Health
Justice Health and
Forensic Mental Health Network

Young People and Parental Incarceration (PI)

Parental Incarceration (PI) has an enormous impact on affected children, and a negative ripple effect on families and communities[4]. Children and young people bear the greatest burden of disadvantage, with disruption to care-giving, placement into care, contact with the Department of Communities and Justice, disruption of schooling, impoverishment, post-traumatic stress disorder and other adverse mental health outcomes, increased likelihood of Substance Use Disorders, disruptive behaviours and contact with the criminal justice system[7]. Despite the serious adverse outcomes for children and young people, PI carries great stigma for families, and it remains an under recognised risk factor[4].

The United States leads the world in incarceration rates, and 7% of all US children have an experience of PI, with an overrepresentation of black children[4]. In New South Wales, 4.3% of all children and 20.1% of Indigenous children experience PI. Over 60% of these children experience PI before 5 years of age[2]. These figures are suggestive of an epidemic that requires a public health response.

What is known about the Australian adult custodial population and PI:

According to the 2015 Australian Institute of Health and Welfare report, The Health of Australian Prisoners[3]:

- 17% of prisoners experienced PI.
- Almost half (46%) of prisoners in this study had dependent children.
- Aboriginal prisoners affected by PI are 1.5 times overrepresented.

The 2015 Network Patient Health Survey (NSW)[10] and PI:

- 18.7% of NSW prisoners had experienced PI.
- 36% of NSW prisoners had dependent children.
- 1/3 had been detained in custody as a juvenile.

The 2015 Young People in Custody Health Survey (YPICHS NSW)[1] and PI:

- Overall, 120 (53.6%) young people in custody had ever had a parent incarcerated.
- 7.6% of young people in custody currently had a parent incarcerated.
- *Table 16 from 2015 YPICHS NSW[1] (below)* shows the experience of paternal incarceration affects most of these young people, with Aboriginal and young women in custody being more significantly affected.

Table 16 Parental incarceration

	Males (n=204) %	Females (n=19) %	Aboriginal (n=123) %	Non-Aboriginal (n=101) %	Total (N=224) %
Past parental incarceration (ever)					
No parent	42.6	26.3	26.8	58.4***	41.1
Mother	13.2	21.1	17.9	9.9	14.3
Father	44.1	68.4*	56.1	33.7**	46.0
Both parents	6.4	15.8	7.3	6.9	7.1
Step-parent	0.5	0.0	0.8	0.0	0.4
Not known	5.9	0.0	5.7	5.0	5.4
Parental incarceration (current)					
No parent	88.7	78.9	85.4	91.1	87.9
Mother	1.5	5.3	2.4	1.0	1.8
Father	6.4	10.5	7.3	5.9	6.7
Both parents	1.0	0.0	0.8	1.0	0.9
Step-parent	0.0	0.0	0.0	0.0	0.0
Not known	4.4	5.3	5.7	3.0	4.5

* Statistically significant difference ($p<0.05$) between males and females; ** statistically significant difference ($p<0.01$) between Aboriginal and non-Aboriginal participants; *** statistically significant difference ($p<0.001$) between Aboriginal and non-Aboriginal participants.

This table shows the associations between Parental Incarceration (PI) and characteristics of young people in NSW custody (from 2015 YPICHS NSW[1]):

Characteristic	**Parent ever/currently in custody (n=120)**	**Parent never in custody (n=104)**	**OR (± 95% CI)**	**AOR (± 95% CI)**
Female (%)	11.8	4.8[#]	2.64 (0.92-7.60)	NS
Aboriginal (%)	**69.2**	**38.5***	**3.59 (2.06-6.24)**	**2.99 (1.42-6.27)**
Ever placed in OOHC (%)	**27.5**	**12.5***	**2.66 (1.31-5.38)**	NS
Attending school prior to custody (%)	29.2	25.2	NS	NS
Unsettled or no fixed accommodation prior to custody (%)	**16.7**	**7.7***	**2.4 (1.01-5.71)**	NS
Age first entered custody (mean years)	**14.7**	**15.5***	**1.40 (1.18-1.67)**	NS
No. prior custody admissions (mean)	**6.0**	**4.5***	**1.05 (1.00-1.10)**	NS
Hx of severe child abuse (%)	(n=95) 31.6	(n=91) 25.3	NS	NS
≥2 psychological disorders (%)	(n=94) 64.9	(n=92) 60.9	NS	NS
APSD scores (mean)	(n=93)	(n=68)		
Callous/Unemotional	4.8	4.7	NS	NS
sub-scale	4.0	3.5		
Narcissism sub-scale	5.1	5.0		
Impulsivity sub-scale	16.3	15.5		
Total score				
SDQ score category (%)	(n=96)	(n=92)		
Emotional problems				
Borderline	11.8	10.3		
Abnormal	22.6	19.1		
Conduct problems				
Borderline	11.8	17.6		
Abnormal	**58.1**	**32.4***	**2.90 (1.51-5.57)**	NS
Hyperactivity				
Borderline	17.2	11.8		
Abnormal	36.6	25.0		
Peer problems				
Borderline	23.7	33.8		

Abnormal	57.0	47.1		
Total difficulties				
Borderline	22.6	22.1		
Abnormal	**39.8**	**17.6***	**3.08 (1.46-6.52)**	NS
Have children of their own (%)	13.9	7.0	NS	NS

*p<0.05; #p=0.06

Abbreviations: AOR, adjusted odds ratio; CI, confidence interval; OOHC, Out of Home Care; OR, odds ratio; SDQ, Strengths and Difficulties Questionnaire.

Results

Young women in custody were more likely to have experienced Parental Incarceration (OR 2.64, 95%CI 0.92-7.60), but due to small numbers the association is not statistically significant (p=0.072).

In an unadjusted analysis, Parental Incarceration (ever/currently) was significantly more likely among:

- Aboriginal young people (OR 3.59, 95%CI 2.06-6.24)
- Young people with a history of OOHC (OR 2.66, 95%CI 1.31-5.38)
- Young people in unstable or no fixed accommodation prior to custody (OR 2.40, 95%CI 1.01-5.71)
- Young people with a higher number of custodial admissions (OR 1.05, 95%CI 1.001-1.10)
- Young people who first entered custody at an earlier age (OR 1.40, 95%CI 1.18-1.67)
- Young people with serious conduct problems (OR 2.90, 95%CI 1.51-5.57)
- Young people with serious difficulties overall (OR 3.08, 95%CI 1.46-6.52)

After adjustment, parental incarceration was significantly more likely for:

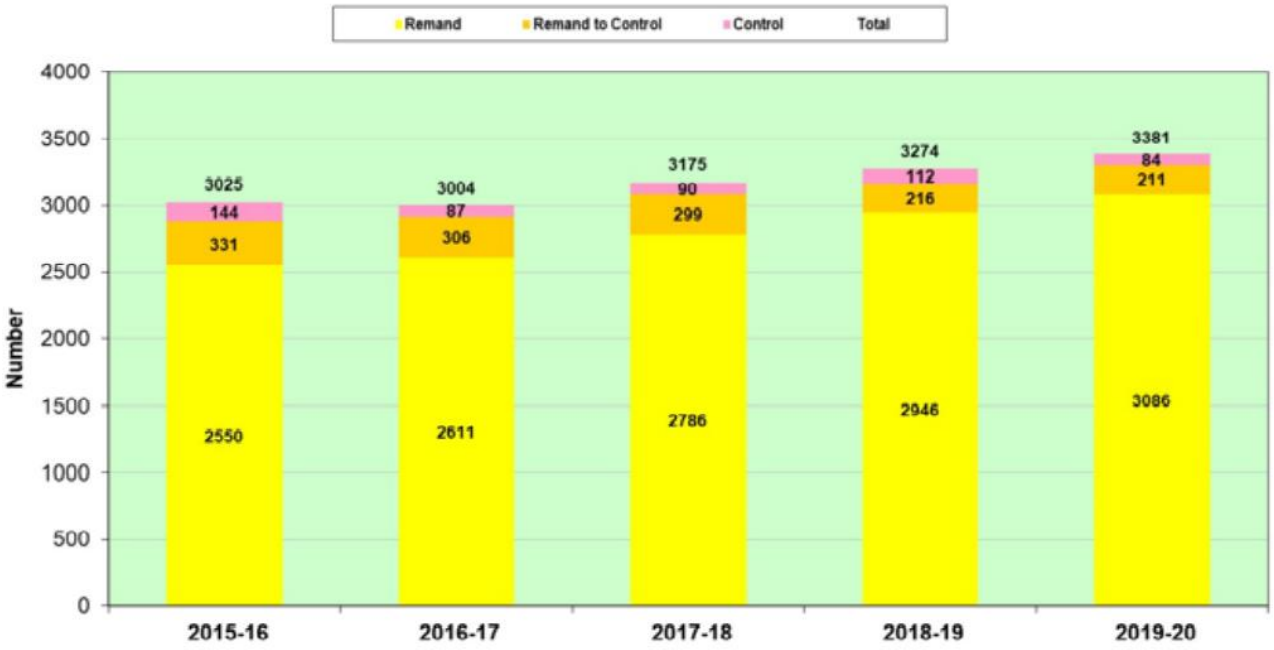
- Aboriginal young people (AOR 2.99, 95%CI 1.42-6.27)

Conclusion:

- **More than half of the young people in custody have experienced Parental Incarceration.**
- **Paternal incarceration is most frequent, and is one and a half times more likely in young women and Aboriginal young people in custody (compared to young men and Non-Aboriginal young people).**
- Over 7% of young people in custody currently have a parent in custody.
- Young people in custody have high rates of adversity that are associated with Parental Incarceration.
- **An adjusted analysis shows the increased association with Parental Incarceration across all adversities is accounted for by the overrepresentation of Aboriginal young people in custody, who carry a significantly increased burden of PI and other markers of disadvantage.**
- **Aboriginal young people in custody are 3 times more likely than non-Aboriginal young people in custody to have experienced Parental Incarceration.**
- **There are intergenerational effects seen in the 11% of young people in custody who are already parents.**

Young People in NSW Custody - Overview

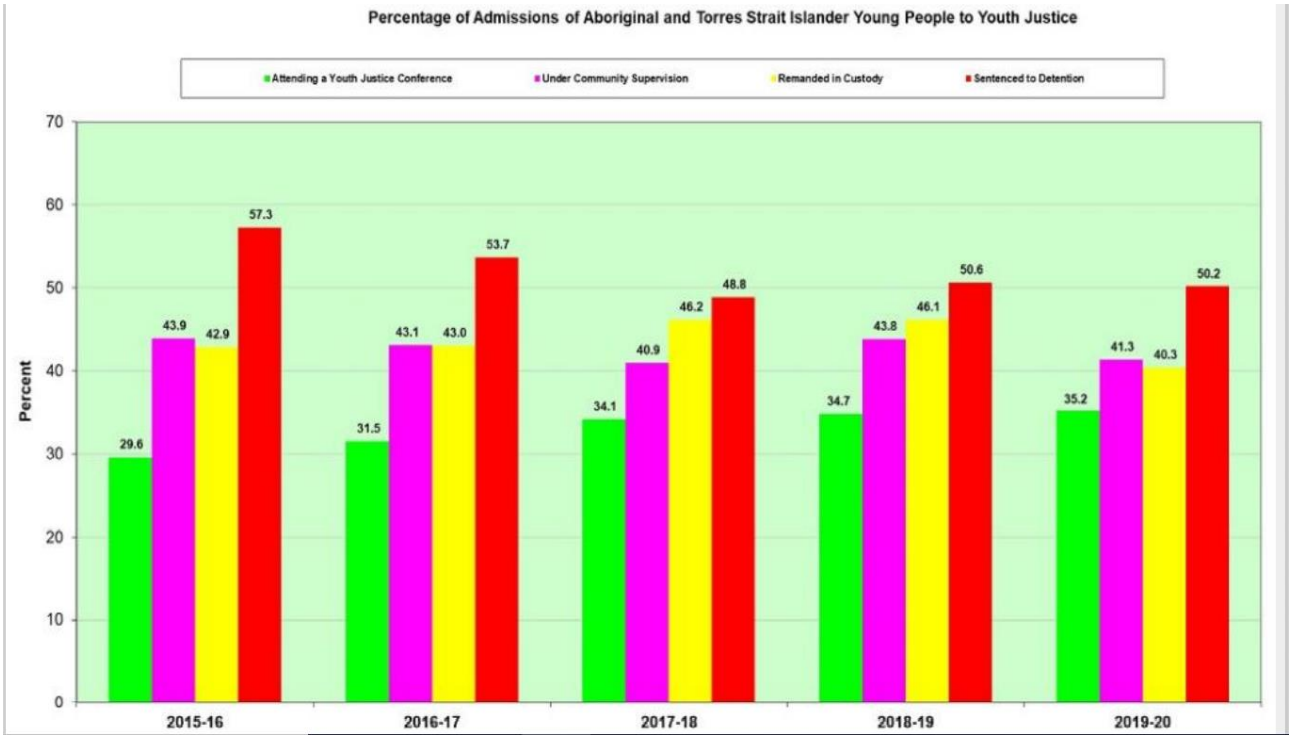
[8] Admissions to Youth Justice Centres



3381 young people were admitted to NSW Youth Justice Centres during the 2019/2020 year (Data from Justice NSW website[8]). The majority of these young people spent only a brief amount of time in Centres on remand (many less than one day), with only a small minority receiving custodial sentences:

- Remand – 3086
- Remand to sentenced – 211
- Sentenced - 84

Aboriginal young people are still over-represented at every stage of the criminal justice system[8]



Many of the 3381 young people admitted to Youth Justice Centres in 2019/202 move rapidly through, and Adolescent Health came into contact with only a minority via Court, in custody and in the community. This outlines the Adolescent Health Service Provision and how we identify and address PI and co-morbid issues:

Adolescent Court and Community Team – ACCT provides a diversion service for young people with Mental Illness, Mental Conditions and known Cognitive Impairment who appear at Children's and Local Courts across NSW. The ACCT clinician will conduct a MH assessment to identify family factors such as PI and primary caregivers.

- In 2019/20 there were 563 ACCT Assessments, 173 (31%) diverted on Section 32.

The Aboriginal Clinical Leader - provides cultural support across all teams, supervises the Aboriginal Mental Health Trainees, and provides directed support to the ACCT Clinicians at Youth Koori Court:

- In 2019/20 there were 429 assessments with Aboriginal young people at court, with 421 referrals.

Adolescent Health Custodial Team – The six Youth Justice Centre clinics are staffed by registered nurses, speciality nurses in Mental Health and Drug & Alcohol, a midwife, and visiting General Practitioners and psychiatrists. All young people who remain in custody for at least 48 hours will receive an Initial Assessment, and a Comprehensive Assessment is completed between 7 to 10 days.

- In 2019/20, Initial Assessments (IA) for young people – 266
- In 2019/20, Comprehensive Assessments (CA) for young people – 210 (there is overlap with 266 above)
- In 2019/20, Total Assessments - 476

<u>The IA</u> has the 'YP at Risk Assessment' which flags:

- Department of Communities and Justice contact
- Types of abuse
- Witness to violence
- Fear of anyone at home
- Anyone in family at risk
- Post-Traumatic Stress Disorder

Abuse is often under reported at this stage of the assessment process and more likely to be disclosed when there is trust and rapport.

If flagged by the above screen, the reception nurse documents what action has been taken from three options (Mandatory Notification, Child Wellbeing Report and/or reporting directly to Department of Communities and Justice)

<u>Initial Assessment</u> has the D&A Screening questions for Substance Use Disorder, and options for referrals to the Dual Diagnosis Clinical Nurse Consultant, psychiatrist, GP and Population Health

<u>The Comprehensive Assessment</u> has the 'HEADSS' based assessment for Young People, including the 'Psychosocial Assessment, Home Environment' which screens for:

- Living arrangements
- No of dependents
- Whereabouts of others
- **Anyone at home currently in custody (no question about <u>ever</u> in custody)**
- Family history for physical, Substance Use, Mental Health and Population Health issues.

The Comprehensive Assessment also has the Comprehensive Mental Health Assessment and Strengths and Difficulties Questionnaire with options for referrals to specialty services.

The Comprehensive Assessment also has the genogram, and the assessing Nurse will indicate if the parent is currently in gaol.

The Dual Diagnosis Clinical Nurse Consultant (DD CNC) asks about parental incarceration in their Risk Assessments and MH Assessments as part of family/ psychosocial history and current functioning and supports.

Community Integration Teams (CIT) – CIT provides voluntary post-release support for young people affected by mental illness and substance use, linking them to community services. CIT clinicians will usually have access to a mental health assessment either via ACCT or DDCNC. CIT also work directly with family and care givers and are aware of when parents are moving in and out of custody.

- 2019/20- 636 young people referred for community support on release from custody.
- Average age 15.7 years, 21% female
- 308 of those engaged with CIT services were Aboriginal young people (48%).

Specialised Programs

- School Link – School-Link works closely with community based schools, custodial based schools and Youth Justice staff to provide consultation and advice around how best to support young people in contact with the criminal justice system.
- Teen Got IT – this program is involved with 12 to 17 year olds who have been identified through their schools as being at risk of contact with CJS. They need to have a parental caregiver involved in the program which means TGI is less likely to come in contact with YP where parents have been incarcerated.

What are the gaps for young people in custody experiencing Parental Incarceration, and what can be done better?

Give Parental Incarceration more agency by raising awareness through staff education, and enable more assertive identification of young people with PI in our system (but better identification doesn't necessarily translate to better outcomes).

Better collaboration with our Partners in managing young people with PI:

- Youth Justice, Department of Communities and Justice, Child and Adolescent Mental Health Services, ELVER, Department of Education, 'A Place to Go', Shine for Kids, Headspace and Children Of Parents with a Mental Illness (COPMI) initiatives.
- Share information, identify risk of PI, and make appropriate referrals

Adolescent Court and Community Teams - formalise identification of PI, and include this risk in consideration of referral pathways to culturally appropriate services. Diversion to mental health treatment in the community (Section 34 old Act, Section 14 under new Act is *Mental Health and Cognitive Impairment Forensic Provisions Act 2020*) can significantly improve the health of young people and safety of communities, due to reduced re-offending. S32/s14 mental health diversions alone may not be sufficient for YP with PI who may need more social supports. However the Act does not limit the Magistrate from ordering s32/14 and adding Youth Justice Supervision for young people if that is felt to be helpful. Young people on s32/s14 cannot be supervised by Youth Justice alone.

In Custody – As above:

- Electronic Medical Record Alerts for PI, and have PI as a nominated 'Health Condition' on the Patient Summary Page.
- Referrals to specialised community services – the evidence for therapy suggests referral to Child and Adolescent Mental Health Services and Parenting and Family-based Programs. Should identification of PI in young people give them a higher triage category at intake?
- Develop community-equivalent in-reach Services/programs for custody (culturally appropriate) – Multi-Disciplinary Staff in custody need training and resources.
- Parenting programs and peer support groups for all young people who are themselves parents, working with JH midwife and the Centre schools who teach parenting sessions in their Personal Development (PDHPE) programs.
- Aboriginal Peer support groups for those YP in custody affected by PI.
- Brochures on admission to encourage disclosure re PI and access to services and support.
- Encourage visits between YP in custody and their incarcerated parents, and their own children.

Community Integration Teams – include PI as a referral option/alert. Formal identification to support referrals to specialised community services like Child and Adolescent Mental Health Services and Shine for Kids.

School-link (as above).

Early access for young people to Medicare Cards, Centrelink payments and secure accommodation so these are in place at release from custody.

More longitudinal research is needed:

- From a Health perspective, there are few data about the 2700 young people who move quickly through the system each year, but who very likely share the same risks as the sentenced group (and obviously have exposure to PI). What is being done for them?
- Children with incarcerated parents need to be identified and followed up as early as possible as a particularly vulnerable and at risk group, especially the Aboriginal young people.

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