Murrumbidgee School, Bimberi	ACT Education Directorate	10-21 years		Yes	As required
Transition School Program	Northside	Years 6-7 years			No information available
Galilee School	Communities@Work	Years 7-10 years			1-2 weeks for enrolment, however begin start of term depending on availability
Muliyan Offsite Program (alternative Education program)	ACT Education Directorate	High School		Yes	No information available

	Organisation	Age	Aboriginal & Torres Strait Islander	ACT Gov	Waiting Period
Disability Services (Please note most Disability services are now provided through the NDIS)					
Teens program (social and recreational program for young people who live with a disability).	Communities@Work	12-18 years			No information available
Kids Companions social support and group activities to children and young people who experience social isolation because of the impact of disability or mental illness within their family.	Marymead	Under 18 years			Service at capacity
Community, fun, engagement					
St Joe's Youth Program	St Vincent De Paul Society	6-12 years			None, but camps can sometimes fill up
Young Men's Group	Gugan Gulwan	8-12 years	Yes		None
School Holiday Program	Gugan Gulwan	8-14 years	Yes		None
Yurwang-Gulwan – Koori Girls	Capital Region Community Services	8-16 years	Yes		
Project Level-UP (Adventure Program)	PCYC	8-12 years 13-17 years			3-6 months
Project Step by Step	PCYC	8-17 years			2 weeks
Project Mentored	PCYC	8-17 years			Not currently funded
Project Next Level	PCYC	8-17 years			1 week
Music Program	Gugan Gulwan	8-25 years	Yes		None
Youth Mentoring Support	Menslink	10-16 years			Up to 3-4 months, depending on scheduled intake

	Organisation	Age	Aboriginal & Torres Strait Islander	ACT Gov	Waiting Period
Outreach at Bimberi	Winnunga Nimmityjah Aboriginal Health Service	10-18 years	Yes		As needed
School Holiday Program	YWCA	School age			None
Young Women's Group	Gugan Gulwan	12-15 years	Yes		None
Youth School Holiday Program	Capital Region Community Services	12-25			
Y.Engage	Northside	12-25			None
Youth Engagement Team (YET) (short-term case management)	Anglicare and Woden Community Services	12-25years			None
Street University (Outreach)	Ted Noffs	12-25 years			None
VINES Youth Program	St Vincent De Paul Society	13-15 years			None, but camps can sometimes fill up
StreetBeat Youth Outreach Program	Gugan Gulwan	15-25 years	Yes		None

APPENDIX 3: APPROXIMATE COSTINGS FOR PROPOSED RESPONSE

Program/activity	Role	Rate/level	EFT	
Multidisciplinary Therapeutic Panel				
	Independent Chair x 1	$875 (Per Diem) Or $32, 745 per year		Monthly Meetings plus liaison with Wraparound Coordinator, Secretariat, other meetings
	Members x 8	$800 (Per Diem)		Sitting days minimum 12 per paid member
	Secretariat Support	SOG B $131,773 + oncosts	1	
		ASO6 $88,899 + oncosts	1	
Wraparound Service	Wraparound Coordinator	HP L 6 $153,041 plus oncosts and on call allowance	1	
	Therapeutic Coordinators	HP Level 4 $111,887 + on costs	3	
	Brokerage per child per year	$50,000		
Embedded Youth Outreach Response		Care worker Grade 4, Level 5 $82,014 plus oncosts plus night shift allowance	2 EFT	Outreach with police, follow up assessment, admin etc
Crisis Accommodation	Cost per night per child	Up to $1500 per night		

From ACT Community Services Industry. Workforce issues: Workforce data and community needs analysis, Insight Consulting, 2019, p. 9

INFOGRAPHIC OF KEY REPORT FINDINGS

FACTORS DECREASING SERVICE DEMAND
- Existing and renewed early intervention and prevention efforts

FACTORS DECREASING WORKER SUPPLY
- Lower proportion of people undertaking vocational education and training (VET)
- Insecure employment tenure for workers
- Insufficient professional development opportunities and support
- Low pay rates relative to other industries
- Absence of clear career pathways

SERVICE DEMAND   **WORKER SUPPLY**

FACTORS INCREASING SERVICE DEMAND
- Growing population - all age groups
- Higher number of children 0-12 years
- Higher proportion of older persons
- Higher rates of disability / complex needs
- Higher number of unpaid carers
- Higher number of older persons not able to speak English well or at all
- Continuing disadvantage
- Government policy changes increasing funding for disability and aged care service

FACTORS INCREASING WORKER SUPPLY
- Increased Year 12 attainment rates (with corresponding increase in literacy & numeracy)
- Higher proportion of persons undertaking university study
- Increased proportion of people with practical caring experience
- Growing proportion of young people and young adults
- Decreasing median age of workers
- Decrease in availability of low skilled jobs in the broader ACT economy

UNKNOWN FUTURE CHANGES AFFECTING DEMAND AND SUPPLY
- Volunteer levels
- Unemployment levels
- Changing societal values
- Impact of technology
- Risk that non-demand funded services will remain at current resource and staffing levels

INDUSTRY (INCLUDING DISAGGREGATED SUB-SECTOR) DATA GAPS
- Turnover rates between positions and sub-sectors
- Under-employment rates
- Casualisation and contract work trends
- Knowledge of which positions are most difficult to recruit and retain
- Retirement and exit intentions

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