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15 FEB 2010

Submission No 73

BY: ATSIT

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**Australian Government**  
**Department of Health and Ageing**

**Submission to House of Representatives Standing Committee on  
Aboriginal and Torres Strait Islander Affairs**

**Inquiry into the high levels of involvement of  
Indigenous juveniles and young adults in the  
criminal justice system**

**February 2010**

## 1. Introduction

The Australian Government's vision is for all young people to grow up safe, healthy, happy and resilient, and to have opportunities and skills they need to learn, work, engage in community life and influence decisions that affect them. The *National Strategy for Young Australians* announced by the Prime Minister, includes, *inter alia*, a priority to strengthen early intervention with young Australians to help prevent any problems getting worse and to help young people get their lives back on track. It also seeks to establish clear cut legal consequences for behaviours that endanger the safety of others.

The Australian Government has committed to closing the gap in outcomes for Indigenous Australians. Through the Council of Australian Governments (COAG), the Australian Government works with State and Territory Governments to reduce the levels of Indigenous disadvantage, including those that are associated with the relatively high levels of incarceration of Indigenous juveniles.

This submission from the Department of Health and Ageing (the Department) to the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs *Inquiry into the high levels of involvement of Indigenous juveniles and young adults in the criminal justice system* (the Inquiry) is framed within these two policy contexts. That is, in the context of the Australian Government commitments to providing all young people with opportunities to grow up safe, healthy, happy and strong; and to closing the gap in outcomes for Indigenous Australians. The submission does so by primarily addressing the following terms of reference:

- The impact that alcohol use and other substance abuse has on the level of Indigenous juvenile and young adult involvement in the criminal justice system and how health and justice authorities can work together to address this; and
- The extent to which current preventative programs across government jurisdictions are aligned against common goals to improve the health and emotional wellbeing of Indigenous adolescents, any gaps or duplication in effort, and recommendations for their modification or enhancement.

Accordingly, the submission:

- provides information on key health statistics relating to Indigenous juveniles;
- outlines the role for Governments in addressing the relatively high levels of involvement of Indigenous juveniles and young adults in the criminal justice system; and
- outlines the key Commonwealth health and wellbeing initiatives which indirectly impact on the involvement of Indigenous juveniles and young adults in the criminal justice system.

### Background

The relatively high levels of involvement of Indigenous juveniles and young adults in the criminal justice system are well documented. Indigenous juveniles are dramatically over represented amongst juveniles under supervision in Australia. Non-Indigenous juveniles were under supervision at a rate of 2.8 per 1,000 during 2006-07, compared with 39.3 per 1,000 Indigenous juveniles. Indigenous juveniles were therefore under supervision at a rate 14 times that of non-Indigenous juveniles.<sup>1</sup>

Contributing factors associated with the higher rates of Indigenous juveniles under supervision include relatively higher rates of violence, alcohol use and substance use. The following statistics should be noted:

- *Violence and Assault:* The incidence of violence and assault is higher among Indigenous youth compared to their non-Indigenous counterparts. Indigenous Australians aged 15-24 years are more likely to be hospitalised for assault than other Australians.<sup>2</sup> In the four states which collect mortality data, Indigenous Australians aged 15-24 are more likely to die from assault than non-Indigenous Australians in the same age group.<sup>3</sup>
- *Alcohol and substance use:* The incidence of risky alcohol use is higher in Indigenous youth compared to their non-Indigenous counterparts. Indigenous Australians aged 18-24 years are nearly twice as likely as non-Indigenous Australians to report drinking at risky/high-risk levels at least once per week (23% compared to 15%).<sup>4</sup>
- *Petrol sniffing:* Evidence has shown that Indigenous youth aged between 15 and 24 years old are the largest group of petrol sniffers across areas surveyed in regional and remote Australia.<sup>5</sup>

There are links between violence, alcohol use and incarceration. Indigenous Australians aged 15 years and over who had consumed alcohol at moderate or high risk levels in the previous 12 months and had used substances in the previous 12 months were more likely to have had police contact than Indigenous Australians who had not engaged in these activities.<sup>6</sup> In addition, 76% of homicides involving an Indigenous offender were classified as alcohol-related.<sup>7</sup>

The relatively high level of involvement of Indigenous juveniles and young adults in the criminal justice system is also the product of broader social determinants of health. Social determinants of health are the economic, physical and social conditions that influence the health of individuals, communities and jurisdictions as a whole. Social determinants of health include housing, education, social networks and connections, racism, employment, and law enforcement and the legal and custodial system. The absence or presence of these determinants, and the interaction between them, influence both health outcomes and risk behaviours, including those that have a link to offending and involvement in the criminal justice system such as substance use and violence.

### **“Closing the Gap”**

As noted above, the issues associated with addressing the relatively high levels of involvement of Indigenous juveniles and young adults in the criminal justice system are complex and multi-faceted, requiring all levels of government, community organisations, parents, and young people themselves to work in partnership towards a range of solutions.

The Australian, State and Territory Governments, through COAG, recognise that overcoming Indigenous disadvantage will require a long-term, generational commitment that sees major effort directed across a range of strategic platforms or Building Blocks which support the reforms aimed at the six *Closing the Gap* targets. The Building Blocks include:

- Early childhood
- Economic participation
- Governance and leadership

- Health
- Healthy homes
- Safe communities
- Schooling.

Targets have been set in each of the building blocks which will contribute to reducing levels of relatively high levels of incarceration of Indigenous juveniles. Achieving these targets will require strong commitment and coordinated action within and across governments and communities, robust mechanisms for advancing reforms, and an accountability framework that reports on progress.

There is a need for an integrated approach to Indigenous young people's development that provides for a spectrum of strategies from prevention to earlier identification and intervention to the provision of crisis and other tertiary support services. As noted by the Australian Human Rights Commission report:

“Despite the fact that many of the causes of offending behaviour lie in the early school years, all too often, early identification and early intervention opportunities pass these young people by. It is not until they are in crisis that they stand a chance of assistance. All of these factors increase the likelihood that these young people will progress to the juvenile justice system.” (p. 65)

In recognition of the range of determinants that influence Indigenous young people's involvement in the criminal justice system, the Department is actively working with other agencies on the development of whole-of-government approaches to youth, including the *National Strategy for Young Australians*. However, challenges remain in working across sectors in an integrated manner, including timely and appropriate referrals between different youth settings (such as between schools and health services), issues of privacy and confidentiality (especially in smaller communities and with more sensitive issues such as sexual health), and recruitment and retention of workers, especially in remote areas.

The State and Territory Governments have primary responsibility for the provision of tertiary services for juvenile and young adult offenders. State and Territory Governments are responsible for the operation of juvenile justice system, including early intervention and rehabilitation of young offenders; the court system; the police; and the operation of custodial services. State Governments are also responsible for health service provision within prisons.

## **Health - A Preventative Approach to Youth Justice**

The Australian Government has a key role in the provision of universal health services for Indigenous people, which provide the basis for a preventative approach to address the underlying causal factors of Indigenous disadvantage. This includes funding for Indigenous primary health care, social and emotional wellbeing services, health promotion and prevention activities. In addition, the Australian Government, through the Department of Health and Ageing, provides substantial funding for programs which aim to address specific issues, such as alcohol and substance use, which contribute to higher rates of incarceration for Indigenous juveniles and young adults.

This investment in health services is strongly aligned with three of the key building blocks agreed by COAG: Early Childhood, Health and Safe Communities. Through other agencies, the Australian Government also directly funds programs which contribute to the building blocks of Economic Participation, Governance and Leadership, Healthy Homes and Schooling.

### Early childhood

*For an equal start in life Indigenous children need early learning, development and socialisation opportunities. Action in the areas of maternal, antenatal and early childhood health is relevant to addressing the child mortality gap and to improving early childhood development.*

Experiences in early life significantly impact on the positive development of young people. Children who have a good start in life are less likely to develop learning, behavioural or emotional problems which may have far-reaching consequences throughout their lives and in turn the lives of their children. In 2009, COAG agreed to the National Early Childhood Development Strategy, which provides a framework for action across governments to improve outcomes for all Australian children with a specific focus on the most vulnerable children, including Indigenous children and their families.

The Australian Government has provided funding to increase Indigenous people's access to early childhood and maternal health services in recognition of the importance of the early years on outcomes across the life course. This includes funding for New Directions – Mothers and Babies Services, with one of the aims of the program being to reduce the low birth weight among Indigenous babies, which is known to adversely affect children's early childhood development and subsequent health and educational outcomes. Through the Department, the Government is also implementing the Australian Nurse Family Partnership Program (ANFPP), a home visiting program that assists women to develop positive health behaviours and child rearing practices. The ANFPP is based on the US Nurse Family Partnership program, which has been shown to return substantial improvements in later life outcomes for children, including reductions in crime and offending behaviours and increases in health and education outcomes.

For more details of Early Childhood initiatives see Attachment A Section 1.

### Health

*Achieving improved outcomes for children and youth requires access to, and delivery of, effective primary and preventative health care. Community primary health services play an important role and also need to be responsive to and accountable for achieving government and community health priorities.*

Indigenous health continues to be a key challenge for the Australian Government. Indigenous people are generally less healthy than other Australians, and experience poorer outcomes across a range of key indicators of health and wellbeing, including life expectancy. The Australian Government, through the Department, is addressing the issue of improving health outcomes for Indigenous people through a number of initiatives, including investment in primary health care and prevention in areas such as chronic disease.

The Department has also supported the implementation of Government strategies to improve the Indigenous health workforce. This includes establishing the Remote Area Health Corps to expand the number of doctors, nurses and allied health professionals to add to the short-term workforce working in the Northern Territory, and encouraging more Indigenous people to enter the health workforce through scholarships for nurses and new qualifications for Aboriginal Health Workers.

As many individuals in the justice system have mental health issues, investing in programs that help diagnose, treat or manage mental illness and support social and emotional wellbeing are expected to decrease involvement in the criminal justice system, and will support communities as a whole. In addition to the investment in primary health care and preventative services, the Australian Government has committed to improving the social and emotional wellbeing of Indigenous people and communities. Initiatives such as the Bringing Them Home and the Link Up programs help to address the needs of the Stolen Generations and their descendents by providing counselling, family tracing and reunion services. The ongoing development of the health workforce is also critical to ensuring the early identification of the Indigenous people with mental health and other social and emotional wellbeing needs.

For further details regarding mental health initiatives and social and emotional wellbeing programs see Attachment A, Section 2.

#### Safe communities

*Indigenous people (men, women and children) need to be safe from violence, abuse and neglect. Addressing related factors such as alcohol and substance abuse will be critical to improving community safety, along with the improved health benefits to be obtained.*

Indigenous Australians and young people are at particularly high risk of harm due to excessive alcohol and drug consumption. The Government funds a number of Indigenous specific and broad initiatives and programs aimed at reducing alcohol and substance use including both prevention and treatment approaches. These programs decrease the likelihood of young adults offending through the use of legal and illegal substances, and have the potential to minimise associated violence and criminal behaviour.

Diversionary activities provide alternative activities for juveniles and young adults, and assist in the prevention of criminal behaviour by providing positive influences in their lives. Through the Department, the Australian Government provides funding to support community groups and organisations to assist organisations to increase Indigenous Australians' participation in sport and healthy lifestyle activities.

The Department also works with other agencies on the prevention of petrol sniffing, which has a strong link to offending behaviours such as theft of petrol and community and property violence. Through the Eight Point Plan, the Australian Government provides a

comprehensive response to the issue of petrol sniffing by addressing early intervention and prevention, harm reduction and minimisation and supply, including the roll out of Opal fuel as a low aromatic substitute for regular unleaded petrol.

For more details regarding alcohol and substance use initiatives see Attachment A, Section 3.  
For more details on diversionary activities see Attachment A, Section 4.

### **Summary**

The Australian Government has committed to supporting young people to grow up safe, healthy, happy and resilient, and to closing the gap in outcomes for Indigenous Australians.

Addressing the issues associated with high levels of involvement of Indigenous juveniles and young adults in the criminal justice system requires a collaborative approach across government, community groups and parents, and young people.

By taking a whole of health and wellbeing approach, the Australian Government, through the Department of Health and Ageing, is making a key contribution to reducing over-representation of Indigenous juveniles in the justice system.

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**Australian Government Initiatives**

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**1. Early Childhood Initiatives****1.1 COAG National Early Childhood Development Strategy**

The COAG National Early Childhood Development Strategy, Investing in the Early Years, addresses reforms in six key priority areas:

1. Strengthen universal maternal, child and family health services.
2. Support for vulnerable children.
3. Engaging parents and community in understanding the importance of early childhood.
4. Improve early childhood infrastructure.
5. Strengthen the workforce across early childhood development and family support services.
6. Build better information and a solid evidence base.

**1.2 The COAG Indigenous Early Childhood Development National Partnership 2009-2014**

The Department oversees components of the COAG Indigenous Early Childhood Development National Partnership (IECD NP). The IECD NP is supported by joint Commonwealth, State and Territory government funding of \$564 million over six years (1 January 2009 – 30 June 2014). The IECD NP seeks to develop an integrated approach to early childhood education and health to improve outcomes for Indigenous children in their early years. Integration will be achieved through the establishment of at least thirty five Children and Family Centres (managed by the DEEWR), which will be supported by Commonwealth funding of \$292.6 million over six years from January 2009.

The Commonwealth is also providing State and Territory governments with \$107 million over five years (commencing 1 July 2009) to increase access to antenatal care, pre-pregnancy and teenage sexual and reproductive health services.

The IECD NP also builds on the Commonwealth's commitment of \$90.3 million over five years to deliver the *New Directions Mothers and Babies services* program to increase access to and use of maternal and child health services by Indigenous families. State and Territory governments are also committing a combined total of \$75 million over five years to increase access to and use of maternal and child health services by Indigenous families.

**2. Mental Health and Social/Emotional Wellbeing****2.1 COAG Mental Health Initiative**

Under the COAG Mental Health *'Improving the capacity of workers in Indigenous Communities'* Initiative the Government provides \$20.8 million over five years from 2006 to support health practitioners to identify and address mental illness and associated substance use issues in Indigenous Australians.



## **2.2 Mental Health and Social and Emotional Wellbeing**

Medical Specialist Outreach Assistance Program (MSOAP) provides outreach services to people living in rural and remote Australia has an indirect link to the terms of reference through the Outreach Program which provides access to medical specialist psychiatric services will increase the detection, prevention or management of mental health issues of Indigenous youth. In 2008-09 the MSOAP provided 48 Psychiatry - Child and Adolescent services comprising 1391 patient consultations.

Improved social and emotional wellbeing among Aboriginal and Torres Strait Islander members of the stolen generation is supported through the national Link Up and *Bringing Them Home* initiatives. This has indirect benefits for Indigenous adolescents by supporting communities as a whole.

## **3.0 Alcohol and Substance Use Initiatives**

### **3.1 The COAG Illicit Drug Diversion Initiative**

The Illicit Drug Diversion Initiative (IDDI) is a COAG initiative aimed at diverting non-violent drug offenders away from the criminal justice system and into appropriate assessment, education and treatment services. The Initiative currently funds 40 programs both police and court-based in every state and territory. More than 170,000 offenders have been diverted since the inception of the IDDI in 1999. The Australian Government's total commitment to IDDI since its commencement in 1999 is \$500 million.

### **3.2 Non-Government Organisation Treatment Grants Program**

The Non-Government Organisation Treatments Grants Program forms part of the National Illicit Drugs Strategy (NIDS) and provides funding to non-government organisations to operate a range of alcohol and drug treatment services. Particular emphasis is placed on filling geographic and target group gaps such as women, youth, and families with children, co-morbidity, psycho-stimulant users and Aboriginal and Torres Strait Islanders. Treatment options available include counselling, outreach support, peer support, home detoxification, medicated and non-medicated detoxification, therapeutic communities and in/out patient rehabilitation.

### **3.3 Capacity Building in Indigenous Communities Initiative**

The Capacity Building in Indigenous Communities Initiative (CBIC), also part of the NIDS, aims to improve the capacity of Indigenous communities to address problems with alcohol and drug abuse, by providing funding to pilot and trial interventions in Indigenous communities.

The Initiative has funded projects including drug and alcohol workforce development, diversion programs for at risk Indigenous youth and research to adapt successful mainstream interventions for Indigenous communities. A number of Aboriginal-specific residential drug and alcohol services are funded to provide services to clients who are required to seek care, as a result of legal proceedings.

### **3.4 Indigenous Specific Alcohol and Substance Use Programs**

In total, 118 organisations are funded to provide, or to support, a range of substance use treatment and rehabilitation services which assist Indigenous people to address their substance use issues.

These services include residential rehabilitation services and day centres; sobering up shelters; multidisciplinary teams with skills in substance use and associated issues; outreach services and services supporting individuals to leave rehabilitation and return to their communities.

Approximately half the funded substance use services are integrated with Aboriginal and Torres Strait Islander primary health care services and are therefore open to people of all ages. Young people seeking treatment for substance use issues may also be able to access youth programs run by the primary health care service, for example health education, skills training, and cultural education and support.

The remainder of the funded substance use services operate independently and provide either residential treatment and rehabilitation or non-residential care. Although regulatory requirements result in many of the funded residential services providing treatment only to people 18 years or above, three of the funded residential services are specific to youth. In addition to treatment and rehabilitation, these services offer skills development opportunities and cultural education and support.

Ongoing funding for services under the Aboriginal and Torres Strait Islander Substance Use Program comprises \$30.2 million in 2009-10. An additional \$98.6 million is being invested in substance use services for Aboriginal and Torres Strait Islander people across Australia, particularly in remote and regional communities, through two COAG measures announced in 2006 and 2007. Funding of \$10.6 million has also been spent on substance use services as part of Northern Territory Emergency Response related measures, with an additional \$7.8 million over three years being provided from 2009-10 onwards.

The Opal fuel program in specific rural and remote regions across Australia where petrol sniffing is a problem has been very successful in contributing to reduced rates of petrol sniffing in an effort to improve health, social and economic outcomes in communities affected by petrol sniffing. The program commenced in 2005 with the aim of reducing the prevalence of petrol sniffing by providing substitute for regular unleaded petrol. The Government has committed \$44.183 million to the program in the period 2005-06 to 2009-10. Evaluation of the Opal fuel program has shown an overall 70% decrease in petrol sniffing in a study of the 20 affected communities.

### **3.5 Regional Health – drug and alcohol services**

In 2008-09 the Regional Health Services (RHS) Program allocated \$48.1 million (across 118 RHS services) to improve the health and wellbeing of people in rural in communities of less than 5,000 people by increasing the access to a broad range of primary health services for the prevention and treatment of illness, including youth services and drug and alcohol services. Although RHS is not an Indigenous specific program, some RHS projects provide

support to Indigenous youth around alcohol and other drug use.

#### **4.0 Diversionary Activities**

##### **4.1 Indigenous Sport and Recreation Program**

The fifth term of reference relates to diversion for young people from involvement with the criminal justice system. The Indigenous Sport & Recreation Program was originally established as a diversionary program arising from the Royal Commission into Aboriginal Deaths in Custody. This program provides diversionary activities to reduce harmful behaviours and encourages positive engagement in the community through involvement in sport. It also develops social norms and behaviours for Indigenous juveniles and young adults.

## REFERENCES

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- <sup>2</sup> Australian Institute of Health and Welfare 2008, *Aboriginal and Torres Strait Islander Health Performance Framework, 2008 Report: Detailed Analyses, Cat no. IHW 22*, AIHW, Canberra. p.861
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- <sup>4</sup> Australian Institute of Health and Welfare 2008, *Aboriginal and Torres Strait Islander Health Performance Framework, 2008 Report: Detailed Analyses, Cat no. IHW 22*, AIHW, Canberra. p. 998
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- <sup>7</sup> Australian Institute of Criminology. 2009. *Alcohol and Homicide in Australia*. No 372. AIC, Canberra. p.5