



LEGISLATIVE COUNCIL
LEGAL AND SOCIAL ISSUES COMMITTEE

Inquiry: Inquiry into Victoria's criminal justice system

Hearing Date: 21 October 2021

Question[s] taken on notice

Directed to: WEstjustice

1. Ms Maxwell Page no. 14

Question asked.

To provide report that was recently released: the ACT recently commissioned the ANU to undertake a needs analysis of its child support systems - It goes to your question in terms of what is out there already and what is remaining and needs to be stepped up?

Response:

Provided

2. Ms Watt Page no. 17

Question asked.

To provide a copy of that report that you spoke to around economic security and abuse. In addition, to provide copies of the speech from the launch, including by the Minister for Women.

Response:

Provided

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

FINAL REPORT

August, 2021



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National
University

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Acknowledgements

Thank you to all the services, organisations and individuals that provided their time and thinking to this project.

We would also like to thank and acknowledge the young people and carers who shared their experiences of the youth justice system and their lives.

The Review team appreciates and respects the fact that Aboriginal and Torres Strait Islander people are the First Peoples and Traditional Custodians of this country. We pay our respects to Elders, both past and present, and extend that respect to all Aboriginal and Torres Strait Islander people of this land. We acknowledge and value the rich and diverse cultures and long history of Australia. We understand the important role of maintaining cultures and the ongoing relationship with the land. We also acknowledge the children, because this is where culture lives and grows, and they are the future.

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GLOSSARY

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

EXECUTIVE SUMMARY

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.

Gaps in the current ACT service system

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 wraparound 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.

An Independent Authority for children's safety and wellbeing

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.

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.

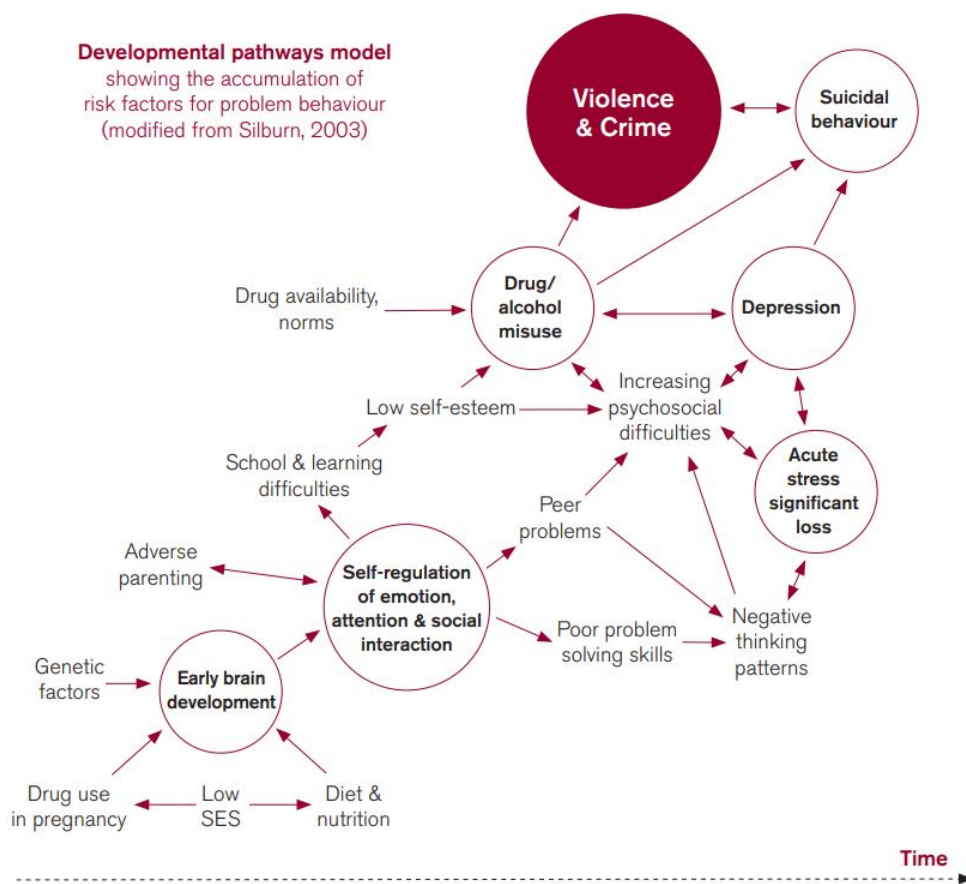
Secondly, the aim was to gather a range of different stakeholders' views about the gaps and possible implementation issues. It must be acknowledged that their views are based on their experience and perceptions.

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 Behaviour² 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

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 them³. 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.

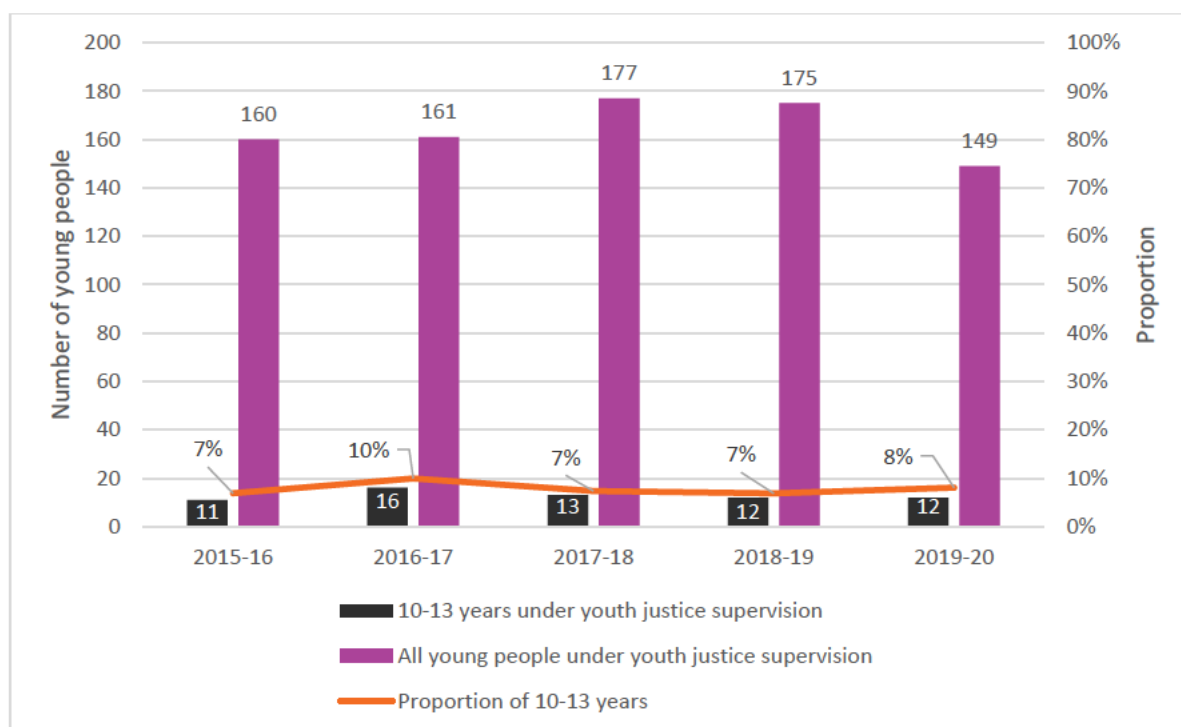
Cohort demographics

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

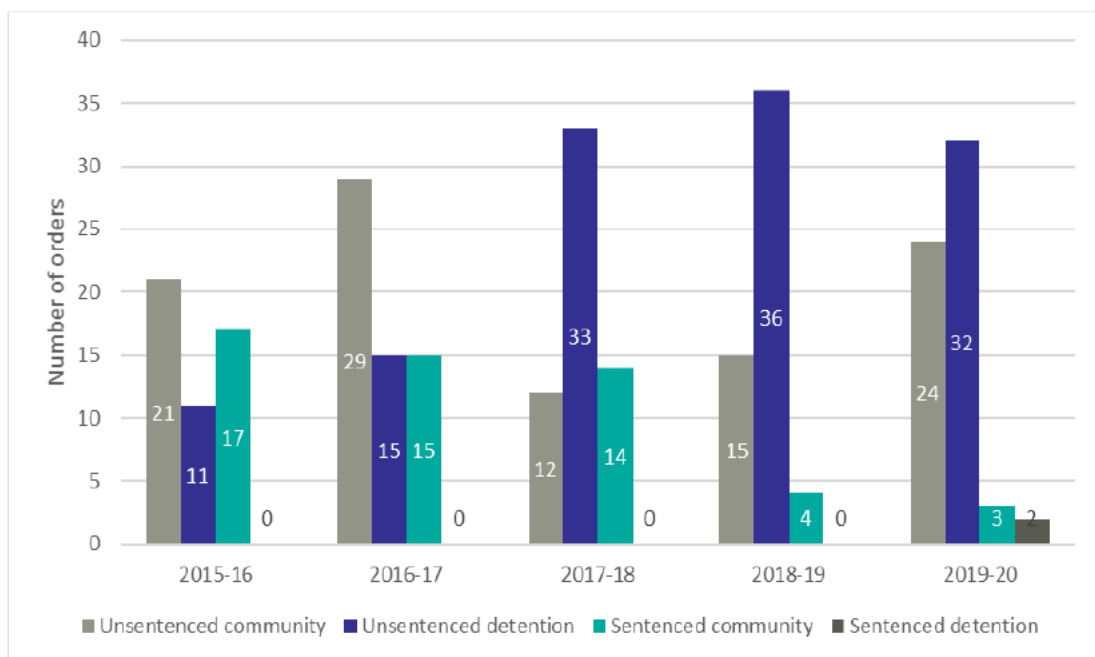
Most serious offence	2015–16	2016–17	2017–18	2018–19	2019–20	Total
Assault (non-sexual)	10	7	17	17	26	77
Justice procedure offences	3	7	17	19	20	66
Robbery	5	4	2	8	7	24
Property damage	5	7	7	3	6	28
All other offences	3	5	10	4	3	25
Total number of most serious offences	26	30	53	51	62	232

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

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.

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 models⁶ 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 system⁸ (long waiting lists for mental health and disability services) that resembles what Allen Consulting

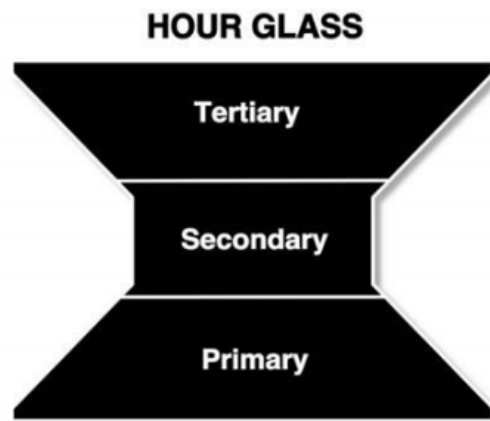
⁶ Case management is a person-centred approach to improve the coordination and continuity of service delivery, especially for people with multiple support needs. This intervention supports individuals by helping them to identify needed services, facilitating linkage with services, and promoting participation 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.

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

¹¹ *The Senior Practitioner Act 2018* allows residential care staff to use restrictive practices 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.

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. **The 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.

¹³see 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.

7.5 THERAPEUTIC JURISPRUDENCE AND SOLUTION-FOCUSED COURTS

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.

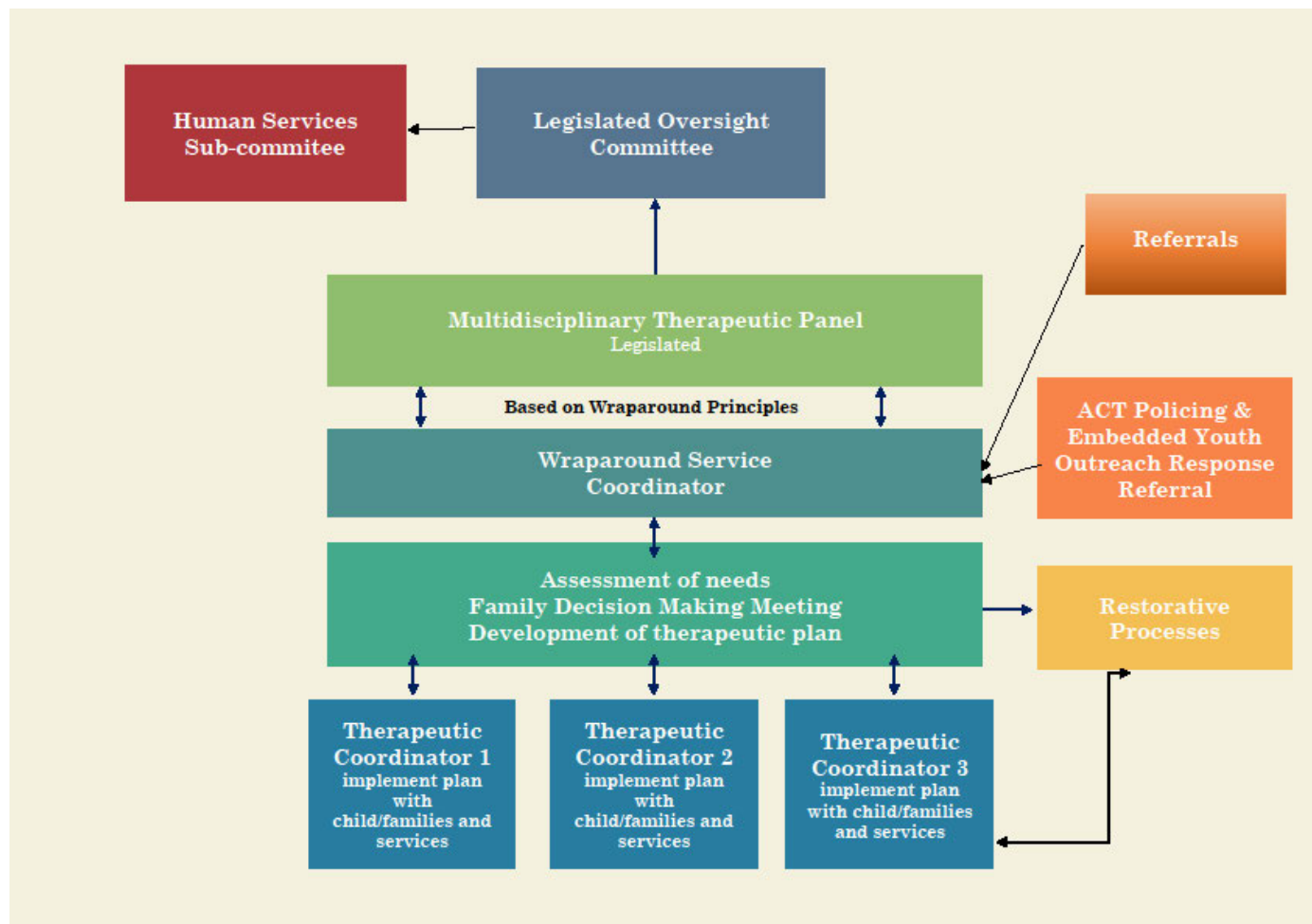
9. AN ALTERNATIVE RESPONSE

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 representatives¹⁴ 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 assessment** 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

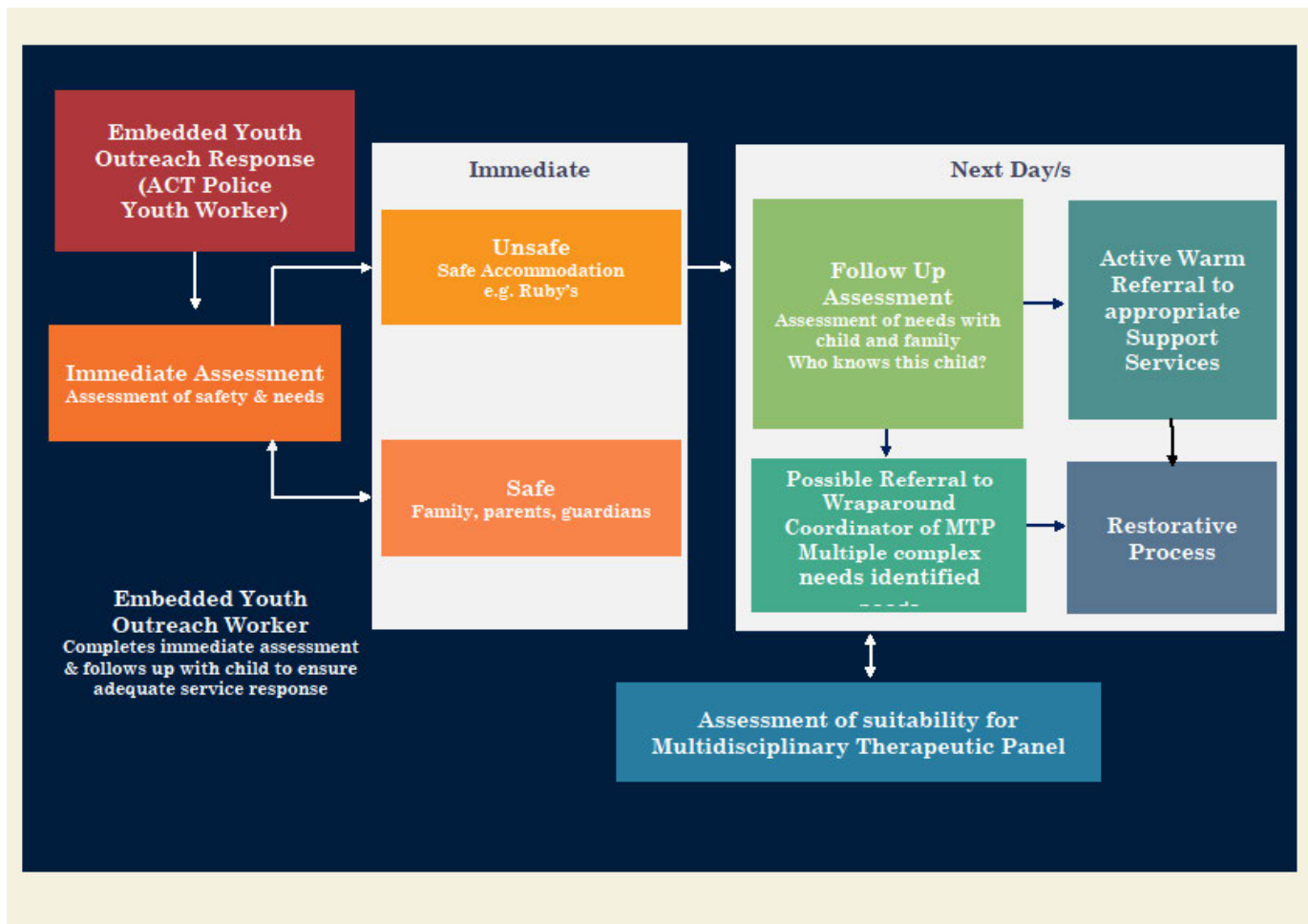
¹⁴ In previous examples of coordinated wraparound models attempted in the ACT, there were both a Multidisciplinary panel and an external oversight mechanism – for example, Turnaround (a multidisciplinary, case management model for young people in the justice system).

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

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 LGBTIQ+ 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 process¹⁶ 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**

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.

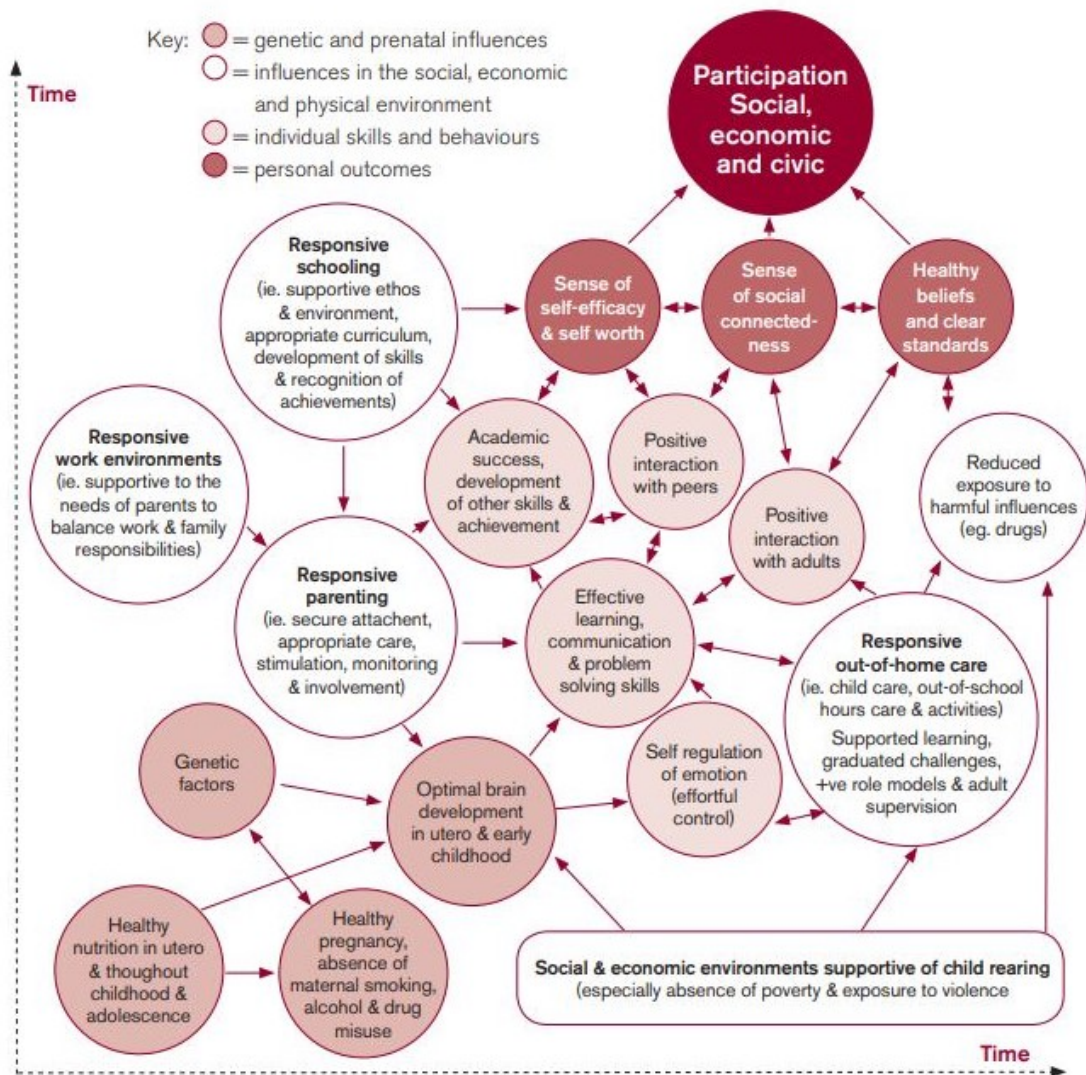
Based on the findings of the current Review, we argue for taking the legislative change as an opportunity for comprehensive systems reform. Unless broad-ranging service reform is undertaken, neither the legislative change nor the proposed therapeutic response will result in better outcomes for children. 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 Service¹⁷ is an example

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 trauma¹⁸ 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.

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.

APPENDIX 1: ORGANISATIONS, GROUPS AND INDIVIDUALS CONSULTED

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

APPENDIX 2: SERVICES IN THE ACT FOR AGES 10–13

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 Nimmitjiah 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 Nimmitjiah 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 Nimmitjiah 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
Muliyani 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

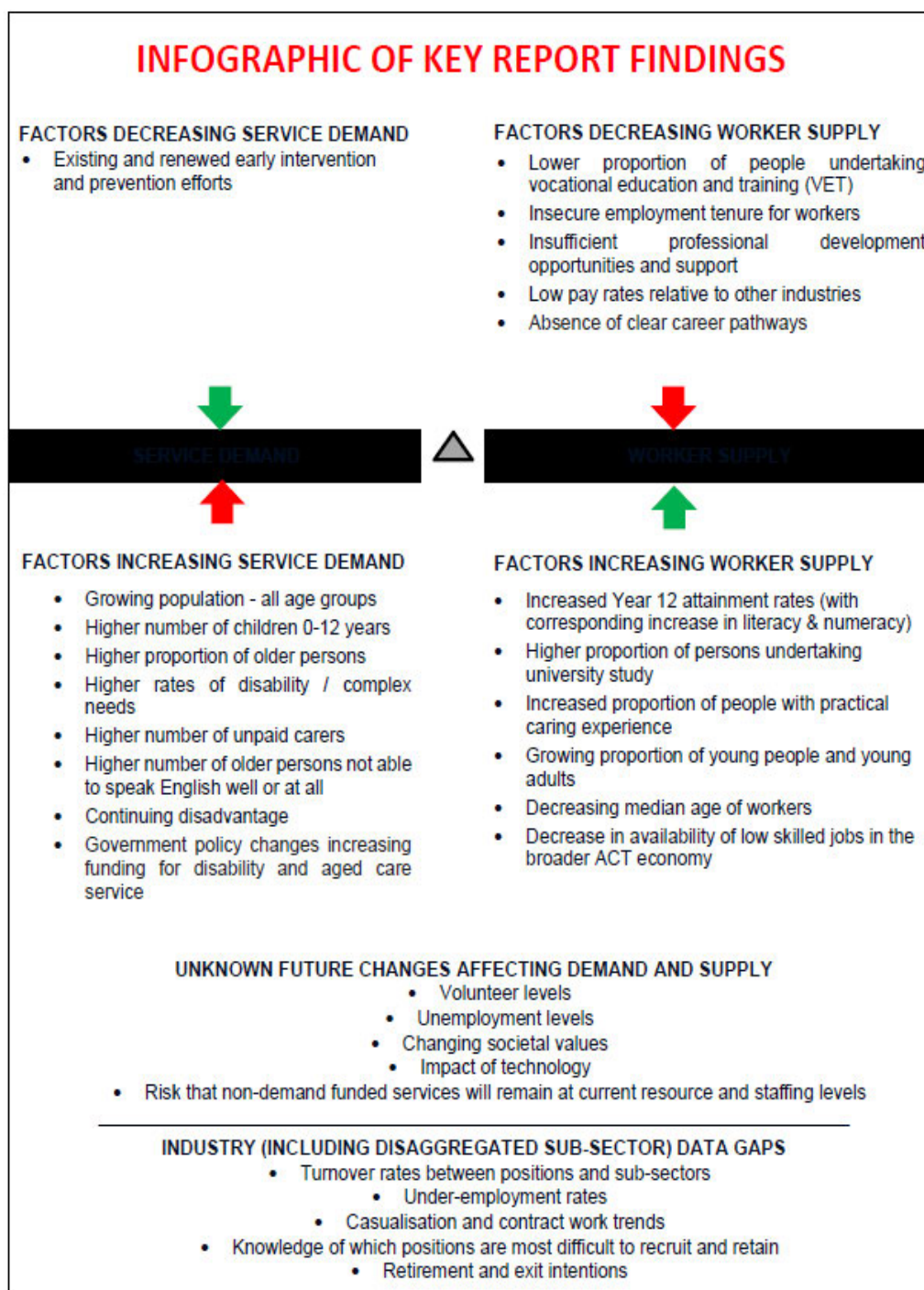
	Organisation	Age	Aboriginal & Torres Strait Islander	ACT Gov	Waiting Period
Outreach at Bimberi	Winnunga Nimmitjiah Aboriginal Health Service	10-18 years	Yes		As needed
School Holiday Program	YWCA	School age			None
Young Women's Group	Gugan Gulwan	12-15 years	Yes		None
Youth School Holiday Program	Capital 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 + oncosts	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		

APPENDIX 4: WORKFORCE FINDINGS

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



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Restoring Financial Safety: The Transforming Financial Security Project

A partnership between WEstjustice and McAuley Community Services for Women to address economic abuse experienced by victim-survivors of family violence



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WEstjustice acknowledges the ancestors, Elders and families of the Kulin nations, who are the traditional owners of Western Melbourne, the country we are located on. As we work to achieve a just and fair society we pay our respects to the deep knowledge embedded within the Aboriginal community and Aboriginal custodianship of Country. We acknowledge this land as a place of age-old ceremonies of celebration, initiation and renewal, and that the Kulin peoples' living culture has a fundamental role in the life of this region.

“ This model should become the new standard of practice for supporting victim-survivors of domestic and family violence.”

- Rebecca Glenn, 2021 (Centre for Women's Economic Safety; Churchill Fellow, 2019)



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NOTES ABOUT THIS REPORT

All community quotes and stories in this report have been taken directly from evaluation forms, emails or other written correspondence. Some changes have been made to ensure stories and quotes are de-identified.

ACRONYMS USED IN THIS REPORT

McAuley: McAuley Community Services for Women

AFCA: Australian Financial Complaints Authority

DHHS: Department of Health and Human Services

EARG: Economic Abuse Reference Group

EDR: External Dispute Resolution

FVS: Family Violence Scheme

ICA: Insurance Council of Australia

LMCF: Lord Mayor's Charitable Foundation

IWG: Infringements Working Group

IVO: Intervention Order

The Monitor: the Family Violence Reform Implementation Monitor

NCCP: *National Consumer Credit Protection Act 2009* (Cth)

RCFV: Royal Commission into Family Violence

RFS: Restoring Financial Safety

RLO: Responsible Lending Obligation

TCP: Thriving Communities Partnership

TFS: Transforming Financial Security

VOCAT: Victims of Crime Assistance Tribunal

WDP: Work and Development Permit



Image: WEstjustice financial counsellor Skye Hawkins, lawyer Dacia Abela, and McAuley Works case manager Lorraine. Photo taken by Kerrie Soraghan from McAuley

TRIBUTE TO OUR FINANCIAL COUNSELLOR

We dedicate this report to Skye Hawkins, a fearless advocate and inspirational woman. Skye passed away on 16 October 2020 after a six month battle with cancer. In writing this report we have reflected on the enormous impact she had on the lives of her clients and more broadly in the community and financial counselling sectors.

Skye came to WEstjustice in 2017 as an intern when she was close to completing her financial counselling degree. It became immediately apparent to us that Skye wanted to be a change maker, she wanted to make the world a better and more compassionate place.

Skye was seminal in the development of the Restoring Financial Safety project from the beginning. Throughout the project we witnessed Skye's amazing ability to connect and engage with people. She was always genuine in her interactions and she continually made her clients feel heard. Her energy, dedication, passion and empathy were unrivalled.

Skye was instrumental in the success of the project and most of the financial results achieved during the term of this project are attributable to Skye's incredible hard work. She was a passionate advocate, and that was apparent to everyone around her. Her tenacity and determination was unwavering. Her legacy will continue for many years to come.

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1 EXECUTIVE SUMMARY

The Transforming Financial Security Project is an innovative partnership that delivers high impact life outcomes for clients in the domains of safety, financial security, mental health and wellbeing. The project has significantly transformed industry and government responses to economic abuse, and consolidated knowledge about the benefits of multidisciplinary, in situ service models in the family violence space.

The problem: Economic abuse and the impacts on victim-survivors

Perpetrators of family violence often use financial resources to exert power and control. This aspect of family violence is called economic abuse and it can trap victim-survivors in a vicious cycle of financial dependence, violence and legal problems. This cycle can lead to poverty, insecure housing, poor health and mental unwellness.

Most people are unaware of this form of financial entrapment. Many companies (for example, utilities, financial institutions, debt collectors, insurance providers etc.) and government agencies have a limited understanding of how their products or processes can be weaponised by perpetrators. As a result, inadequate policies and processes prevent victim-survivors from freeing themselves from family violence and rebuilding their lives.

The solution: what works?

To address these issues, in 2015 WEstjustice commenced a multi-year Restoring Financial Safety Program (**RFS Program**). Research from earlier stages of this program evidenced a need for accessible legal and financial counselling services to assist victim-survivors of economic abuse and drive systemic change within government and industry. Ultimately, this led to the creation of a partnership between WEstjustice and McAuley Community Services for Women (**McAuley**) to deliver the Transforming Financial Security Project (**TFS Project**).

The TFS Project ran from mid-2018 to early 2021. It was comprised of an integrated, multidisciplinary partnership between legal, financial and family violence practitioners, offering legal advice, casework and representation, financial counselling and advocacy to women who have experienced economic abuse. The TFS Project recognises that the safest place for provision of integrated services is the organisation where the victim-survivor has already developed trust and safety, in this case McAuley. This model of integrating a lawyer and financial counsellor in situ at a women's housing facility was one of the first partnerships of its kind in Australia.

The TFS Project has two main components:

1. An integrated, holistic, place-based legal and financial counselling clinic delivered at McAuley House (**the TFS Project clinic**). This clinic has the aim of improving the financial safety, resilience and the capacity of victim-survivors to recover from economic abuse.
2. A broad systemic impact agenda – relying on evidence-based research and advocacy to influence industry and government to respond proactively, flexibly and appropriately to economic abuse.

Outcomes achieved for economic abuse victim-survivors

Between mid-2018 and early 2021, the TFS Project has assisted 137 clients with their legal and financial problems. These clients were women who were victim-survivors of family violence either residing at McAuley House or accessing services through McAuley.

A summary of the outcomes achieved so far by the TFS Project is included at **Figure 1**. Notably, we resolved more than \$900,000 worth of legal and financial problems for economic abuse victim-survivors, mostly without attending court (thereby avoiding the stress of seeing the perpetrator and the court process). These outcomes ultimately removed the financial burden from women who had recently fled family violence, and contributed to improving mental health, ameliorating homelessness and making it easier to secure ongoing housing.

We measured data relating to safety, financial capability and mental health and wellbeing. We found that the TFS Project has a significant impact on the lives of victim-survivors. Following engagement with the TFS Project, these victim-survivors reported:

- an increase in long-term or secure housing,
- an increase in feelings of control about their financial situation
- improved mental health and well-being.

These outcomes leave victim-survivors in a better position to achieve financial independence and be able to move on with their lives.

Outcomes for the McAuley team

During the project, the McAuley workers were also surveyed. Among the responses McAuley staff reported that the integration of a lawyer and financial counsellor into the McAuley House team was “life changing” for clients and an “essential resource”. Staff also reported that this combination of supports contributes to avoiding homelessness and fatalities for victim-survivors (due to women feeling pressured to return to abusive relationships because of coercion and financial dependence).

One worker reflected: “WEstjustice has tailored their services to my clients in a sensitive, patient, and caring way that has given them the tools to navigate otherwise complex services.”

McAuley worker feedback also included observations about the mental health benefits of having legal and financial support: “[k]nowing that there is a legal solution to some of their problems can help with their anxiety and feelings of helplessness”.

The TFS Project model also provides significant benefits to the McAuley team. McAuley case managers and mental health workers reported that the availability of the TFS Project support freed time to focus on providing core case management, counselling, housing and employment support for their clients because they were not caught up sourcing legal or financial counselling referrals. As one worker said, “[t]his leaves time to focus on other important things with clients, and they are able to move through their journey”.

Outcomes achieved at a systemic level

The TFS Project has achieved significant reforms with long-term benefits for family violence victim-survivors in Victoria.

To date, the focus of our policy work has targeted housing, credit referencing and consumer credit services, infringements, insurance and vehicle registration. Two significant reforms we achieved (as part of coalitions with other community organisations) were:

- changes to the Office of Housing RentAssist Bond Loan guidelines to include exemptions to repayment of bond loans due to family violence (e.g. resulting from being forced to flee a property or arising out of damage caused by the perpetrator of violence); and

- development of a VicRoads policy to:
 - assist victim-survivors to transfer vehicles in or out of their name without requiring perpetrator consent to the transfer;
 - avoid fines being incurred in the victim survivor’s name as a form of family violence;
 - enable the victim-survivor to re-register the vehicle and avoid fines for driving unregistered.

Industry and government stakeholders involved in the TFS Project reported changed attitudes, policies and practices with respect to economic abuse. Further, they stated that working with community organisations like WEstjustice provided valuable insight, knowledge and recommendations to respond more appropriately to economic abuse experienced by their customers. However, there is still much to be done and this report also documents systems and processes across government and industry that still require attention and significant reform.

Findings and Recommendations

The TFS Project provides evidence of the immense benefits an in-situ, multidisciplinary approach can have for victim-survivors of family violence: namely, financial independence, safe housing and improved mental health and wellbeing. This project differs from other initiatives in that it provides a ‘one stop shop’ for women and children at their time of greatest need, minimising storytelling and referral fatigue. No matter which service they come through, victim-survivors will be given access to the multitude of supports that the integrated partnership has to offer, traversing across justice, health, wellbeing, employment and accommodation. Therefore, we recommend that the model be continued and expanded.

The model has been codified and is ready to scale. The initial phases have been supported over the years from generous philanthropic support, in particular the Lord Mayor’s Charitable Foundation, which has taken this project from a seed concept to a fully implemented program. Given the increase in family violence generally, and the devastating impact of COVID-19 on families, funding to secure the longevity of the program and the scalability is needed. For these reasons we are turning to government to partner with us for a fully scaled next phase.

Figure 1: Overview of activities undertaken and outcomes achieved by TFS Project 2018-2021

TFS Project: Client profile



137

No. of clients assisted by the TFS Project between mid-2018 and early 2021.



45%

had children



71%

were unemployed



over **51%**

had a level of income indicating that they live below the poverty line



6%

identified as Aboriginal or Torres Strait Islander



61%

were born overseas

TFS Project: Key Client Issues



54%

assisted with debt problems



24%

assisted to obtain an intervention order



18%

assisted with a tenancy problem



13%

infringements cancelled under Family Violence Scheme

Key Outcomes: Financial Independence



\$900k

total saved for TFS Project clients



\$11k

average saved per TFS client



98%

of TFS clients reported being able to manage their ongoing debts, following help from our service

Key Outcomes: Safety



+52%

% increase in clients who reported they were confident they now had a long-term or secure place to live (after seeing TFS team)



79%

of McAuley workers strongly agreed that TFS Project support meant they could house women more quickly



+87%

% increase in clients who reported they felt safe and in control of their financial situation after TFS Project help

Key Outcomes: Mental health and wellbeing



39%

of TFS Project clients reported at intake they experienced a mental health condition



+95%

% reported that they didn't have to worry about legal and financial problems keeping them from moving on with their life as a result of the TFS Project support.

Key Outcomes: For McAuley team



93%

of McAuley staff surveyed said TFS Project support means they can spend more time with clients on other things that matter



WEstjustice has been a significant part of the integrated support services we offer women to see them through their trauma and crisis to freely make positive and responsible choices..."

McAuley team member

Key Outcomes: Systemic impact



WEstjustice and community sector influenced the adoption of new family violence policies and practices by industry and government in the areas of:

- housing
- fines
- vehicle registration
- credit and debt
- transport
- insurance



66%

of industry and government stakeholders surveyed said they would not have developed their response to family violence without the work of community sector organisations - such as **WEstjustice**





2 INTRODUCTION

2.1 Who are the TFS Project partners?

McAuley supports women and their children to be safe from family violence and resulting homelessness by providing 24/7 crisis support and temporary accommodation through McAuley Houses in Footscray and Ballarat. These houses are hubs for McAuley's integrated model of support including mental and physical health, skills development, housing and the TFS Project clinics.

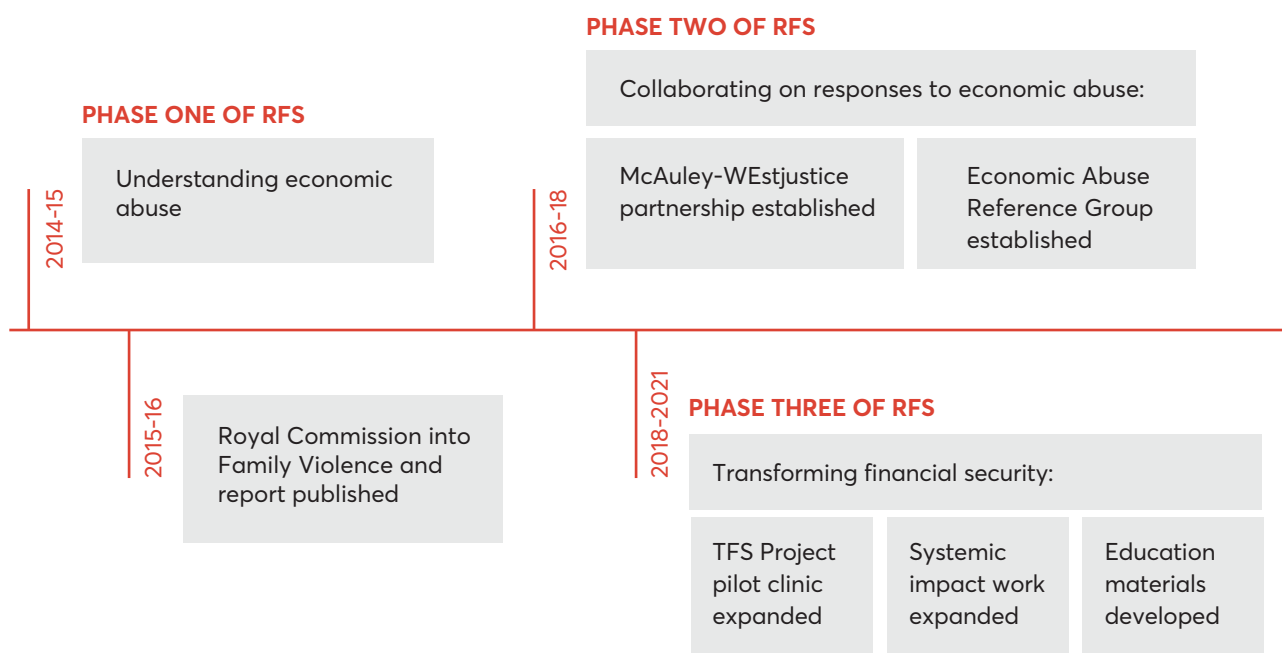
McAuley staff work alongside women and children to plan the steps they need to take to move towards a safer existence free from family violence.

WEstjustice is a community legal centre supporting clients in Melbourne's western suburbs. WEstjustice has a large family violence practice, representing victim-survivors of violence at two local Magistrates' Courts. WEstjustice has also been at the forefront of developing and trialling innovative, integrated, place-based partnerships.

2.2 History and context of the TFS Project

The TFS Project is the third phase of WEstjustice's broader Restoring Financial Safety Program (RFS Program). The history of the broader RFS Program is summarised in the timeline at **Figure 2**.

Figure 2: Restoring Financial Safety project timeline



Phase 1 of the RFS Program comprised of research to understand the manifestations, experiences and impacts of economic abuse.

Phase 2 of RFS Program continued the research and lessons from phase one and set up the Economic Abuse Reference Group coalition of community organisations advocating for improved government and industry responses to economic abuse. This phase also included the development of an economic abuse checklist resource and began systemic work such as establishing direct entry points into key family violence experts within industry. Phase 2 culminated in the establishment of a pilot program of the integrated financial counselling and legal clinic for 24 clients of McAuley. The project report describes WEstjustice’s work and reflections on phase 2.¹

Phase 3 of the RFS Program (the subject of this report) has involved continuing the partnership established with McAuley to scale up the program for a further two years, including to a new site. Phase 3 also involved a large body of systemic advocacy for change to government and industry responses to economic abuse.



**THE PROBLEM: ECONOMIC ABUSE AND
THE IMPACTS ON VICTIM SURVIVORS**

3 THE PROBLEM: ECONOMIC ABUSE AND THE IMPACTS ON VICTIM-SURVIVORS

3.1 What is economic abuse?

Economic abuse is a form of family violence. It is 'a deliberate pattern of control to undermine someone's agency, economic security and independence'.² It 'involves behaviours that control a woman's ability to acquire, use, and maintain economic resources, thus threatening her economic security and potential for self-sufficiency'.³ It is a broader concept than financial abuse, which focuses exclusively on control of money in relationships.⁴ Economic abuse 'includes control of other economic resources, such as the use of a car, a place to live, communications devices and enabling oneself to engage in paid work'.⁵ It is a pattern of behaviour⁶ that can involve economic control, economic exploitation and employment sabotage.⁷ Economic abuse is an overwhelmingly gendered issue.

3.2 How does economic abuse present?

Examples of economic abuse include:

- preventing access to cash, bank accounts, financial records or bills;
- demanding all spending be justified or preventing a partner from taking part in financial decisions;
- sabotaging work or study opportunities;
- forcing a partner to work for a family business without being paid;
- refusing to contribute to expenses or withholding financial support;
- coercing a partner to take out a credit card or loan, guarantee a loan or relinquish assets;
- damaging or stealing a partner's property;
- exploiting a partner's savings or wages;
- deliberately accumulating debts in a partner's name;
- interfering with a partner's ability to acquire assets by, for example, refusing to put their name on a mortgage deed or car title;⁸
- interfering with a partner's freedom of movement, for example by preventing her acquiring a driver's licence; and
- deliberately accruing infringements where a vehicle is registered in the victim-survivor's name, but in the possession of the partner.

Economic abuse example 1: Victim-survivor burdened with fines she did not incur

Georgia owns a car which is registered under her name. Her ex-partner Tom used that vehicle frequently, even if Georgia needed the car and said so. Tom incurred a number of traffic offences and toll fines while driving the vehicle. Tom hid the fines from Georgia and did not pay them. Years later after the relationship had ended Georgia became aware of the fines. As a result, Georgia is left with thousands of dollars of fines which she cannot pay and which she did not incur.

Economic abuse example 2: Perpetrator coercively and fraudulently accumulates debts in partner's name

Rosie has been in a violent relationship with Ali for 10 years. Ali has always had control of the finances, and Rosie is only involved when Ali wants her to sign paperwork. After Rosie fled the relationship, she was assisted to obtain a copy of her credit record and became aware that there were a number of debts that had been placed in her name either fraudulently or coercively. Rosie never received any benefit from these loans but was either forced to sign them through threat and intimidation or was unaware that Ali had put the debts under her name.

3.3 Why is it so important to respond to economic abuse?

Up to 99 per cent of the women who present to family violence support services have experienced some form of economic abuse.⁹

Economic abuse constrains a victim-survivor's financial independence¹⁰

Forced financial dependence limits victim-survivors' ability to escape the abusive relationship.¹¹ Economic abuse is also cited as the main reason a woman remains in, or returns to, a violent relationship.¹²

Economic abuse limits a victim-survivor's ability to meet their own needs¹³

Family violence is a major cause of homelessness among Victoria's growing population of homeless women.¹⁴ Between 2011–12 and 2018–19, family violence as a reason for homelessness rose by 81.5% in Victoria.¹⁵ Women and children are usually forced to leave their homes to find safety from family violence. Once they leave home, other consequences follow, including homelessness, poverty, loss of job, loss of social connections to family, friends and neighbours, and disruption of children's education.

To circumvent these issues, a new approach (Safe at Home) is being pursued by a coalition of family violence services and others (including McAuley and WEstjustice) to ensure women and children can stay or return to their own homes and that the perpetrator is removed.²⁰ Enhancing women's economic security is one of the four 'pillars' of the safe at home approach, given that financial security is often missing.²¹

In addition, psychological distress and depression often arise from the victim-survivor's anxiety about material or financial issues.¹⁶ This effect is apparent in the heightened propensity of economic abuse victim-survivors to attempt suicide.¹⁷

Economic abuse can limit a victim-survivor's ability to meet their children's needs¹⁸

Children of victim-survivors of economic abuse can suffer a 'failure to thrive', sometimes leading to their removal from home by child protection authorities.¹⁹ Family violence often results in children missing significant periods of school whilst being housed in emergency accommodation or couch surfing with their mothers.





THE SOLUTION: WHAT WORKS

4 THE SOLUTION: WHAT WORKS

The TFS Project model is a client-centred service designed with the aim of providing holistic, multidisciplinary assistance to victim-survivors of family violence in an environment of trust and safety.

4.1 Client-centred

Due to the wide-ranging impact of economic abuse on the lives of victim-survivors, we sought to develop a service that is client-centred, accessible, minimises storytelling, and meets the needs of victim-survivors when designing the TFS Project model. Other factors such as a strong sense of safety and security along with reduction in referral fatigue were also considered.

We developed an in situ, multidisciplinary, integrated model to ensure that the relevant and necessary services were delivered at the place where victim-survivors felt safe. Our service model also responds to key issues reported by our clients including, a lack of financial independence, a lack of safety, and its impact on mental health and wellbeing.

4.2 A multidisciplinary, integrated approach

Research shows that:

- people experience disadvantage and vulnerability in various and overlapping ways: often clients who are seeking support from health, social or welfare agencies will also require assistance with legal and financial problems.²²
- people are often unaware that their problems require legal solutions, and even when they are aware, they will rarely consult lawyers because of access to justice barriers, negative perceptions about lawyers and other issues²³ such as concerns as to costs.
- people are more likely to attend healthcare, allied health premises, school or education services, and/or social and welfare services than seek legal support.²⁴
- health, education, social work and other practitioners can therefore act as 'gateways' to legal services, as they are ideally placed to identify legal problems, and will often have the client's trust.²⁵

Multidisciplinary partnerships (including health-justice partnerships) have been identified as models that can work to provide a comprehensive response to concurrent legal and non-legal problems.²⁶

The integrated TFS Project adopted this approach and embeds a lawyer and financial counsellor into a family violence women's service, to work with the partner program staff to assist victim-survivors resolve and move on from the impact of economic abuse. The legal and financial services provided by the TFS Project work in with the existing physical and mental health, housing and employment supports provided to victim survivors.

Recent research on service responses to women experiencing or escaping economic abuse in the United States, Canada and United Kingdom found that services that embed a practitioner to assist with the financial and legal consequences of economic abuse within a family violence service – including the TFS Project model – should become "the new standard of practice for supporting victim-survivors of domestic and family violence."²⁷

4.3 No wrong door

The TFS Project model incorporates a 'no wrong door' approach to our service provision, favouring integrated and embedded, rather than parallel or co-located, services. Our cross-sector partnership ensures that no matter where the client enters the system, they receive the support they need through high-level coordination between services. Case managers are trained to identify legal and financial issues faced by their clients and make appropriate referrals to the TFS Project. TFS Project lawyers can then effectively assess the client's issues and offer assistance or triage matters to other services if unable to assist. Built into this model are a range of services including family violence case managers, employment coordinators, housing workers, psychologists, and nurses. Clients may come through any one of these points and in turn gain access to any of these other services through coordinated cross-sector referrals.

4.4 Transfer of trust

Multidisciplinary partnerships have the advantage of building on existing trust and models of care to provide coordinated and holistic services to clients who would not otherwise access legal services.²⁸ The TFS Project also recognises that the safest place for provision of services to victim-survivors is the organisation where they have developed trust and safety, in this case McAuley.

4.5 Legal problems are life problems

Legal problems can also have adverse impacts on health, financial and social circumstances. Addressing legal issues can result in positive health and social outcomes for clients both directly and indirectly, particularly where there is early intervention.³⁰

The TFS Project model prioritises early intervention and focuses on clearing away debt and other legal issues as quickly as possible, so that victim-survivors can focus on key issues like secure housing and employment.

4.6 Training across disciplines

WEstjustice provide McAuley staff with training on the legal and financial aspects and impacts of economic abuse and what WEstjustice can do to help. This ensures that the case manager is equipped to understand key issues and make appropriate referrals into the TFS Project clinic. McAuley workers continue to support our shared clients throughout our casework. WEstjustice also provides ongoing tailored training and secondary consults to McAuley case managers to assist them to identify clients who may benefit from support through the clinic or to empower their clients through self advocacy.

McAuley, in turn, has embedded a social worker into WEstjustice's Werribee office once a fortnight to provide safety planning, risk assessment and assessment for family violence case management to WEstjustice clients experiencing family violence (ie those identified through our intervention order duty lawyer service).

4.7 Committed partners and continuous communication

A key driver of the success of this model has been the commitment from the executive level across both TFS Project partners, to ensure that the model was positioned and resourced to succeed. The respective CEOs of WEstjustice and McAuley communicated regularly with each other and with the team members working directly on the project, so that any issues could be resolved quickly.

Figures 3 and 4 set out the basic project design.

Figure 3: TFS Project Design

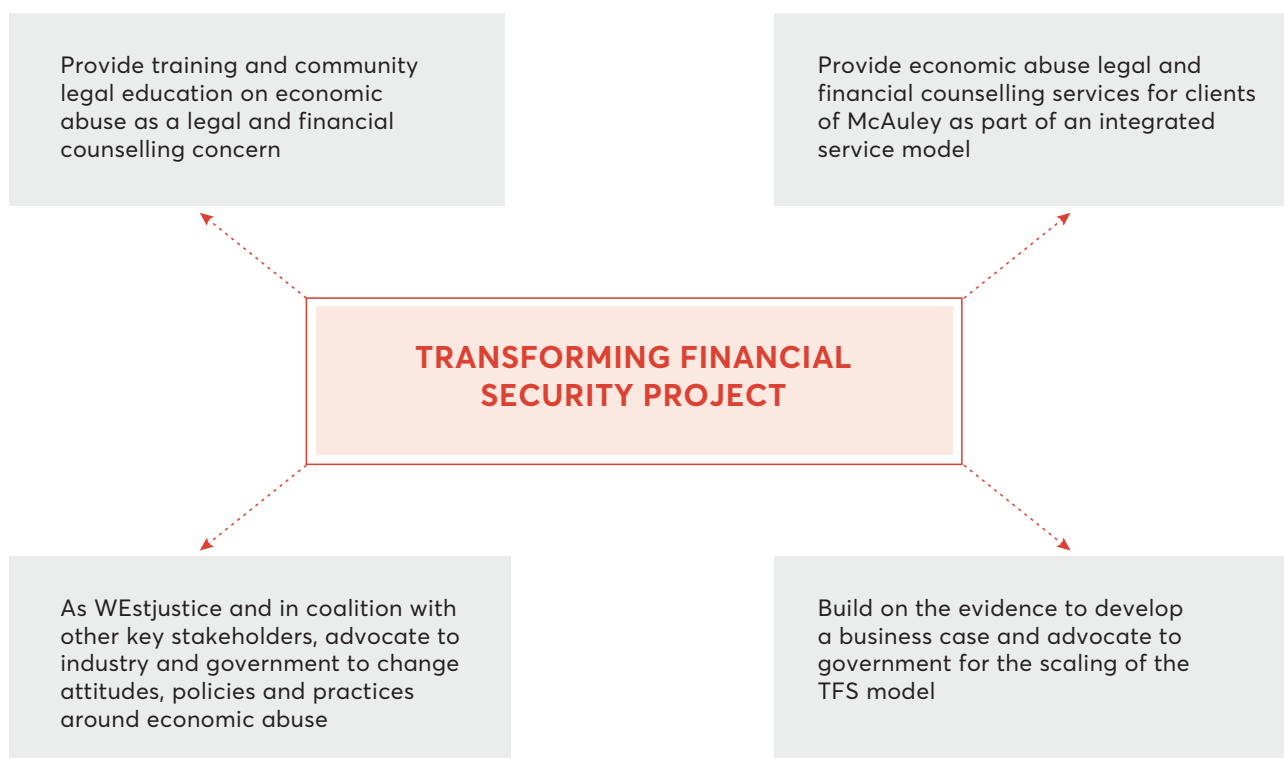


Figure 4: TFS Project Design



4.8 Intended outcomes of the TFS Project

Given the wide-ranging impact of economic abuse on the lives of victim-survivors, when designing the TFS Project we aimed to achieve the following outcomes:

For victim-survivors

1. Increased financial independence, evidenced by:
 - a. Financial security: the financial burden caused by economic abuse is significantly reduced or removed for clients of the TFS Project so they can develop financial independence and be in a better position to move on with their lives.
 - b. Legal outcomes: the service achieves positive legal outcomes for TFS Project clients who have been subjected to economic abuse, with the aim of helping them commence the next chapter of their lives.
 - c. Financial capability: clients of the TFS Project have greater skills and knowledge to self-advocate about financial matters in the future.
2. Improved physical and emotional safety, evidenced by:
 - a. Safe housing: TFS Project clients enter secure housing or the private rental market faster and avoid homelessness and entrenched poverty due to the legacy of debts and financial insecurity incurred through economic abuse.
 - b. Free from violence: TFS Project clients be more likely be free from the power and control of economic abuse.
3. Improved mental health and wellbeing, evidenced by:
 - a. Freedom: survivors of economic abuse assisted by the TFS Project have greater confidence and capacity to move on and rebuild their lives.

For McAuley workers

4. As a result of referring clients to the TFS Project for assistance, McAuley case managers can deliver a better service for their clients because they are able to spend more time on other key issues, like helping clients secure stable housing or employment.

For industry and government

5. Industry and government have greater awareness of economic abuse, improved policies in place to respond to economic abuse, and are proactively and visibly putting economic abuse policies into practice.

In the next three parts of this report, we set out the outcomes the TFS Project achieved under each heading.





**THE OUTCOMES THE TFS PROJECT
ACHIEVED FOR ECONOMIC ABUSE
VICTIM-SURVIVORS**

5 THE OUTCOMES THE TFS PROJECT ACHIEVED FOR ECONOMIC ABUSE VICTIM-SURVIVORS

“With support [and] help from WEstjustice I didn’t and don’t feel left alone in world! And I started to love Australia again! ... [B]eforehand I didn’t feel much of luck in my new country. I am now, at the end my process, much stronger, supported, calmer, more knowledgeable and having much more hope to be more stable and functional for myself and my society.”

- TFS Project client

The three key client outcomes the TFS Project currently focusses on are: financial independence, safety, and mental health and wellbeing. This section sets out the significant outcomes achieved by the project in each of these areas.



5.1 Financial independence

SNAPSHOT OF OUTCOMES

Over **\$904,890** of financial problems were resolved to the clients' benefit – dramatically improving their financial position and security.

Overall clients were on average **\$11,311 better off** following help from the TFS Project

A total of **98 legal outcomes** were achieved for clients – and in 70 of those (71%) outcomes were achieved without having to attend court, reducing the stress of facing the perpetrator and the court process.

89% of clients reported³¹ that, as a result of their engagement with the TFS Project clinic, they had a **better understanding of the options available to them if they faced legal or money problems** in the future.

McAuley workers reported that the TFS support **enabled women to get past the grip of economic abuse** to be able to focus on **moving forward and obtaining housing and employment** with a **renewed sense of agency** in navigating complex and daunting systems.

Clients of the TFS Project reported being **listened to with respect and empathy** and being provided with strong problem-solving action to address, not only money problems, but intertwining issues arising out of their experiences of family violence.

Aim

The TFS Project aims ensure that clients who receive help:

- i. have increased financial security – evidenced by reduced financial burden via the clearing of debts and fines and repairing credit records;
- ii. achieve positive legal outcomes – clients report they are able to move on with their lives and achieve financial independence (e.g. via a successful family violence intervention order and/or victims of crime compensation application); and
- iii. have increased financial capability – evidenced by greater skills and knowledge to self-advocate in the future.

Evidence

The TFS Project has run for two years and costs \$180,000 per annum, primarily employing two key staff members (a lawyer and a financial counsellor) as well as deploying resources into the management of the project. Using these minimal resources, the TFS clinic was able to assist 137 clients. **Figure 5** sets out the amounts we were able to have waived or cleared or recouped for our clients.

Figure 5: Financial outcomes for clients

FINANCIAL OUTCOMES ³²	AMOUNT
Total quantum waived	\$725,093
(Average per client)	(\$10,071)
Total quantum gained (eg via compensation order)	\$119,657
(Average per client)	(\$6,298)
Total quantum referred to Work and Development Permit ³³	\$59,201
(Average per client)	(\$4,933)
TOTAL ALL FINANCIAL OUTCOMES	\$904,890
(Average per client)	(\$11,311)

In addition to these financial outcomes, the TFS Project also focuses on securing legal outcomes for clients that would help them to move on with their lives and achieve financial independence (see **Figure 6**).

Figure 6: Legal outcomes for clients

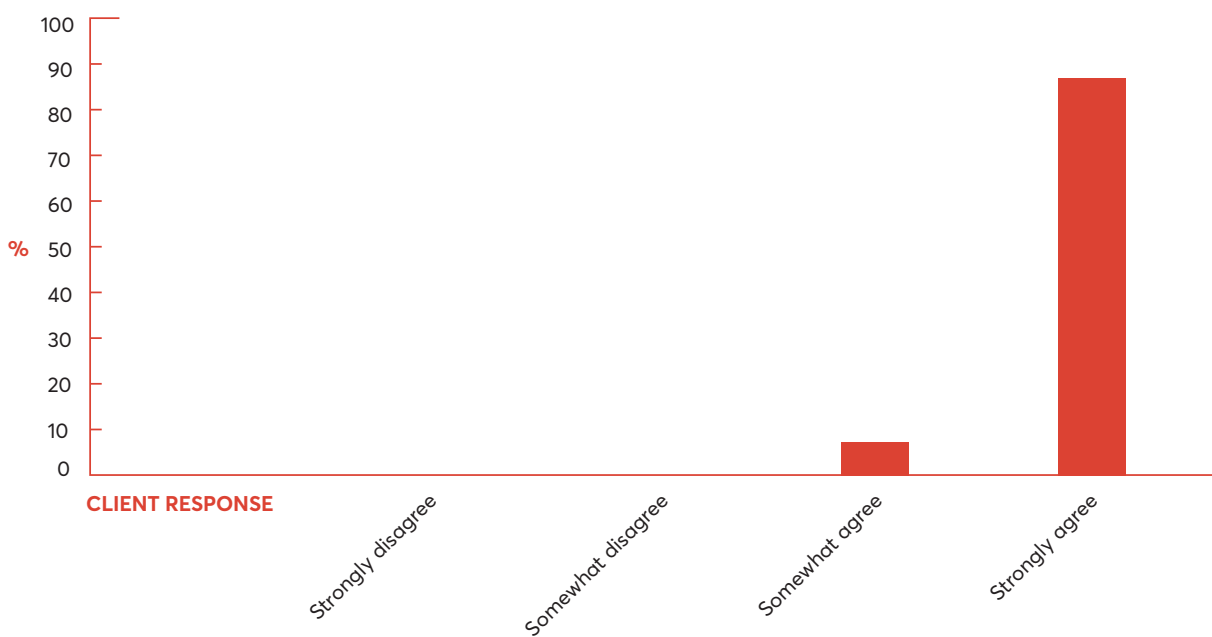
LEGAL OUTCOMES	%
Infringements cancelled under the Family Violence Scheme	13%
Assisted to get intervention order	24%
Assisted to get a divorce order	6%
Assisted with a tenancy problem	18%
Assisted with Victims of Crime Compensation Assistance Tribunal (VOCAT)	4%
Assisted with negotiations with insurer	2%
Assisted with successful consumer outcome (excluding debt)	6%
Other outcome	26%
Unrecorded outcomes	1%

Finally, to measure clients' self-reported financial position and capability after their engagement with the TFS Project clinic, we surveyed clients regarding their current financial position and ongoing ability to deal with money or legal problems in the future. The results are documented in **Figures 7 and 8** and reveal that clients feel much more capable of addressing debts following assistance from the TFS Project clinic. A significant majority (89%) of clients reported better skills and knowledge to be able to deal with similar problems in the future.

Figure 7: Client responses to the statement "I feel able to pay off any debts and fines that I have right now"



Figure 8: Client responses to statement "I now have a better understanding of the options available to me if I face legal or money problems in the future"



Findings

Many victim-survivors involved in the TFS Project were unaware of their options to deal with their legal and financial issues and assumed that they would be held liable for the repayment of liabilities incurred by a perpetrator.

With knowledge of family violence and hardship policies across the sector, we were able to have a significant number of debts waived, or compensation recouped for victim-survivor clients. Clients we assisted were on average \$11,311 better off after attending our clinic. We also played a significant role in repairing their tarnished credit records, meaning they were no longer prevented from accessing essential services such as mobile phone and internet contracts, as well as future borrowing, due to a poor credit rating. This positioned many victim-survivors to commence their post-separation journey to recovering from economic abuse.

As part of the TFS Project we developed a series of e-learning modules aimed at building capacity around hardship options available to victim-survivors.³⁴ Further, we used our consultations with clients to educate them on their rights and responsibilities and to provide them with valuable information about financial services such as hardship programs or dispute resolution processes.

RECOMMENDATION 1: Further education programs be developed for both family violence victim-survivors and people working in family violence support services - so that they can increase their understanding of, and access to, the range of family violence schemes, hardship programs and dispute resolution services available from government and many companies.

In addition to improving their financial position, we also assisted clients with ancillary legal issues such as divorce, victims of crime compensation and intervention order proceedings. The fact that we were able to resolve so many legal problems for vulnerable women without the need to attend court meant we secured faster, less stressful outcomes for clients, as well as avoiding adding to the court's already over-burdened workload.

After accessing our services, clients told us:

- i. they better understood their legal and financial options in the future, following intervention of the TFS Project clinic.
- ii. they had dealt with their legal problems earlier, which we believe to be crucial to intercepting their legal and financial problems before they are beyond repair.
- iii. they would not have known where to seek help were it not for the TFS Project clinic being available at McAuley, highlighting the importance of the in situ partnership model.

These findings were confirmed by responses to client surveys, including the following:

“WESTjustice] always tried to help by making me understand the issue & offer solutions. [I] am thankful for such wonderful [organisation] who women like me needs to rely on.”

CASE STUDY:

Financial exploitation leads to social security, credit card and utility debts

Fazia was receiving social security benefits from Centrelink that required her to report her husband's income. Unbeknownst to her, Fazia's husband was providing her with incorrect information about his income which resulted in her reporting information to Centrelink that was not accurate. This later resulted in Fazia incurring a large debt with Centrelink, despite the situation being completely outside her control. When he found out, Fazia's husband threatened to cancel her visa, which was sponsored by him, if she told anyone about it.

Fazia also had a number of utility debts and a debt with her bank for a credit card utilised by her ex-husband. We assisted Fazia to have her social security debt of over \$4,000 written off and to have her credit card debt of almost \$2,000 waived. Through our advice and support, Fazia felt empowered enough to contact her utility providers herself and ask for a Utility Relief Grant.



5.2 Safety

SNAPSHOT OF OUTCOMES

52.31% increase in clients who reported they were confident they now had a long-term or secure place to live, following help from the TFS Project

79% of McAuley workers strongly agreed that WEstjustice's support via the TFS Project meant that **they were able to support clients into housing more quickly**

Access to help with debt and legal issues **had a significant impact on women's ability to successfully apply for and maintain secure housing** to help them move on with their lives after experiences of family violence.

Aim

The second key aim of the TFS Project was to ensure that clients who received help were:

- i. more likely to enter secure housing or the private rental market and avoid homelessness and entrenched poverty (safe housing)
- ii. more likely to be free from the power and control of economic abuse (free from violence)

Evidence

We surveyed clients before and after their engagement with the TFS Project clinic, to measure the impact the service had on their ability to move into safe and secure housing.

The data in **Figure 9** shows that housing security increased significantly (52.31%) post engagement with our service.

The data in **Figure 10** shows that many McAuley staff were of the view that client access to legal and financial assistance helped them to assist women to find long-term housing.

Figure 9: Client responses to statement "I have a long term or secure place to live"

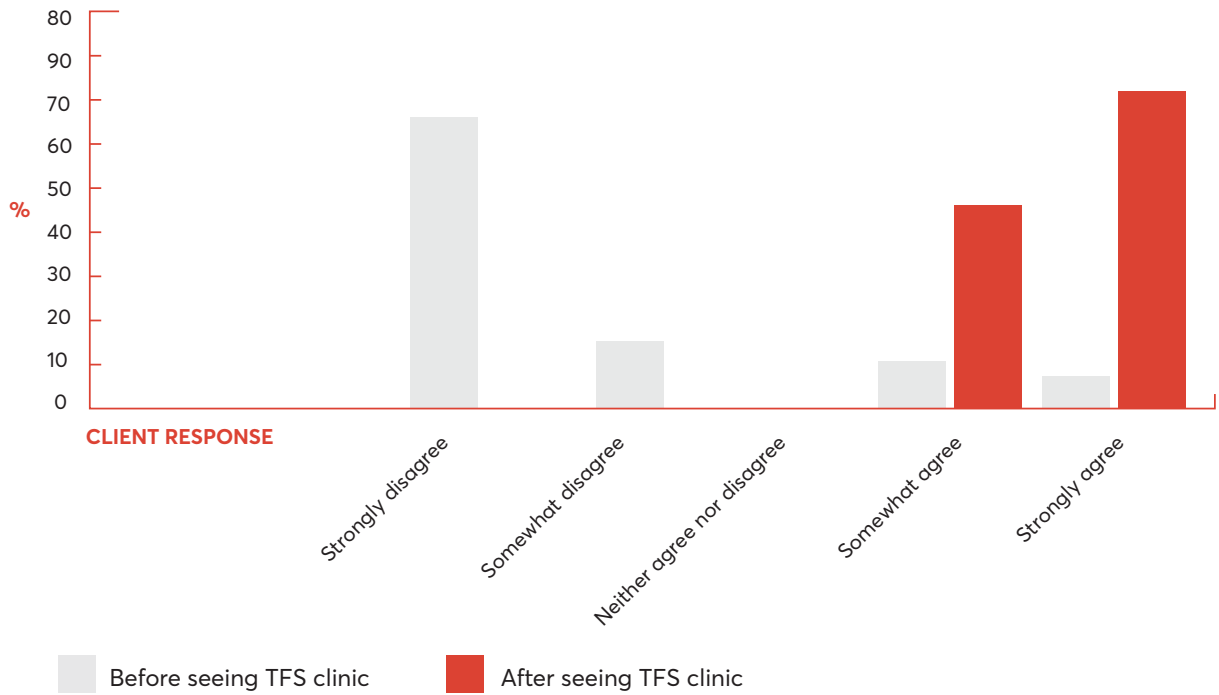
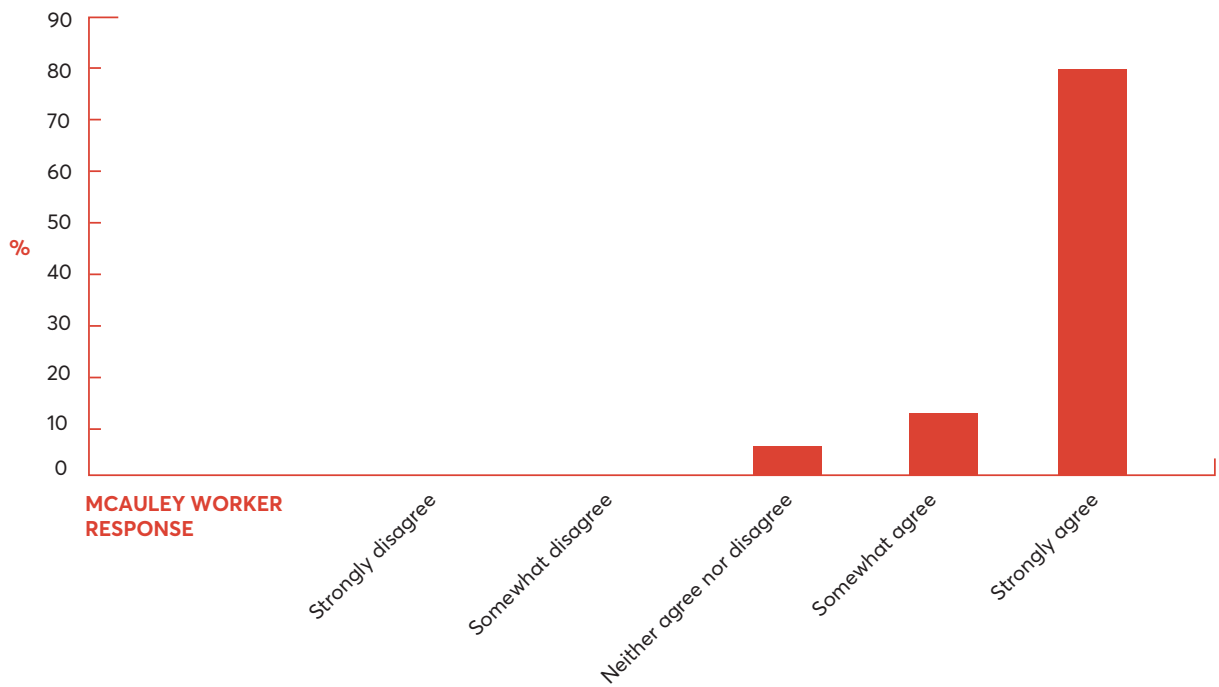
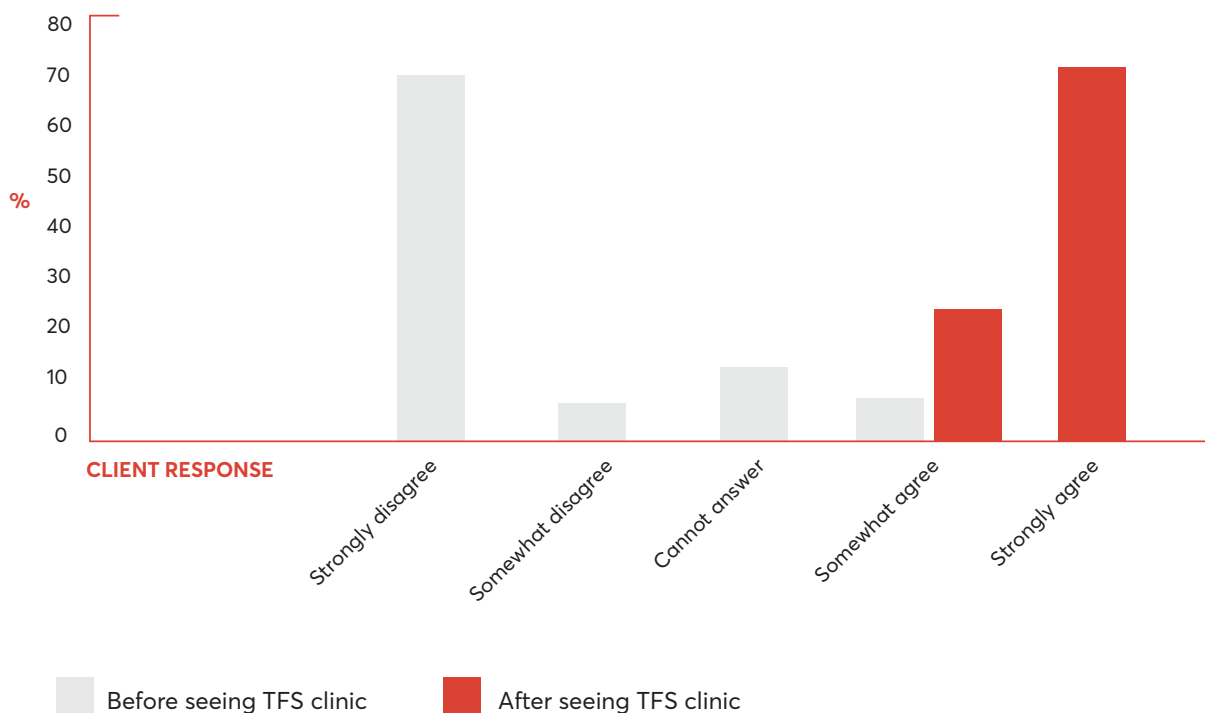


Figure 10: McAuley worker response to statement "WEstjustice's support meant I was able to support my client into secure housing earlier"



Following contact with the TFS Project clinic, clients also reported significantly increased feelings of safety and freedom from ongoing economic abuse, as set out in **Figure 11**.

Figure 11: Client responses to the statement "I feel safe and in control of my financial situation"



Findings

Our client survey data showed that housing security increased by 53 percentage points following a client's interaction with our service. While we cannot conclude for certain why this is without further study, we hypothesise the reason for this may be two-fold.

Firstly, assisting a victim-survivor to be free from debt and associated legal problems accumulated through family violence opens up money and capacity to afford housing. Improving financial security means victim-survivors and their children can be housed sooner, particularly when assisted by a housing worker/case manager, thereby relieving pressure from the housing/homelessness system.

This impact was confirmed by the survey comments of members of the McAuley team when asked to comment on the most significant impact of the TFS Project clinic for clients:

"Women having difficulty repaying debts that they were unaware of, or unable to pay back due to high interest rates, being significantly helped to reduce debt and enabling them to have higher income to be able to sustain housing or afford housing in a private rental market"

“Support to navigate the overwhelm that can accompany the legal and financial fallout of family violence and mental health difficulties that contribute to and perpetuate homelessness is empowering and helps women to move forward.”

Secondly, providing effective legal advocacy in tenancy law means that a victim-survivor can assert their legal rights, such as:

- ending a tenancy agreement early due to safety risks;
- apportioning compensation claims for damage to a property due to family violence;
- advocating for the Department of Housing to apply an exemption to repayment of bond loans;
- providing valuable legal advice about a person’s right to change the locks and make a property more secure.

RECOMMENDATION 2: Further research is required to measure and evidence the long-term social and financial impact of providing early financial and legal support to obtain and maintain secure housing.

The TFS Project clinic’s intervention also meant that women were freed from the power and control that their perpetrator had subjected them to throughout the economic abuse. This was explained by staff from the McAuley team:

“The [TFS] support continues to empower women who have experienced family violence. This reduces clients going back [to violent relationships] due to poverty...”

The McAuley team reported that victim-survivors walked away from the TFS Project clinic with a recovered sense of agency over their money and empowerment in their lives. This meant victim-survivors were better equipped to self-help and self-advocate after their engagement with the TFS Project clinic ended. McAuley staff also reported that their clients felt heard and acknowledged:

“After accessing your services, both financial and legal, my clients have regained a sense of control and agency in navigating otherwise complex and daunting systems.”

“WEstjustice enables women to have their voices heard, whether it be power to control their finances independently or power to have their voice heard in court.”

Dislodging the consequences of a perpetrator’s exertion of power and control over a victim-survivor’s life may take many years while they grapple with the financial, emotional, psychological and material repercussions of violence. Having their autonomy acknowledged and promoted through legal and financial advocacy, as well as the support offered by McAuley’s range of services, can positively position victim-survivors as they commence and navigate this complex process.

CASE STUDY: KATE’S STORY

Kate was subject to severe physical, emotional and economic abuse. Every aspect of her life and her finances were controlled by her husband.

Kate was forced to work in the family business for no salary. She was subjected to violence if she didn’t agree to sign loan or credit card applications. Kate’s husband would come to work and bully her into signing applications for credit or use her migration status to threaten her. Kate’s sister-in-law would pretend to be Kate over the phone to obtain credit. Kate was treated as if she were a ‘human line of credit’.

Kate’s case manager from McAuley’s employment service quickly realised Kate couldn’t focus on applying for housing or getting job ready while the debts were hanging over her head, so she made a referral to the TFS Project clinic. The case manager noted: “Women in that situation can barely hold a conversation or think about their future – the massive worry [about the debt] takes up all their energies.”

When she came to the TFS Project clinic, Kate had no idea how much debt had been placed in her name fraudulently and coercively. Kate thought her only option was to repay the money, despite not receiving any benefit from any of the loans.

After obtaining a copy of her credit file, WEstjustice ascertained Kate had over \$86,000 worth of debt with three different banks for various credit cards and personal loans. WEstjustice advocated on Kate’s behalf, explained her extreme circumstances to relevant banks, and managed to secure debt waivers for the total \$86,000. Kate told us when she heard the debts had been waived it was the “luckiest and most precious day of [her] life”.

After the stress of these debts was removed, Kate was able to get her son back, apply for secure housing and start studying again to become job-ready.

5.3 Mental health and wellbeing

SNAPSHOT OF OUTCOMES

65% of clients strongly agreed (and 95% agreed) that they didn't have to worry about legal and financial problems keeping them from moving on with their life.

There was a **significant decrease in stress and improved mental health** reported in clients after they received assistance from the TFS Project lawyer and financial counsellor.

Aim

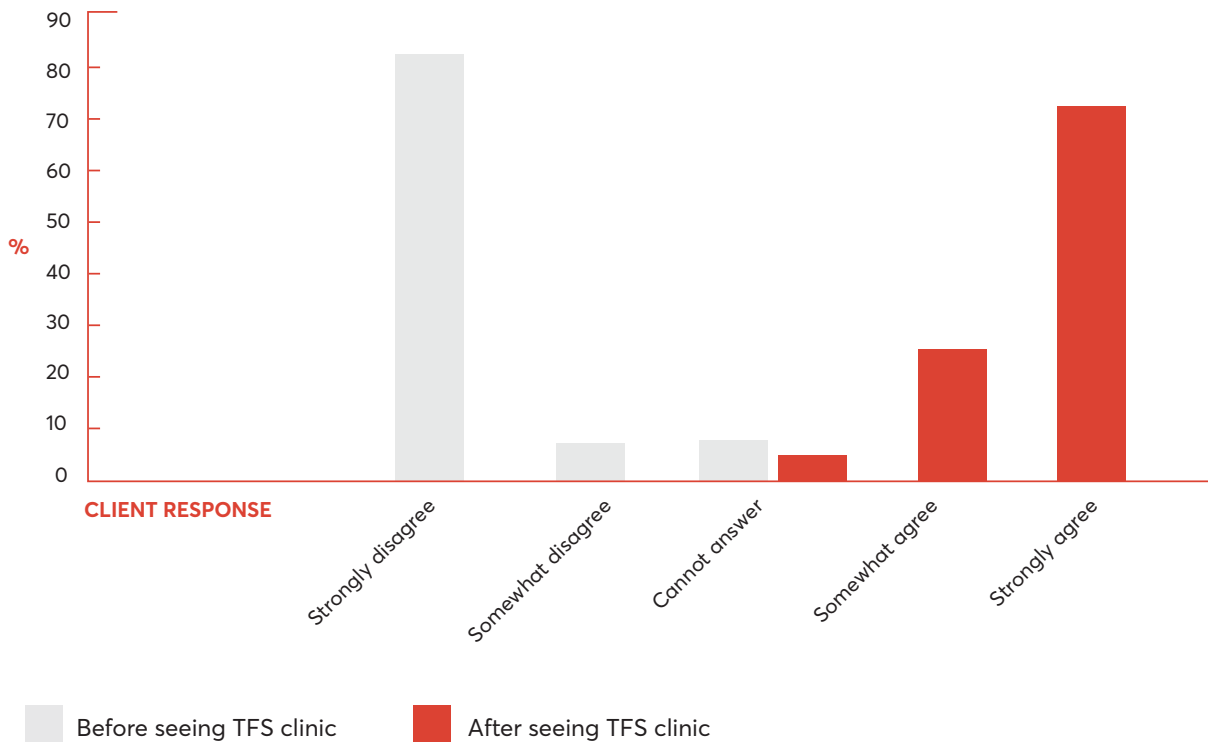
The final aim of the TFS Project was to improve the mental health and wellbeing of victim-survivors as evidenced by their greater confidence and capacity to move on and rebuild their lives.

Evidence

Only 35% of the clients the TFS Project worked with disclosed having mental health issues. We estimate that this figure is low and probably the result of under-reporting. For example, McAuley staff advised that in their family violence services, 73% of clients disclose mental health issues at entry.

Irrespective of the figure, our client surveys and comments from McAuley staff indicate the positive effect the TFS Project has on clients' mental health and wellbeing. **Figure 12** provides a compelling picture of the benefit of the service on clients' level of concerns about money problems and their ability to move on.

Figure 12: Client responses to the statement "I dont have to worry about legal or money problems stopping me from moving on"



This quantitative data was confirmed by qualitative feedback from McAuley workers:

“Women come to McAuley House often still in a state of high anxiety and fear and this can impair rational thinking. Knowing that there is a legal solution to some of their problems can help with their anxiety and feelings of helplessness.”

“Women grow in confidence after meeting with the legal team.”

Findings

Family violence frequently contributes to poor mental health. Victim-survivors can develop mental health conditions such as post-traumatic stress disorder or depression as direct results of their experiences of intimate partner violence.³⁵ Further, family violence and economic abuse will almost always impact a victim-survivor’s emotional wellbeing. Victim-survivors’ experiences interfere with their confidence, sense of ability to move on and rebuild their lives, and sense of self. Client and McAuley practitioner feedback demonstrate the TFS Project has a positive impact by improving confidence, alleviating stress and anxiety, increasing a sense of capacity to move on from traumatic experiences, and overcoming helplessness. For example, a nurse co-located with McAuley House in Footscray, who is a Work and Development Permit sponsor for the scheme to work off fines through health and other treatment, said:

“With a plan in place to work off significant financial debt, I have observed decreased stress and improved mental health, as well as improved capacity to address other factors impacting overall health and wellbeing.”

Further longitudinal study would be required to examine if these benefits were able to be maintained over a period of time.

RECOMMENDATION 3: A further longitudinal study should be undertaken to examine if the increased mental wellbeing experienced by victim-survivors - as a result of early intervention to assist with their legal and financial problems - is maintained over time.



**OUTCOMES THE TFS PROJECT HAS
ACHIEVED FOR MCAULEY**

6 OUTCOMES THE TFS PROJECT HAS ACHIEVED FOR MCAULEY

“Please continue the collaboration. It produces excellent... outcomes for our vulnerable and disadvantaged clients. We could not have resolved some very complex matters without your assistance – it literally changed lives.”

- McAuley staff member

Another focus of the TFS Project is to look at how it can assist the team at McAuley to deliver a better service for their clients. The assumption we had was that McAuley workers could refer clients to the TFS with debt and legal problems, and this would allow the workers to have more time to focus on assisting clients to access counselling, find housing and employment, and move on with their lives.

WEstjustice surveyed McAuley staff including case managers, mental health workers, team leaders and program directors about the changes the TFS Project created for clients and workers. The response of the 14 McAuley staff to the survey was overwhelmingly positive and confirmed our assumptions about the value of the TFS Project.

McAuley staff were asked about the most significant change they observed for their own organisation as a result of the TFS Project clinic. Some of the responses included:

“A huge benefit of the clinic for McAuley staff is that it means staff do not have to spend time focusing on finances with the women or looking for financial counsellors/legal support outside of McAuley. This leaves time to focus on other important things with clients, meaning they are able to move through their journey”

“Legal support/advice can be difficult to access at times. Communication can be difficult and getting a good understanding of what is happening for the client is dependent on the time of the legal representatives involved in the case. Being in partnership with WEstjustice allows for this communication to occur freely between workers, legal knowledge to be shared, and connections to be made, which equals better outcomes for clients.”

“WEstjustice... has been vital in providing staff at McAuley with secondary consultations to further holistically assist clients.”

“WEstjustice has been a significant part of the integrated support services we offer women to see them through their trauma and crisis to freely make positive and responsible choices. [WEstjustice has] been an integral part of the healing process for the woman, and the offering of continuous support to the frontline workers.”

“[This partnership] allows staff to provide a more enhanced service to clients.”

McAuley workers were asked to rate their responses to questions about the integrated legal service.

- 93% said they can spend more time with clients on other things that matter.
- 93% said their clients' ability and confidence to manage their own money and access legal support in the future has increased.
- 79% strongly agreed that they were able to support clients into secure housing earlier (eg clients had greater capacity to pay rent due to being freed from debt).

McAuley workers were asked for suggestions for improvements to the clinic. Some of the responses included:

"No changes needed! [WEstjustice is] such a responsive and essential resource to us and the women feel so empowered through having access to their services."

"No suggestions – the way WEstjustice works with McAuley residents is crucial to our work, and we are privileged to have them on board!"

"Enhanced support with intervention orders would be beneficial. [Currently the clinic provides advice on intervention orders and refers clients to WEstjustice's duty lawyer service.]"

"The inclusion of employment law would make a big difference."

The responses of McAuley staff make clear that in the future the TFS Project needs the capacity to provide immediate assistance in additional areas of the law as part of the integrated model – particularly family law and employment law. The TFS Project did not always have the resources to meet demand from clients requiring assistance in these areas, despite the obvious ways employment and family law help could assist victim-survivors to move on and gain financial independence.

RECOMMENDATION 4: In the future, the TFS Project model should be resourced to incorporate additional legal assistance for victim-survivors in the areas of family law and employment law.

Overall, the responses from the McAuley team demonstrate the efficacy of the TFS Project. The impact of the referral pathway – in terms of freeing up time to do other meaningful work with clients – was substantial. The clinic makes a significant difference to clients' financial capability, both in terms of waiving debt and overcoming financial barriers to enable women to spend their money on housing and other things that matter, and providing financial literacy and education to enable women to better protect their money. There is also a significant impact on clients' entry into safe housing. In addition, feedback from McAuley workers indicated that the clinic's assistance to women increases employment opportunities.

The perspective of McAuley staff provides strong evidence for the value of the clinic and rationale for its expansion.



**OUTCOMES THE TFS PROJECT HAS
ACHIEVED AT THE SYSTEMIC LEVEL**



7 OUTCOMES THE TFS PROJECT HAS ACHIEVED AT THE SYSTEMIC LEVEL

“The input from the community sector was absolutely critical to informing the business case for Transurban’s first dedicated team to support customers experiencing social and financial hardship [including family violence].”

- Transurban Customer and Communities Advocate

7.1 Improving responses to family violence across industry and government

Aim

An important driver of our case work at WEstjustice is to use the experiences of our clients (the evidence) to inform and influence lasting systems changes within industry and government. We seek to persuade industry and government to:

- acquire greater awareness of economic abuse;
- continually improve their policies and practices to respond effectively; and
- ensure that they are putting these policies into practice and holding themselves accountable.

In order to identify key stakeholders, gaps and priority areas we embarked on a task of comprehensive stakeholder mapping. We then planned a systemic program of working with industry and government on these key priorities. This also included a monitoring and evaluation framework to gather evidence from industry and government stakeholders about the influence of the community sector on embedding proactive, flexible and appropriate responses to economic abuse.

Throughout the TFS Project we have achieved a large number of lasting systems changes. These individual outcomes are discussed below and fall under 7 areas:

- Housing reform
- Vehicle registration reform
- Toll road reform
- Fines reform
- Credit and debt reform
- Insurance reform
- Other areas of reform

7.2 Housing reform

Weaponising bond loans

In the course of providing tenancy support to victim-survivors through the TFS Project clinic, we identified an area of pressing concern relating to the waiver and repayment of Department of Health and Human Services (DHHS) bond loans. Given Victoria's significant waiting list for public and community housing, these bond loans are an essential lifeline to help women and their families meet the costs of entering housing in the private rental market and avert emergency housing or homelessness.

Unfortunately, in our experience it is common for abusive partners or co-tenants to cause these bonds to be forfeited by acts of physical violence (damaging the rental property) or economic abuse (withholding rental payments). In many cases, women and their children may flee the property due to immediate safety issues, and therefore are unable to perform an end-of-lease clean, or else leaving their partner in the property to accrue arrears in the victim-survivor's name before eventually being evicted.

Impact on victim-survivors

This poses two major barriers for women fleeing family violence. First, it presents economic challenges where a victim-survivor has been saddled with a debt caused by or related to another person's acts of violence. Second, it presents barriers to accessing private rental properties – a victim may be prohibited from accessing future bond loans if a debt remains unpaid and the allocations officer determines that the family violence victim is not currently subject to family violence.

Our action to achieve systemic change

To address this policy gap, we wrote to the Minister for the Prevention of Family Violence and met with the Minister for Housing about these issues. We advocated strongly for amendments to be made to the DHHS bond loan guidelines to cover the situations described above. After meeting with Minister Wynne's Office (Minister for Housing) we were notified in April 2020 that the recommendations we made were to be implemented and are now official.

The new RentAssist Bond Loan guidelines³⁶ were published in April 2020. Importantly there is now a list of circumstances that provide clients will be exempt from repayment of their outstanding bond debts in family violence and other situations. Furthermore, having an existing bond debt will no longer be a barrier to obtaining another bond loan.

Impact of the change for economic abuse victim-survivors

This reform results in family violence victim-survivors no longer being saddled with unfair bond debts in circumstances where they had no control over the loss of the bond. This is a significant reform which will allow victim-survivors to maintain their private rental tenancies and therefore reduces or prevents homelessness.

CASE STUDY:

Bond loan waiver helps relieve victim survivor of financial burdens after leaving rental property at short notice

Thi had just left a 10 year relationship with David. She had experienced family violence throughout the duration of her relationship resulting in Thi and her children suffering from trauma, anxiety and depression. As a result of a serious incident of physical violence, Thi had to call SafeSteps and seek refuge. Thi came to us with multiple energy debts, fines and debts with the Office of Housing for lost bond loans due to having to escape her property with no notice for fear of violence.

Thi was the first client that WEstjustice was able to apply the new Department of Housing Bond Loan Rent assist guidelines to. We advocated on Thi's behalf, explaining her circumstances and highlighting that the new policy meant that an exemption to repayment should be applied as the bond arrears were accumulated in circumstances beyond Thi's control, resulting from family violence. Ultimately the Department of Housing granted a full exemption to repayment of the debt of almost \$3,000. Previously, Thi would have been liable to pay the bond loan debt, despite the loss of the bond loan being outside of her control.

Ultimately, we were able to successfully have her fines revoked and debts accumulated in family violence circumstances waived. This meant that Thi was relieved of almost \$15,000 of debt. After this burden was lifted, Thi told us she was able to find a private rental property and move on with her life.

7.3 Vehicle registration reform

The burden of registration and traffic fines

Victim-survivors of family violence are often burdened with driving fines incurred by their violent partners. Due to the operator onus provisions in the *Road Safety Act 1986* (Vic), the registered owner will be held responsible for the conduct of others where the owner does not or cannot nominate the driver within the prescribed time. If a person leaves a violent relationship, they may continue to receive fines despite having no access to the vehicle. Incurring the fines may even be a way for the perpetrator to continue to exert control over and inflict further family violence on the victim-survivor.

Victim-survivors of family violence are often fearful of nominating the perpetrator due to the risks to their safety in doing this. Transferring registration out of a victim-survivors' name required the consent of the perpetrator and payment of fees, making it prohibitive for most victim-survivors.

The inability to transfer registration out of a perpetrator's name also meant that victim-survivors were unable to re-register vehicles, leaving them exposed to fines for driving unregistered.

Impact on victim-survivors

The provisions of the Road Safety Act and the policies of VicRoads meant victim-survivors continued to receive fines for the perpetrator's conduct, allowing perpetrators the means to continue economic abuse even after the relationship has ended. The incurrance of fines likely leads to demerit points and even the suspension of a victim-survivor's licence, limiting their mobility and preventing them from leaving a violent relationship or moving on after a relationship has ended.

CASE STUDY:

Family violence victim-survivor facing \$10,000 of driving fines incurred by abusive ex-husband placed at further risk by vehicle registration issues

When Cathy and her ex-husband, Tom, were living together he asked her to register a vehicle in her name. Tom was the only driver of the vehicle and incurred over \$10,000 in driving-related infringements using the vehicle.

Throughout their relationship, Cathy had endured extensive family violence. When purchasing the car, Tom promised to give Cathy driving lessons as she only had an international licence and wanted to obtain a Victorian licence before she drove the vehicle in Melbourne. After the vehicle was purchased, Tom took exclusive possession of the vehicle.

After a police intervention order excluded Tom from the house, Tom took the vehicle even though it was registered in Cathy's name. Cathy eventually became aware of the infringements and contacted VicRoads to discuss de-registering the car or otherwise transferring the registration.

Cathy was told that she needed to remove the licence plates from the vehicle to ensure no further fines could be incurred in her name. Simply de-registering the vehicle would not prevent any further infringements incurred by Tom being attributed to her, as fines are attributed to the last known registered operator.

Cathy then contacted the police who advised her that they could not assist because the vehicle was not 'stolen' and it was a family law property issue. Cathy's community lawyer advised her that they were unable to assist her with property matters and she cannot afford private representation. Cathy will likely continue to incur further fines for the vehicle as attempting to locate Tom to remove the licence plates from the vehicle will put her at risk of family violence.

Our action to achieve systemic change

To address this problem, WEStjustice worked with the Infringements Working Group (**IWG**) (a working group of 38 member organisations of the Federation of Community Legal Centres, Victoria Legal Aid and Financial Counselling Victoria) and the Economic Abuse Reference Group (**EARG**). The IWG initially wrote to VicRoads seeking a discussion of the issue. Subsequently, two roundtables were held between the organisations and VicRoads, and a working group was established within VicRoads to action the need for change.

In response to these advocacy meetings, VicRoads developed a dedicated policy to deal with the situations described above. The policy sets out the process for victim-survivors to apply for transfer of registration into or out of the victim-survivor's name. This is substantially different to the usual process for transfers of registration that requires both parties to sign, payment of a transfer fee and motor vehicle duty fees, and provision of a Certificate of Roadworthiness. Now all that is required is a statutory declaration from the victim-survivor and another piece of evidence, for example a support letter from a social worker or family violence support worker).

Impact of the change for economic abuse survivors

This policy change means victim-survivors across Victoria will be able to free themselves from the weaponisation of driving fines, regain their freedom of movement and move on from violence.

CASE STUDY:

Grandmother assisted to transfer registration out of her name after significant economic abuse

Patricia is 88 years old. She is retired and reliant on the aged pension.

Patricia tried to assist her granddaughter Sarah through a difficult pregnancy. She bought Sarah a car and provided Sarah with money to get back on her feet. Sarah came to live with Patricia, and shortly after Sarah's behaviour started to escalate. Sarah started to steal money from Patricia and made multiple demands for large sums of money. She also stole Patricia's credit card and made many unauthorised purchases.

Sarah made threats to kill Patricia's pet and constantly berated Patricia. Patricia asked Sarah to move out on many occasions, however Sarah stayed.

Eventually Patricia was forced to flee her property out of fear for her safety. She stayed with a friend, and then a full no contact interim intervention order was granted, allowing Patricia to return home.

Patricia began to notice that fines were coming in and she realised that the vehicle she bought for Sarah was registered in her own name. Patricia had never had possession of the vehicle. These fines were coming in every week and were causing Patricia a great deal of stress and anxiety. She wanted to have the vehicle transferred out of her name to prevent further fines in her name. However, Patricia had no contact information for Sarah and was estranged from most of her family, so the transfer could not be effected by consent.

Through WEstjustice's contacts with VicRoads acquired through our policy work, we contacted VicRoads who advised they would accept an application that included a statutory declaration from Patricia, a transfer of registration form filled out to the best of Patricia's ability, and one other piece of evidence. We used a copy of Patricia's intervention order and a support letter from a family violence service. VicRoads at this stage did not have a formal process or policy around family violence registration transfers, however agreed to process this application as a test case.

VicRoads agreed to transfer the registration to "unknown" and suspend the registration. They also confirmed the vehicle registration was backdated to a day after the purchase.

This has meant that Patricia no longer has the stress of fines being accrued in her name, alleviating a significant source of economic abuse. As a result, Patricia feels more in control of her life.

7.4 Toll road usage (hardship) reform

Weaponising toll fines

Toll roads are increasingly being seen as an essential transport service. However, toll fine debts are enforced differently to other civil debts (such as utility or phone bills); they are enforced through the criminal fines system. A single act of driving on a toll road can escalate through the toll road operator's internal debt recovery system during which late fees will be incurred. If the debts are not paid at this stage, they are referred to Victoria Police Traffic Camera Office for enforcement. After this, a single trip on the road can cost in excess of \$400.

Impact on victim-survivors

Victim-survivors are often saddled with large quantities of toll fines, either because the violent partner has driven the victim-survivor's vehicle on the toll road and accumulated fines in their name, or because the victim-survivor is travelling on the toll roads to flee family violence.

The Victorian State Government introduced a Family Violence Scheme for family violence-related infringements in 2018 (discussed in further detail below). This scheme has gone some way to help address the vast and disproportionate sums added to an original civil debt, if it was accrued in circumstances of family violence. However, even with the scheme in place, it is much easier to deal with a toll debt at an early stage than it is to deal with a fine. Therefore it is critical to try to prevent toll debts from becoming fines in the first place.

For this reason, strengthening toll road operators' hardship responses is crucial.

Our action to achieve systemic change

Transurban engaged with community sector welfare services (including community legal centres and financial counselling agencies) through two roundtable events to refine its hardship process and develop specialised policies and practices. This included hiring and training a specialised 'Linkt Assist' customer hardship team.

In 2020, together with Thriving Communities Partnership, Transurban began the process of developing specialised family violence policies and training its staff in their application. WEstjustice was recognised as being an organisation with significant expertise in representing clients with toll debts who have experienced family violence. As a community representative, WEstjustice was involved in the co-design of this policy and provided strategic guidance to Transurban staff on understanding the links between family violence and toll debt, and practical measures to respond.

Impact of the change for economic abuse victim-survivors

Transurban has since implemented these family violence policies, with reports from community lawyers that Transurban's hardship responses have improved significantly. In most cases involving family violence, toll debts are waived. This will ultimately impact all victim-survivors with Transurban tolling debts throughout Victoria, New South Wales and Queensland.

CASE STUDY:

Victim-survivor forced to navigate complex toll debt and infringement system

Tamara is a single parent and full-time carer of four young children. She separated from her ex-partner Caleb in 2017 due to family violence. During and after the relationship, she experienced emotional, financial and physical violence. Tamara and her children had been granted at least four intervention orders, including following police applications. Even after the intervention orders were granted, Caleb continued to commit family violence, including physical assaults. Tamara moved into a women's crisis accommodation service to be safe from Caleb.

Tamara was a learner driver and during their relationship Caleb frequently drove the vehicle registered in Tamara's name, incurring numerous traffic infringements. Despite not driving the vehicle, the fines were registered in Tamara's name. When Tamara left the relationship, she could not take her car as she was a learner driver and she had to leave at short notice. Caleb continued to use the vehicle and accrue fines, including a large number of toll debts and fines.

This meant Tamara had various different fines at multiple stages and with multiple issuing agencies including nearly \$4,000 worth of fines registered with Fines Victoria, \$200 of debts to Transurban and \$100 owed to Eastlink. Due to the complexity of the fines system, it would have been difficult for Tamara to track down all the fines, and know how best to approach applying for relief.

The WEstjustice team met with Tamara and made an application on her behalf to the Family Violence Scheme to have her infringements cancelled. This was successful. The lawyer also negotiated a waiver of Tamara's debts to Transurban and Eastlink. This saved Tamara nearly \$4,500.

Caleb eventually returned the car to Tamara so she no longer has to worry about fines being incurred in her name.

7.5 Fines reform

Fines as a means of economic abuse

Infringements are a key area that require legal assistance related to economic abuse. Fines are often weaponised by perpetrators to commit economic abuse against victim-survivors, with long-lasting and significant impacts.

In 2018, responding to recommendations from the Family Violence Royal Commission and advocacy from the community sector, the Victorian State Government introduced the Family Violence Scheme (FVS) which provides a largely effective mechanism to exit victim-survivors from the infringements system and cancel demerit points associated with their alleged offending. This means, crucially, where victim-survivors have been saddled with fines by the actions of violent perpetrators, and where it is unsafe for the victim to nominate the driver of the vehicle for the fines because of the risk of further violence, the FVS provides an effective mechanism to address those fines.

Despite its successes, since the commencement of the Scheme, we have observed a number of issues with the application and implementation of the FVS.

During 2019, Fines Victoria took a stricter interpretation of the words "substantially contributed" in ss 10T(1)(c) (i) and (1)(c)(ii)(B) of the *Fines Reform Act 2014* (Vic). This led to Fines Victoria refusing a large number of applications where family violence was not the "direct cause" of the applicant being unable to control conduct constituting an offence or make a known user statement, or where the family violence was not "current" at the time of offending.

Impact on victim-survivors

Fines Victoria's stricter interpretation means that victim-survivors' applications to access the Scheme are often rejected and their circumstances go unrecognised. Unable to have their fines waived, victim-survivors are under pressure to repay fines debts in unjust circumstances or access the special circumstances scheme instead, which would likely see them forced through the court system and end with a finding of guilt against their name.

CASE STUDY:

Victim-survivor of 17 years of family violence has application refused as family violence not found to have "substantially contributed" to fines

Amira attended the TFS Project clinic for help with infringements that she incurred during a seven year period, when she had been experiencing severe family violence.

In November 2018, we submitted a FVS application on Amira's behalf for these infringements. This included a statutory declaration, two support letters and three IVOs. In her application, Amira detailed the ongoing and severe impact of the family violence on her mental health and noted that her life had "been out of control and [she] wasn't able to avoid incurring these infringements". Her support letters verified this and confirmed that the family violence had substantially contributed to her incurring the fines. Amira's psychologist explained that her experience of family violence and trauma had caused complex Post-Traumatic Stress Disorder, which resulted in her being unable to avoid incurring the infringements during this period.

In September 2019, Fines Victoria refused the application.

Our action to achieve systemic change

In collaboration with the IWG, we undertook written and face-to-face advocacy to strongly communicate our position that Fines Victoria was inappropriately limiting the scope of the Scheme. We made submissions to the Fines Reform Advisory Board, FVS Statutory Review, and Family Violence Reform Implementation Monitor's review of the implementation of the Royal Commission's recommendations about this topic. We also met with high-level representatives of Fines Victoria to discuss the issue.

In April 2021, Fines Victoria released a public Guide to the Family Violence Scheme in which they noted a changed approach to the interpretation of "substantially contributed to" in line with our recommendations. Post-Traumatic Stress Disorder and drug/alcohol use caused by family violence are now recognised as causes that may substantially contribute to a victim-survivor incurring fines.

Impact of the change for economic abuse victim-survivors

This change makes the FVS much more inclusive of the range of consequences of family violence for victim-survivors. It recognises the mental health impacts of family violence as a result of abuse, and means more victim-survivors will benefit from the Scheme.

7.6 Credit reporting and rental blacklisting reform

Credit reports and rental blacklists freeze women out of access to support

When an account or debt goes unpaid, the creditor will usually report the default to credit referencing agencies to list the default on the debtor's credit report. Many victim-survivors have default listings on their credit reports for debts incurred in the context of family violence. Until now, the sector has relied on the goodwill of creditors to remove the default listing in circumstances of economic abuse. However, to our knowledge there is no current streamlined process to request removal of a credit listing on family violence grounds and the credit reporting bureaus do not have family violence policies in place to guide them.

Credit referencing agencies also manage rental blacklists, where bad rental history is recorded on a central register. For the reasons discussed in the housing section above, many victim-survivors of family violence need to suddenly abandon tenancies or incur damage to rental premises. Usually these incidents result in a rental blacklisting against the tenant's name. Again, this blacklist is considered by real estate agents and landlords when considering whether to rent premises to individuals; a negative entry may interfere with a victim-survivor's ability to secure private rental accommodation.

Impact on economic abuse victim-survivors

Bad credit can have a significant impact on a victim-survivors' capacity to move forward with their lives, as they may be refused credit or may not be able to enter contracts for important services such as mobile phone plans.

A rental blacklisting can obstruct a victim-survivor's ability to find safe and secure housing on the private rental market.

Our action to achieve systemic change

In partnership with Thriving Communities Partnership and the EARG, WEstjustice held a roundtable meeting with Equifax, the largest credit referencing agency in Australia. At this meeting, we highlighted the range of unfair ways that default listings are attributed to victim-survivors of family violence and the impact that poor credit histories have on these vulnerable women. We also discussed the issue and impact of rental blacklisting practices on victim-survivors of family violence.

As a result, Equifax established a Family Violence Project and Working Group to enable default listings and rental blacklistings to be removed where a person can establish that the debt or blacklisting was incurred in circumstances of family violence. WEstjustice is part of this working group. To date, several working group meetings have been held to work towards operationalising this new policy. We expect a family violence policy to be finalised in the near future and action to implement this policy to be commenced after that.

Impact of the change for economic abuse victim-survivors

If this reform is achieved, many victim-survivors will be freed from the long lasting consequences of debt. For example, they will be able to enter contracts, gain credit and obtain rental properties without the economic abuse to which they were subject following them and impacting their financial security for years after the abuse occurred.

CASE STUDY:

Economic abuse prevents victim-survivor from entering into contract, interrupting her moving on with her life

Emily was living in crisis family violence accommodation. She reported that she had been rejected for a telephone contract because of her poor credit rating, however she was unaware of why her credit record had been tarnished.

We obtained a copy of Emily's credit record to ascertain whether there were any negative credit listings. It became apparent that there were two debts listed under her name which she was unaware of due to her ex-husband applying for credit fraudulently under her name after the relationship had ended. These debts totalled almost \$3,000.

We were able to negotiate full debt waivers and have the negative credit listings removed from Emily's record. This meant that Emily could access necessary services such as having a working phone and phone contract.

7.7 Insurance reform

Using insurance to perpetrate family violence

Insurance is an issue which is not often identified as being an area relevant to family violence and economic abuse. However our casework reveals that insurance products can be weaponised by perpetrators to commit family violence.

There are scenarios which are commonly considered 'general exclusions' in insurance policies but which are unfair when they occur in circumstances of family violence. An example is a perpetrator of family violence being the only insured party on a policy for a joint property or property owned by the victim-survivor where the victim-survivor wishes to make a claim but is excluded from doing so as a non-insured party. Perversely, in these instances, the insurer may even offer to pay out the claim to the perpetrator. Another example is where the perpetrator damages insured property owned by the victim-survivor, and the victim-survivor is prohibited from making a claim due to a policy exclusion for 'intentional damage'. Historically these cases are determined based on the good faith of an insurance company, rather than being able to rely on a specific family violence provision in the General Insurance Code of Practice (**the Code**) or an insurer's policy.

Impact on economic abuse victim-survivors

The structure of insurance contracts leaves victim-survivors of violence exposed to the commission of further violence by perpetrators through the deliberate denial of insurance coverage and the payout of claims to perpetrators.

Our action to achieve systemic change

WEstjustice has a longstanding working relationship with the Insurance Council of Australia (**ICA**). Through this relationship we continue to report systemic issues of family violence in the general insurance industry. WEstjustice drafted a proposal recommending amendments to the Code or Family Violence Guideline to address the family violence issues raised above. The ICA confirmed they are aware of these issues and invited WEstjustice to present at their Consumers Experiencing Vulnerability Working Group which is composed of representatives from the general insurance industry.

We have recently been made aware that one major insurer has exceeded their obligations under the Code by implementing a clause that allows a claim in circumstances that would ordinarily not be permitted, whereby prejudice might be suffered due to mental illness, substance abuse or an act of violence or intimidation. We commend this change and will continue to lobby other insurers to follow suit.

CASE STUDY:

Insurance company and perpetrator of violence block victim-survivor's access to home repairs

Jeanie is 59 years old and reliant on a Centrelink Newstart Allowance income of less than \$15,000 per year. She has a physical disability and a mental health diagnosis. She is a victim-survivor of long-standing family violence at the hands of her former partner, Phillip.

After they separated, Jeanie and Phillip were going through a property settlement. The house that Jeanie was living in had to be sold to divide their assets. Jeanie put in an insurance claim to rectify some damage to the property, only to find that Phillip had changed the home and contents policy to be solely in his name. Phillip refused to allow the claim to go through, and in doing so was economically abusing, controlling, and manipulating Jeanie. The insurer refused to deal with Jeanie and the repairs needed to be done before the sale of the property.

The WEstjustice lawyer negotiated with the insurer to process Jeanie's claim and to accept that the claim fell within the scope of the policy.

As a result, the insurer waived the excess of \$1,500, and paid out for a number of repairs totalling over \$8,000. This saved the client almost \$10,000, and the property could be sold in reasonable condition, adding to the financial benefit for Jeanie.

Impact of the change for economic abuse victim-survivors

This change, if adopted by insurers, will mean victim-survivors are protected by insurance policies and are not plunged into further economic hardship by the denial of coverage for damage to property, often leaving them to pay for repairs themselves.

7.8 Other systemic impact work

In addition to the key pieces of advocacy documented above, throughout the TFS Project WEstjustice has been involved in a number of other areas of reform, discussed in **Figure 13**.

Figure 13: Other systemic impact work undertaken via TFS Project

AREA OF SYSTEMIC IMPACT	ACTION TAKEN
Essential services	Regular attendance at Essential Services Commission Community Sector Roundtables to continue to feedback trends in behaviours from retailers. We also advocate with individual retailers if we determine that they are not meeting their obligations. Retailers have reflected that this has been important in holding them to account and flagging any internal cultural or system issues within their business.
Toll roads (recall)	Roundtable with Department of Justice and Community Safety, Victoria Police and Fines Victoria to progress recall of toll fines out of criminal jurisdiction to allow toll road operators to apply a hardship response. This process has been recommended by the Fines Reform Advisory Board and we are now waiting for the Victorian Government to decide whether it will implement this measure.
Debt collection	Provided feedback to ASIC to prompt the inclusion of family violence guidance in the ACCC/ASIC Debt Collections Guidelines. In December 2020 the guidelines were updated to include a number of references on how debt collectors should behave once they become aware of a client's family violence circumstances. The Guidelines made it clear that family violence should be recognised as a form of debtor vulnerability and may result in a debtor being unable to make meaningful repayments towards a debt. Family violence was also outlined as a circumstance where it may be unreasonable or unacceptable to continue contacting a debtor and continued contact may constitute undue harassment.
Submission to the Victorian Government's Homelessness Inquiry January 2020	Submitted that addressing economic abuse and supporting women to achieve financial security is the next step in prevention of homelessness for women experiencing family violence. Our findings indicate that improving financial security also means victim-survivors and their children can be housed sooner, relieving pressure from the crisis housing and homelessness systems. Our submission is available online. ³⁷

AREA OF SYSTEMIC IMPACT	ACTION TAKEN
Submission to the Family Violence Reform Implementation Monitor ("the Monitor")	<p>The Monitor holds the government and its agencies accountable for implementing the family violence reform, following the Victorian Royal Commission into Family Violence. WEstjustice's submission included reflections and recommendations around how to improve economic abuse responses and advocated for the expansion of TFS project.</p> <p>Our submission is available online. ³⁸</p>
Save safe lending campaign	<p>In 2020 a Bill³⁹ was introduced in Parliament to roll back responsible lending obligations ("RLOs") from the <i>National Consumer Credit Protection Act 2009</i> (Cth). WEstjustice and the EARG strongly oppose this bill as RLOs protect victim-survivors of economic abuse against unfair loans and provide crucial remedies. The EARG was invited to give oral evidence to the Senate Economics Legislation Committee.⁴⁰ WEstjustice, along with two other members of the EARG, gave evidence. Senator McAlister made the comment that they were the only organisation providing evidence from this economic abuse lens.</p> <p>Our submission is available online. ⁴¹</p>
Victorian Ombudsman rates review	<p>Provided evidence to the Victorian Ombudsman in their rates review about how the absence of family violence policies in local council rates hardship policies impacts victim-survivors of family violence and what needs to be done to address this.</p>

7.9 Next steps for systemic reform

While the TFS Project has achieved substantial systemic reform, we are aware of multiple areas still requiring work. We have set out some of these in **Figure 14**.

Figure 14: Future areas of systemic impact work requiring attention

AREAS IN WHICH SYSTEMIC REFORM IS STILL NEEDED: INDUSTRY
<p>Credit laws to include family violence provisions: In addition to responsible lending obligations, credit providers should be required by legislation to have appropriate family violence identification processes in order to prevent coerced or economically abusive lending situations.</p>
<p>Debt collectors to be mandated to sign up to an External Dispute Resolution (EDR) Provider: Currently debt collection agencies are not required to be a signatory to an EDR provider such as the Australian Financial Complaints Authority (AFCA). There ought to be a mandatory requirement in order to provide fair, sensitive and accessible resolution services for victim-survivors of family violence.</p>
<p>Insurance: Insurers should be required to implement a policy clause in their general insurance policies that allows them to meet a claim in circumstances where they currently would not and prejudice might be suffered by a party due to family violence.</p>
<p>Credit reporting: All credit reporting bureaus should be required to implement a policy and process for the removal of default listings on credit reports incurred through family violence.</p>
AREAS IN WHICH SYSTEMIC REFORM IS STILL NEEDED: GOVERNMENT
<p>Local councils: In the context of local councils acting as debt collectors (i.e. collecting rates), there ought to be more robust policies to account for hardship suffered due to family violence and economic abuse.</p>
<p>Fines Victoria Family Violence Scheme (FVS): Fines Victoria need to further review the FVS to include instances of speeding over 25km per hour as eligible offences under the FVS.</p>
<p>Toll fines recall protocol: The Victorian State Government should introduce the toll fines recall protocol recommended by the Fines Reform Advisory Board to allow toll road operators to recall fines out of the criminal jurisdiction and back into their civil jurisdiction, thus enabling them to apply a hardship response. This would assist victim-survivors in accessing toll fine company family violence and hardship provisions.</p>
<p>Access to the Australian Financial Complaints Authority to be available to victim-survivors undergoing a property settlement: The Federal Government should consider reviewing the scope of AFCA so that victim-survivors are no longer prevented from accessing AFCA following a family law property settlement judgment. It is crucial for victim-survivors to be able to access affordable and fair remedies for relationship liabilities that arise from economic abuse.</p>

AREAS IN WHICH SYSTEMIC REFORM IS STILL NEEDED: GOVERNMENT

Address the limitations of Services Australia (Centrelink): Family violence crisis payments are currently only available for seven days from the time a person decides to leave a violent relationship. This short timeframe should be reviewed and extended.

The government should also consider establishing a clear right or scheme for victim-survivors of family violence to apply to have their Centrelink debts waived if the debt was incurred in circumstances of economic abuse. A common feature of economic abuse is misleading a partner about income, often combined with a failure by the perpetrator to submit tax returns. Victim-survivors are held liable for overpayment of family payments (or other payments such as carer's allowance) when their partners provide false income information unbeknownst to them. Liability for these debts should not lie with the innocent party and there needs to be a clearer, more streamlined pathway to enable victim-survivors to seek hardship relief and waiver of such debts.

Furthermore, given that financial pressure is one of the most significant catalysts of family violence, a more generous safety net should be provided by the Federal Government for struggling families, one of many potential examples being the need to raise the rate of JobSeeker permanently.



7.10 Stakeholder reflection on community sector influence on their work

As part of the TFS Project, we invited industry and government stakeholders (with whom we worked to introduce economic violence policy reforms) to complete a survey to measure the impact that working with the community sector had on their work. Because some of the policy work was undertaken in collaboration with other groups, such as Thriving Communities Partnership, the Economic Abuse Reference Group and the Infringements Working Group, we took a broad approach and measured the influence of community sector engagement rather than confining this to WEstjustice engagement.

The responses were extremely positive, with some stakeholders reporting that they could not have begun or achieved change in their policies without the extensive input, cooperation and influence of the community sector. We have highlighted some of the key responses below.

QUESTION:

Have you developed or improved policies on family violence in response to advice and feedback from community organisations?

“Yes, the development of family violence policies was predominantly based on the consideration of community organisations, and ongoing feedback from community organisations allow the policies to be a live document enhanced by understanding the lived experience.”

“Yes, we have been working to develop policies to enable victims of family violence to easily complete transactions to protect themselves from further harm. We’ve agreed on the processes and forms of evidence, as well as methods for initiating transactions with the project [team].”

“We have updated our general hardship policy and vulnerable customer support services in response to ongoing engagement with the community sector, to include more specific references to family violence. We are currently in the process of co-designing family violence guidelines for customers to further strengthen our response.”

QUESTION:

Have you taken steps to implement any family violence policies?

“Yes, [we] implemented [our] own family violence policy. [We have] also undertaken work to support implementation across [our] regulated businesses, including the development of better practice guides and workshops...Our policies and regulations expanded on the recommendations on the advice of community organisations operating in the field of family and domestic violence, and specifically in financial abuse. WEstjustice was central to this.”

“We’ve drafted policies and processes, customer content, etc., however the launch has been delayed due to internal staff training requirements. Ensuring our staff are able to respectfully and appropriately handle family violence cases is paramount, as well as ensuring our staff are taught resilience practices to personally cope with difficult situations they may encounter in handling family violence cases.”

“We have an existing family violence policy and support line for employees. We are currently working with Thriving Communities Partnership to help us co-design family violence guidelines for customers, with input from people with lived experience, community sector advocates [including WEstjustice], and other Australian organisations that are considered leaders in their family violence response....”

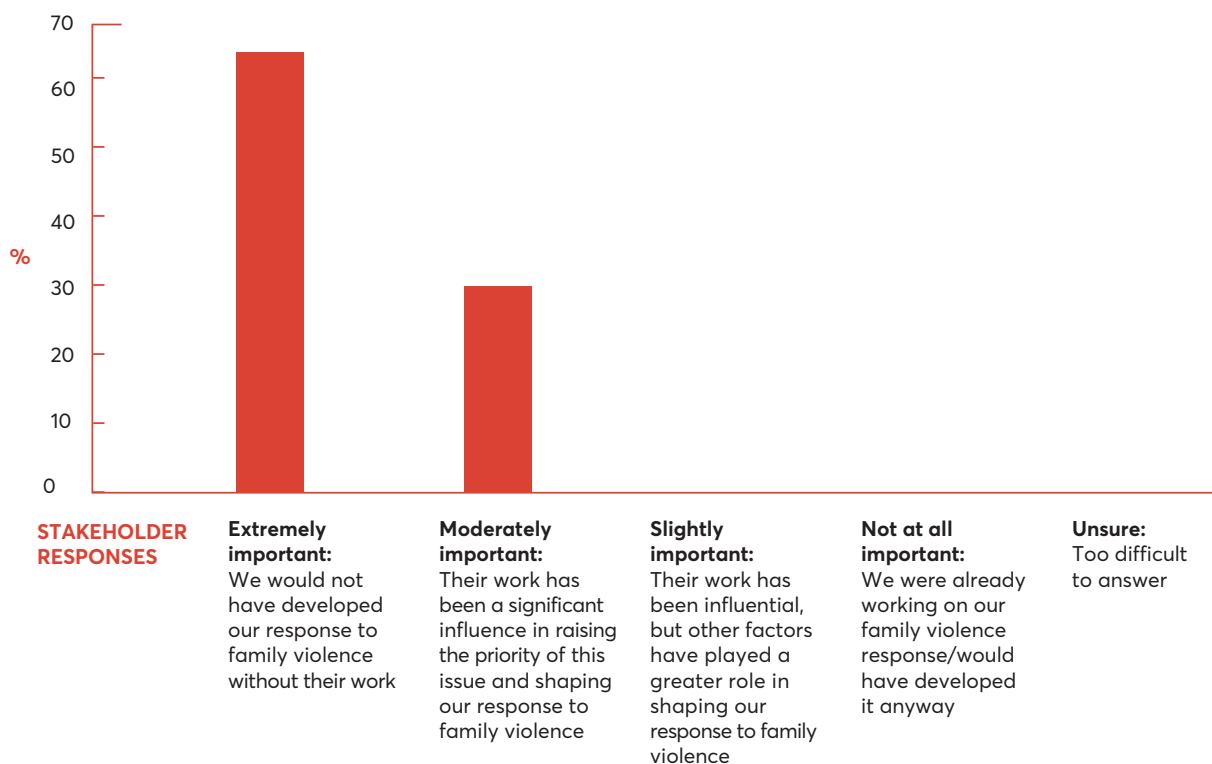
QUESTION:

How important has the work of financial counsellors and lawyers in the community sector been in influencing your organisation’s response to family violence?

All stakeholders surveyed strongly agreed they would turn to community organisations such as WEstjustice if they were seeking guidance on family violence issues related to the products or services offered by their organisation. In fact, 66% of survey respondents indicated they would not have developed their response to family violence without the work of community sector organisations (see **Figure 15**).

A further 50% strongly agreed that it is easier for their staff to identify potential family violence issues and offer appropriate remedies for clients when they are represented by a financial counsellor or a lawyer.

Figure 15: Stakeholder responses to the statement “How important has the work of financial counsellors and lawyers in the community sector been in influencing your organisation’s response to family violence?”



QUESTION:

What is the single most significant change that the work of the community sector has brought to your organisation? Why is that so significant?

“The community sector has engaged in a nuanced discussion about requiring evidence which has been highly beneficial in developing informed and appropriate advice.”

“The input from the community sector was absolutely critical to informing the business case for Transurban’s first dedicated team to support customers experiencing social and financial hardship, Linkt Assist. Since the team was launched in February 2019, ongoing engagement has continued to be critical to informing the ongoing evolution of the service, the information resources provided in relation to it, and the partnerships we have been pursuing to drive further improvements and holistic support. Transurban may not have Linkt Assist, if it weren’t for the advocacy, input and support of the community sector.”

“Two things. [First,] the voice of, or safe access to, people with a lived experience. [Secondly,] the need for regulations to facilitate personal agency and choice (so people affected by family violence can best manage their personal and financial security).”

“A greater awareness of the need to have a continuing conversation which is significant in ensuring a policy does not become a set and forget policy that fades into the background.”

“This is such a hard question to answer, I seriously struggle to pinpoint it down to one single response. What I truly appreciate is that the community sector i.e. financial counsellors, support workers, community lawyers, etc. offer a voice to customers who cannot do it themselves when dealing with corporates. This ensures we can offer support when it’s needed and understand the situation in full detail...”

“Knowledge of family violence policy implementations across other organisations has helped expedite our own policy development and provided strength to our recommendations.”

QUESTION:

What is the single most significant change that the work of the community sector has brought to the wider industry? Why is that so significant?

“I think the way Australian organisations at large are now responding to customers experiencing hardship can be attributed to the advocacy of the community sector – and without that shift having taken place, and without so many companies now quite well equipped with hardship teams and a greater cultural appreciation of what vulnerability means and looks like, the response to COVID and beyond would be an even greater challenge.”

“The community sector helped to bring the voice of lived experience to the wider industry, to help them understand why this work is critical to the lives of their consumers. This helped create the groundwork for responding to family violence to become ‘business as usual’ for many parts of the industry.”

“The honesty, integrity and passion that community organisations have brought to industry has ensured it remains a two-way respectful conversation that has eliminated the blame game and brought joint ownership of policies. Input from community is well-respected and appreciated in shaping industry responses and has shown the development of real policies for real people.”

“Eyes and ears at ground zero, making sure the wider industry receives honest, real feedback from the coalface. Supporting our most vulnerable and making sure they have a collective voice.”

The responses from TFS stakeholders indicates there is broad recognition of the critical role community sector organisations play in helping industry and government to develop effective responses to economic abuse.

Recommendation 5: Further resourcing of the community sector is needed so the sector can use its expertise to help industry and government develop responsive family violence policies and practices.

Recommendation 6: Support the ongoing work of the EARG network.

This network of over 25 organisations nationally should continue and expand its work with government and industry on policies and family violence responses, including hosting roundtables to bring together experts in key areas for reform. The importance of a resource to co-ordinate the policy input of organisations that work in the area of economic abuse should be recognised, and should receive recurrent government funding to address the ongoing need for systemic advocacy in the area of economic abuse. See earg.org.au



**CONCLUSION: KEY FINDINGS
AND RECOMMENDATIONS**

8 CONCLUSION: KEY FINDINGS AND RECOMMENDATIONS

Economic abuse is extremely widespread in violent relationships. Economic abuse often has substantial, even lifelong, consequences for victim-survivors. It prevents them from moving on with their lives, securing stable and safe accommodation, living free from violence and the reach of the perpetrator, and being sufficiently financially secure to be able to provide for themselves and their children.

The TFS Project, a multidisciplinary place-based partnership between legal, financial and family violence practitioners, has achieved positive, and many life-changing results for victim-survivors of violence. The project involved over 130 clients with complex and intertwined legal and financial problems. These issues were largely able to be solved by the TFS workers, mostly without attending court. We resolved more than \$900,000 worth of legal and financial problems, taking an enormous burden off women who had recently fled family violence, and contributing to decreasing homelessness and ensuring women could secure ongoing housing.

8.1 Key findings

This evaluation found that the TFS Project provides a number of benefits, not only for the victim-survivors, but also more broadly.

Benefits for victim-survivors:

- **Economic freedom and financial safety of victim-survivors:** evaluation data shows the TFS Project improves a victim-survivor's financial literacy, security and capability. This leads to improved wellbeing, safety and confidence to recover and rebuild lives. It also reduces the likelihood that a victim-survivor will return to unsafe living conditions.
- **Early intervention:** victim-survivors indicated that having the TFS Project clinic available at McAuley was pivotal in accessing legal and financial counselling services earlier and more easily. Many noted that they would not have known where to turn to for support without the program. Early intervention provides opportunities to intercept a victim-survivor's legal and financial issues before they are at a point beyond repair and also allows a victim-survivor to move on with their lives, free from the stress and worry of debt and legal problems.

- **Victim-survivors housed more quickly:** assisting a victim-survivor to be free from debt and associated legal problems accumulated through family violence opens up money and capacity to afford stable housing. Our evaluation revealed that improving financial security also means victim-survivors and their children can be housed sooner, relieving pressure from the refuge/homelessness system.
- **Multidisciplinary legal services are required to ensure recovery:** the needs of the clients presenting to the TFS Project are more complex and more numerous than originally anticipated. This led to adoption of a more flexible approach to service provision and an expansion of the legal services offered, including Victims of Crime Compensation, divorce, housing (including advice on residential tenancies and mortgages) and criminal law. Employment law and family law (particularly family law property settlements) are also areas of legal need but funding is yet to be secured for this expansion.

Benefits for family violence service partners

- **Relieving pressure from family violence service providers:** easily accessible legal and financial counselling services have allowed family violence social workers and case managers to spend more time on core work such as safety planning, risk assessment, counselling, housing and employment support, instead of entering and trying to navigate the service referral roundabout.
- **Reducing the referral merry-go-round:** the availability of an embedded lawyer and financial counsellor, combined with the in-house supports provided via McAuley House (mental and physical health support, skills development, housing, etc.) means that victim-survivors can get many of their needs met in the one, safe environment. The need for referrals to external agencies is therefore minimised.

Benefits for laws and systems impacting victim-survivors of family violence

- **Keeping industry and government accountable:** By working collaboratively with government and industry stakeholders, the TFS Project effects attitudinal, policy and practice changes to make government and commercial services more attuned to economic abuse and more equipped to respond to family violence. Despite the significant progress in industry and government there are still some areas in need of improvement.

8.2 Recommendations

This report provides a strong case for the following recommendations:

Recommendation 1: Increased community education about family violence schemes, hardship policies and dispute resolution services

Further education programs be developed for both family violence victim-survivors and people working in family violence support services - so that they can increase their understanding of, and access to, the range of family violence schemes, hardship programs and dispute resolution services available from government and many companies.

Recommendation 2: Further research about the the impact of early intervention on housing outcomes

Further research is required to measure and evidence the long-term social and financial impact of providing early financial and legal support to obtain and maintain secure housing.

Recommendation 3: Further examine the long-term impacts of early financial/legal assistance delivered via the TFS Project model, and increased mental well-being of victim-survivors

A further longitudinal study should be undertaken to examine if the increased mental wellbeing experienced by victim-survivors - as a result of early intervention to assist with their legal and financial problems - is maintained over time.

Recommendation 4: Broaden the remit of legal work done by the TFS Project

In the future, the TFS Project model should be resourced to incorporate additional legal assistance for victim-survivors in the areas of family law and employment law.

Recommendation 5: Recognise and resource expertise in economic abuse

Further resourcing of the community sector is needed so the sector can use its expertise to help industry and government develop responsive family violence policies and practices.

Recommendation 6: Support the ongoing work of the EARG network.

This network of over 25 organisations nationally should continue and expand its work with government and industry on policies and family violence responses, including hosting roundtables to bring together experts in key areas for reform. The importance of a resource to co-ordinate the policy input of organisations that work in the area of economic abuse should be recognised, and should receive recurrent government funding to address the ongoing need for systemic advocacy in the area of economic abuse. See earg.org.au

Recommendation 7: Secure current TFS Project and scale across Victoria

To date, philanthropic partners have supported and evidenced the benefit of the TFS Project model. To ensure the work of the TFS Project can continue, multi-year government funding is required. This would allow the TFS Project to be expanded to further high-needs sites, and the systemic advocacy work of the project to continue.

A critical and unique component of any statewide response to family violence is to address economic abuse experienced by victim-survivors. The TFS Project model has been recognised as "the new standard of practice for supporting victim-survivors of domestic and family violence". It is codified and ready to scale across Victoria. An advisory body made up of government and community sector representatives should oversee the expansion of the TFS Project to other high-needs sites.

8.3 Conclusion

This is critical work. If we are genuine about breaking the cycles and impacts of family violence and reducing the enormous social, emotional, physical, financial and political costs to society, then the government and industry need to partner with community and invest in proven initiatives such as the TFS Project. Failure to do so will only prolong the human suffering and fail to shift the pendulum. Through philanthropic support, McAuley and WEstjustice have developed an extremely effective solution. The model is well-positioned for scaling. This report provides the evidence and narrative for the Victorian government (and governments alike) to lead reform on family violence and economic abuse for our vulnerable families. This is a collective effort in which government is a critical partner.

ENDNOTES

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- ⁹ Jozica Kutin, Roslyn Russell and Mike Reid, 'Economic Abuse between Intimate Partners in Australia: Prevalence, Health Status, Disability and Financial Stress', 41(3) Australian and New Zealand Journal of Public Health 269.
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- ¹¹ Ibid.
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- ²⁰ Jan Breckenridge et al, Australia's National Research Organisation for Women's Safety, National Mapping and Meta-Evaluation Outlining Key Features of Effective "Safe at Home" Programs that Enhance Safety and Prevent Homelessness for Women and Their Children Who Have Experienced Domestic and Family Violence: State of Knowledge Paper (Report, July 2015) 3. <https://www.anrows.org.au/pub_cat/on/natona-mapping-and-meta-evaluation-on-nng-key-features-of-effective-safe-at-home-programssok/>
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- ²³ Liz Curran, A Research and Evaluation Report for the Bendigo Health Justice Partnership: A Partnership Between Loddon Campaspe Community Legal Centre and Bendigo Community Health Services (Report, October 2016) 68 ('Bendigo Health–Justice Partnership'); Kirsty Forsdike et al, 'An Australian Hospital's Training Program and Referral Pathway within a Multi Disciplinary Health-Justice Partnership Addressing Family Violence' (2018) 42(3) Australian and New Zealand Journal of Public Health 284, 284; Megan Sandel et al, 'The MLP Vital Sign: Assessing and Managing Legal Needs in the Healthcare Setting' (2014) 35(1) Journal of Legal Medicine 41, 50. Curran, Bendigo Health–Justice Partnership Report (n 7) 68; Forsdike et al (n 9) 284; Sandel et al (n 4) 50.
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- ²⁵ See Curran, Bendigo Health–Justice Partnership Report (n 7), 23; Christine Coumarelos et al, Legal Australia Wide LAW Survey: Legal Need in Australia (Report, August 2012) 220 ('LAW Survey' (n 11) 217–19.
- ²⁶ See generally Christine Coumarelos et al, LAW Legal Australia Wide Survey (n25).: Legal Need in Australia (Report, August 2012) 220 ('LAW Survey')
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- ²⁹ Coumarelos et al, LAW Survey (n 2512) xvi.
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- ³¹ Due to COVID-19 and other factors, not all clients participated in pre and post-assistance evaluation surveys. These results are representative only of clients who participated in evaluation surveys.
- ³² Figures only calculated for clients that we achieved outcomes for by the end of the project period.
- ³³ The Fines Victoria Work and Development Permit scheme allows eligible participants to "work off" unpaid fines through health treatment, financial counselling, volunteer work or mentoring.
- ³⁴ These education modules can be found at <<https://www.westjustice.org.au/community-development-and-law-reform>> "community legal education" > "economic violence"
- ³⁵ Mindy B Mechanic, Terri L Weaver and Patricia A Resick, 'Mental Health Consequences of Intimate Partner Abuse: A Multidimensional Assessment of Four Different Forms of Abuse' (2008) 14(6) Violence Against Women 634.
- ³⁶ Department of Health and Human Services, Parliament of Victoria, RentAssist Bond Loan: Operational Guidelines V0.1 (Guidelines, 14 April 2020).
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- ³⁹ National Consumer Credit Protection Amendment (Supporting Economic Recovery) Bill 2020 (Cth).
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WEstjustice



McAuley Community Services for Women
A ministry of the Sisters of Mercy



The Honourable Ros Spence
Minister for Youth, Multicultural Affairs, and Community Sport
Level 1/2 Treasury Place,
East Melbourne VIC 3002
By email: [REDACTED]

17th December 2020

Dear Minister Spence

Smart Justice for Young People: Submission to Victorian Youth Strategy

Smart Justice for Young People (SJ4YP), as a coalition of social services, health, legal, Aboriginal and Torres Strait Islander, youth advocacy organisations and academic experts, is committed to working with the Victorian Government to achieve fair and effective responses to all young people, including justice involved young people, so that they have the best chance to succeed in life, supported by government, families and in their communities.

We are delighted to have this opportunity to make this submission to you, on behalf of the undersigned members, regarding a new whole of Victorian Government Youth Strategy. Other SJ4YP members including Drummond Street and YSAS, are supportive of the approach recommended in this submission, and it is reflected in their respective agency submissions.

Why Victoria needs a new Youth Strategy

Most children and young people in Victoria are faring well. However, the benefits of living in this state are not shared equally by all. Too many children and young people are facing significant, often ongoing, hardships and challenges in their lives in a range of areas including violence (including family violence, abuse and neglect); the high prevalence of poverty among children, disparities in access to education and health services for children and their families; and concerns about children in State care and the criminal justice system.

The COVID 19 pandemic showed that many of the children and young people who contracted the disease are living in place-based poverty in public housing, rural areas and areas with really well-known intergenerational disadvantage.

We know children in out of home care, Aboriginal children, girls and children from refugee backgrounds or new and emerging CALD communities are disproportionately overrepresented in the youth justice system. 71 per cent of children in custody have history of trauma, abuse or neglect and 68 percent were suspended or expelled from school. 55 percent have a history of drug or alcohol abuse, 68 percent have mental health issues and 28 percent had history of self-harm or suicidal ideation and 38 percent had cognitive difficulties which affect their daily functioning. LGBTQI+ children are six times more likely to commit suicide than other children.¹

For Victoria to be the best place in the world for children and young people to live, the Strategy must identify and aim to address these challenges and reverse these trends.

¹Youth Parole Board Survey 2020 p29

https://www.parliament.vic.gov.au/file_uploads/YPB_Annual_Report_2020_FINAL_PXMrtfk7.pdf

Despite significant government investment in public policies, services and local initiatives, inequities for many children and young people have proven difficult to solve. At a public policy level there are too many policies that were developed and implemented in silos. Fragmentation and lack of coordination happens vertically (between state and local government), horizontally (between different agencies), by age (such as antenatal and postnatal, preschool, school age, tertiary), and by different groups or areas of focus (such as parenting support, family violence, job seeker).

This same fragmentation is replicated in government and non-governmental contracted services. Investment is often ad hoc, not sustained. Until now, there has been no unifying message or way of talking about child and youth wellbeing or way of aligning efforts to a common set of goals. Victoria's strategy provides us with a momentous opportunity.

Our asks regarding the Youth Strategy

We commend Victoria's proposed Youth Strategy and its bold vision for this State to be the *best place for young people to live*.

To realise this bold vision, we ask that the Youth Strategy:

- 1. be extended to include (or have strong alignment with the approach to) children aged 0-12 to ensure we follow and provide seamless supports to a young person through their life; and**
- 2. be underpinned by a whole of state - whole of government child and young person outcomes framework that:**
 - a. includes guiding principles**
 - b. is organised around all domains of a child and young person's life, and**
 - c. contain clear actions, measures and targets setting out what *the best place for children and young people to live* looks like in practice.**
- 3. Establish a dedicated portfolio for children and young people and their families within the new Department of Families, Fairness and Housing; divided into early childhood, middle childhood, adolescence and young adulthood.**
- 4. recommend the creation of a Minister for *Children* and Youth who:**
 - a. has primary decision-making responsibility; and**
 - b. is accountable for reporting against the framework.**

A Child and Young Person Outcomes Framework will make it clear:

- what children and young people need and want to be well and thrive in life;
- what government needs to do to enable this, and
- how we, the community sector can contribute to this vision and be all held collectively to account.

An Outcomes Framework across government would facilitate greater whole of government and community service coordination and evaluation, and encourage all services to work towards the same goal in education, health and wellbeing, early childhood and employment.

It will focus our collective attention on *all* children and young people in this state and promote equality of outcomes; identify and reduce inequity of outcomes; and improve the wellbeing of those children and young people with the greatest needs, with particular attention given to groups at risk of marginalisation and/or disadvantage.

Success will mean addressing broader social inequities and determinants of health and wellbeing, including poverty, systemic racism, homophobia, transphobia, ableism, sexism, classism and any other types of discrimination.

What to include in the Youth Strategy- Outcomes Framework for children and young people

The purpose of the Youth Strategy should be largely to set out a whole-of-state, whole-of-government shared Outcomes Framework for Children and Young People (Outcomes Framework) that includes the vision of Victoria being *the best place for children and young people to live*, guiding principles and is organised around the key life outcome domains.

This approach will crystallize what the ideal state of a child and young person is and allow everyone working with children and young people to adopt unified language when measuring our individual contributions by counting things the same way.

5. The outcomes framework:

- a. **MUST focus on those children and young people with the greatest vulnerabilities and needs, particularly groups of young people at risk of marginalization and/or disadvantage including Aboriginal children, children and young people from newly arrived migrant and refugee backgrounds, and children with OOHC experiences.**
- b. **MUST identify and address systemic structural challenges of broader economic, education, health and well-being and social inequities including poverty, systemic racism and all types of discrimination**
- c. **MUST, rather than focus on the individual, be focused on what we need to do collectively as government and community to empower these children to thrive.**
- d. **MUST be linked to Victoria's Free from Violence Strategy, Roadmap to Reform, Victoria's relevant commitments to the National Closing the Gap Agreement, Crime Prevention Strategy, Youth Justice Strategy, Education State, early years reform and Victoria's Homeless Strategy and recently announced Anti-Racism strategy.**

Guiding Principles

6. The outcomes framework should also be underpinned by an overarching set of principles that recognise the positive obligation on states to realise these outcomes and are applied whenever a decision relating to a child or young person is being made, namely:

- a. **Prohibition against discrimination;**
- b. **Best interests of the child as paramount consideration for all decisions affecting them;**
- c. **Child's right to life, survival and development; and**
- d. **Child's right to participate in all decisions that affect them.**

7. The outcomes framework also be underpinned by a principle of intersectionality that acknowledges the interconnectedness of a child and young person's needs (i.e. gender, sexual orientation, ethnicity, language, religion, class, socioeconomic status, gender identity, ability or age) and the requirement for holistic rather than siloed responses, to one part of a young person's intersectional needs.

Outcome domains and indicators

8. The framework should include overall outcome domains (see for example below).

The overall outcomes should link specifically with the connecting right that children and young people are entitled to under the United Nations Convention on the Rights of the Child (CRC) e.g. article 24 of the CRC states that a child has a right to enjoy the highest standard of health attainable.

9. Each outcome should have a multitude of indicators e.g. some every 12 months (% of children in out of home care) and some every 5 years (e.g. children feeling safe). The framework should include clear disaggregated indicators (age, sex, sexual orientation, gender identity or intersex status; religion, ethnicity/cultural background, ATSI status, disability, child protection and youth justice involvement and socio-economic status) and targets to best hold community and Government to account. Indicators would not only address barriers and adversities that lead some youth cohorts into tertiary services at a higher rate but also the disproportionate harms experienced by some of these cohorts once they are in them (such as justice systems for ATSI youth).

Example framework – Adapted from NZ’s *Child Youth Wellbeing Strategy*
<https://chidyouthwellbeing.govt.nz/resources/child-and-youth-wellbeing-strategy-html#section-6>

Outcome	Child and Youth Wellbeing Indicators	E.g. of actions
Children and young people are loved, safe and nurtured	Feeling loved, feeling safe, family/wellbeing, injury prevalence, harm against children, and quality time with parents % of kids in out of home care	<ul style="list-style-type: none"> - Youth strategy incorporates Early Years agenda; Roadmap to Reform; Education State; Youth Justice Strategy, the Crime Prevention Strategy as well as the action plan flowing from the response to Royal Commission into Mental Health. - That each relevant Department have a shared outcome to have a trauma-sensitive and culturally competent workforce and response to Family Violence including identification of barriers to service access and targets to addressing barriers including development of appropriate supports. - A cross government commitment to recruiting a workforce that is reflective of the community we serve.
Children and young people have what they need	Material wellbeing (vs child poverty, material hardship, low income) Food security (vs food insecurity) Housing quality & affordability (vs homelessness)	<ul style="list-style-type: none"> - Improve housing affordability, quality and security - Help families with the cost of essentials in a non-labelling way and infrastructure to support child and young persons need e.g. laptops, books sports equipment, shoes, uniforms, gym memberships, regular movie tickets, free transport for children & families in need etc. - Young people to be provided access to safe and free spaces.
Children and young people are happy and healthy	Prenatal care, early exposure to toxins, subjective health status, preventable admissions to hospital, mental wellbeing, and self-harm and suicide	<ul style="list-style-type: none"> - Universal / comprehensive early years support that focuses on strengths/ harm reduction rather than risk - Children are equipped early and continuously skilled to resolve conflict constructively, to be resilient & about respectful relationships. - Increase support for mental wellbeing, - Provide children and their families with access to any/all of the specialist mental health services that they need to stay healthy and out of the justice system or child protection.

Outcome	Child and Youth Wellbeing Indicators	E.g. of actions
Children and young people are learning and developing	<ul style="list-style-type: none"> - Participation in early learning, regular school attendance, literacy, numeracy and science skills, socio-emotional skills, self-management skills, and youth in employment, education, or training. - Reduction in expulsion and suspensions - Increase in Year 12 retention rate - Decrease in youth unemployment - Increase in university and TAFE complete rates and job attainment 	<ul style="list-style-type: none"> - First Nation history, culture and language centred in school curriculum - Provide safe school environment for students of all sexual and gender identities. - Children and their families are supported to access the NDIS as soon as needed; - Universal health and learning checks conducted at key intervals in a child's life (e.g. prep, grade 3 and grade 5) to identify their learning and development needs; the right support is provided and barriers to access addressed. - Increased and sustained funding for learning support will improve outcomes for children and young people who need extra support in the education system. - support young people as they transition out of care or youth justice settings. - Support and incentivise schools to keep children especially those at risk in school to year 12. - Support and incentivise to take active step to promote & achieve social cohesion and diversity amongst youth - children (and their families) receive all the support they need to make them job ready, attain safe and developmentally supportive employment and retain jobs both part-time and attain the skills required to attain the skills and learning required to lead meaningfully and productive adult lives. E.g. Living Learning - Social Impact Bond (MCM)
Children and young people are accepted, respected and connected	Ability to be themselves, sense of belonging, experience of discrimination, experience of bullying, social support, support for cultural identity, and languages	<ul style="list-style-type: none"> - Develop a workforce reflective of the communities we serve via affirmative employment in partnership with anti-racist training - Police, Courts, social supports, statutory bodies, Child care, kind, schools and health care providers will be supported to be anti-racist organisations and report regularly on progress e.g. the competency levels of their workforce and have clear measures & targets including periodic audits of practices. E.g. zero tolerance policies, action plans to positive redress systemic discrimination and reporting and safe grievance mechanism - They will also be supported to end all other forms of discrimination (sex, sexual orientation, gender identity or intersex status; religion and disability).
Children and young people are involved and empowered	Involvement in the community, representation of children and young people's voices, making	<ul style="list-style-type: none"> - Raise the age of criminal responsibility to 14; the strategy and framework provides an

Outcome	Child and Youth Wellbeing Indicators	E.g. of actions
	positive choices, and involvement in criminal offending	enhanced structure to meet the needs of children under 14 years <ul style="list-style-type: none"> - Advocate for children and young people's rights - public service competency and capability in children's rights - Expand independent oversight by CCYP across key dimensions of actions by statutory bodies and introduce comprehensive complaint function as per Recommendation in 2019 report and Ombudsman 2020 report - Indicator could be reduction % of children from refugee & newly emerging CALD backgrounds, Aboriginal Children, children in out of home care and girls entering the youth justice system - active steps taken to promote & achieve social cohesion and diversity amongst youth - support/fund generalist and community development funded initiatives that promote community participation for vulnerable/at risk children.

How to implement and monitor against the Youth Strategy: Outcomes Framework

Government agencies will have collective ownership of, and responsibility for, the implementation of the Youth Strategy: Outcomes framework. Improving child and youth wellbeing is too big and complex a job for a single agency or Department. It involves a multitude of portfolio areas including health, welfare, justice and education, which each hold pieces of the jigsaw.

10. **Commitment from Cabinet that the Youth Strategy will provide an overarching framework for central government policy development, in recognition of the importance of working together to align policy and services for children and young people right from the start.**
11. **The Strategy be supported by a program of action targeted at addressing child poverty, family violence, inadequate housing, improving early years, learning support and mental wellbeing for children, young people and their families.**
12. **Amendment of the *Children's Services, Child Safety and Well-being Act* and *Children Youth and Families Act 2005* (currently under amendment) to require the Strategy to indicate the extent to which the outcomes included in the Strategy are measurable and how they will be measured.**
13. **Clear universal targets and measures and regular audits of practice that apply to everyone involved in the provision of all services and supports to children, young people and families in each of these key areas (whether government, private or philanthropic funded). All contracted agencies and or recipients of funding will have to evaluate work against these shared outcomes as well.**
14. **We recommend the newly established and expanded Minister/s for Children and Youth are the responsible to prepare an annual report to Parliament on the progress of the Strategy's six outcomes and achievement of the global outcomes.**

The Strategy should be refreshed every three years, following public consultation and consumer feedback to ensure it remains responsive to current and future issues.

Please contact Tiffany Overall at [REDACTED] or on [REDACTED] with any questions of the coalition.

On behalf of Smart Justice for Young People this submission is endorsed by:

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