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

Submission to the House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs conducts inquiries into matters referred to it by the House of Representatives or a Minister of the Commonwealth Government.

The Committee shall inquire into the high levels of involvement of Indigenous juveniles and young adults in the criminal justice system. With a particular focus on prevention and early intervention, the Committee will identify:

- How the development of social norms and behaviors for Indigenous juveniles and young adults can lead to positive social engagement;
- 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;
- Any initiatives which would improve the effectiveness of the education system in contributing to reducing the levels of involvement of Indigenous juveniles and young adults with the criminal justice system;
- The effectiveness of arrangements for transitioning from education to work and how the effectiveness of the 'learn or earn' concept can be maximised;
- Best practice examples of programs that support diversion of Indigenous people from juvenile detention centres and crime, and provide support for those returning from such centres;
- The scope for the clearer responsibilities within and between government jurisdictions to achieve better co-ordinated and targeted service provision for Indigenous juveniles and young adults in the justice system;
- The extent to which current preventative programs across government jurisdictions are aligned against common goals to improve the health and emotional well-being of Indigenous adolescents, any gaps or duplication in effort, and recommendations for their modification or enhancement.

This submission prepared by

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Background

A comment in the November 17th 2009 edition of The New Lawyer states that "The detention rate for juvenile offenders, particular those of Aboriginal descent, is too high and has the potential to create longer term issues for the state if not addressed immediately, said the Law Society of Western Australia". The president of the Society, Dudley Stow, goes on to say that "Approximately 140 juveniles are in custody each day in Western Australia and the vast majority, around 75 per cent, are Aboriginal,"

In many countries the standard of health and ear health in particular in Indigenous populations is much lower than the standard of health of the non-indigenous population. In Canada, estimates of hearing loss in children by the First Nations Special Education Resource Line in non-First Nation are 5-15% children compared with 15-55% of First Nation children¹. In a presentation to Australian magistrates in 2006, Howard notes that in New Zealand the incidence of hearing loss in European prisoners is 54% compared with 83% in Maori prisoners and in the Northern Territory he notes that 90% of Aboriginal inmates failed a hearing screening test, and that 60% of Aboriginal youth had abnormal middle ear function².

Impact of Hearing Loss

A review of the literature on Otitis Media with Effusion (OME) and the associated hearing loss shows that incidence rates for indigenous children in Australia maintain at significantly above what the WHO regards as a "massive public health problem". The impact of OME on indigenous communities can be felt at all ages; poor speech, language and hearing as a result of OME has been mentioned as a possible causal pathway factor in poor educational outcomes, crime, youth detention, substance abuse, family and sexual violence. Some brief extracts from the literature state that when compared with the general population middle ear disease in the Indigenous population starts earlier and lasts longer, and occurs more often and for longer into childhood³. Chronic ear disease can lead to impaired hearing, which can seriously affect early language development, performance at school and subsequent employment and social integration in adulthood⁴. Howard states that people with listening problems find it more difficult to read⁵. He describes a cycle of disadvantage where the social determinates for poor ear health lead to poor ear health – at which stage health interventions are required. If these interventions are not put in place, there are resultant social and educational outcomes. These outcomes in turn lead to poor life outcomes and the common result being that the judicial system is required to intervene. Where the health and education systems fail to intervene, the justice system is forced to do so.

What can be done?

The Telethon Speech and Hearing Centre for Children WA (Inc) is a non profit early intervention centre for children with hearing and speech impairments. The centre operates two (2) outreach programs, one being a newborn hearing screening program in the private maternity hospitals in Western Australia, and the other program being our "Ear Bus" program. The Ear Bus project is an innovative collaboration of agencies in Perth, Western Australia to deliver ear screening and primary care services to indigenous children attending primary schools in Perth and Bunbury, Western Australia, and is detailed below.

WHAT IS THE EARBUS PROJECT?

- Telethon Speech & Hearing currently operates 2 mobile children's ear clinics – The Earbus.
- Screen at schools with significant cohorts of indigenous children.
- Earbus #1 goes to Primary Schools in the Perth Metropolitan area and Earbus #2 covers parts of the South West (based in Bunbury)
- Screen for middle ear health and some basic hearing screening.

Earbus Screeners carry out a battery of tests that include

- otoscopy
- tympanometry
- audiometry (thresholds screening)
- otoacoustic emission screening (transient evoked) and
- behavioural observation audiometry screening.

Students are screened and are given one of three results

- PASS – results in normal range – No further action
- REVIEW NEXT VISIT – some results outside normal expected range, mild or temporary abnormality suspected.
- REFER TO GP – results in both ears show concerning ear health or one ear with discharge, perforation or foreign object suspected.

Client Management

- Students who PASS are not seen again until the next initial round of screening.
- Students for REVIEW are screened again in approximately 10 weeks when the bus returns to their school.
- Students for REFER TO GP – results are given to our Clinical Team or "Ear Doctor" for further investigation.

BEYOND SCREENING – Establishing a workable primary care pathway

The GP Service

- Telethon Speech and Hearing employ a clinical team comprising GP, Nurse and Aboriginal Outreach worker.
- The team visits the schools towards the end of the Ear Bus visit to follow up on the children referred.
- GPs identify those who need ENT review/ referral.
- Using ENT resources children who need surgical intervention are then prioritized for treatment.

The Clinical Team:

Treat children referred from the Earbus screening including

- Prescribing medication or treatment as appropriate
- Referring on for ENT review

GPs liaise closely with the school, ALOs AIEOs to ensure prescription medication is purchased, stored and administered for the full course of antibiotics.

Our clinical service is a parental option. Families who wish to access their own GP or visit the Aboriginal Medical Service for primary care are able to do so.

From GP to ENT

Treatment protocols and management strategies have been beautifully documented in the recent Aboriginal Ear Health Manual under the leadership of Clinical Professor Harvey Coates.

Professor Coates is the ENT referral point for the GP service.

ENT Clinics are held monthly at Swan District Hospital in Midland, and the Bunbury Regional Hospital. The hospitals provide theatre space and time, anaesthetists, full audiology work up, post-operative pre-discharge care and patient handling.

Schools and local Aboriginal Medical Services organize central transport pick up and drop off, parent information and education and continuing surveillance and supervision of each child's educational and pastoral care needs.

THE PROJECT PARTNERS

The Earbus Project is a collaborative endeavour between

1. Variety WA
2. Professor Harvey Coates ENT
3. Telethon Speech & Hearing Centre for Children WA – the Earbus
4. Perth Primary Care Network – the Street Doctor Bus
5. Swan Education District
6. Office of Aboriginal Health
7. Bunbury Education District
8. SWAMS - SW Aboriginal Medical Service
9. Swan District Hospital
10. Bunbury Regional Hospital
11. Peel Education District
12. Warren-Blackwood Education District
13. Australian Hearing

Other Programs

We are actively working on two (2) other pilot programs in a partnership with the Juvenile Custodial Services of Western Australia and N'Gala, a non profit organisation that provides support and education to families to improve parenting skills and outcomes.

The N'Gala project will involve our screener entering the Bandyup Women's prison and screening babies in the Nursery Section. Babies born to inmates may spend the first twelve months with their mothers. The project will screen these babies as well as the mothers. Both Indigenous and non-Indigenous babies and mothers will be screened.

The other project that is in the planning phase at present is one involving the two juvenile detention centres in Perth, Rangeview Remand and Banksia Hills Detention centres. At any one time there are approximately 160 juvenile inmates at these centres, approximately 80% being Indigenous. It is proposed that all inmates will be screened for middle ear pathology. Those not passing the screening tests and identified as requiring medical intervention will be treated by the prison health system. Another option for this treatment pathway is the use of an Aboriginal Medical Service. A referral to an ENT for specialist treatment and/or surgery is also being investigated.

The aim of these programs is to provide data to support proposals for ongoing medical intervention at the detention/ prison level. We believe that interventions put in place in the detention centres will also provide a unique opportunity to break the cycle of disadvantage described by Howard.

We hope that should similar Ear Bus programs be implemented elsewhere in the future, the initial data can be replicated and that the ear health outcomes of Indigenous children may be improved, which will result in improved educational outcomes, and that we will see less young Aboriginal offenders in our judicial system.

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1. Horner - First Nations Special Education Resource Line Delta, BC V4C 4K2.
2. Howard D. Presentation to Magistrates, Phoenix Consulting 2006
3. Howard D. Presentation to Magistrates, Phoenix Consulting 2006
4. Lehman D. et al. BMC Pediatrics 2008, 8:32
5. Howard D. Presentation to Magistrates, Phoenix Consulting 2006

