

INQUIRY INTO THE ADEQUACY OF YOUTH DIVERSIONARY PROGRAMS IN NSW

Organisation: Public Health Association of Australia (PHAA)
Name: Mr Michael Moore
Position: Chief Executive Officer
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Public Health Association
AUSTRALIA

Public Health Association of Australia submission on Inquiry into the Adequacy of Youth Diversionary Programs in NSW

Contact for recipient:

Committee on Law and Safety

NSW Legislative Assembly

E: lawsafety@parliament.nsw.gov.au

T: (02) 9230 2216

Contact for PHAA:

Michael Moore – Chief Executive Officer

A: 20 Napier Close, Deakin ACT 2600

E: phaa@phaa.net.au T: (02) 6285 2373

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Introduction

The Public Health Association of Australia

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public's health in Australia. The PHAA works to ensure that the public's health is improved through sustained and determined efforts of the Board, the National Office, the State and Territory Branches, the Special Interest Groups and members.

The efforts of the PHAA are enhanced by our vision for a healthy Australia and by engaging with like-minded stakeholders in order to build coalitions of interest that influence public opinion, the media, political parties and governments.

Health is a human right, a vital resource for everyday life, and key factor in sustainability. Health equity and inequity do not exist in isolation from the conditions that underpin people's health. The health status of all people is impacted by the social, cultural, political, environmental and economic determinants of health. Specific focus on these determinants is necessary to reduce the unfair and unjust effects of conditions of living that cause poor health and disease. These determinants underpin the strategic direction of the Association.

All members of the Association are committed to better health outcomes based on these principles.

Vision for a healthy population

A healthy region, a healthy nation, healthy people: living in an equitable society underpinned by a well-functioning ecosystem and a healthy environment, improving and promoting health for all.

Mission for the Public Health Association of Australia

As the leading national peak body for public health representation and advocacy, to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

Preamble

The reduction of social and health inequities should be an over-arching goal of national policy and recognised as a key measure of our progress as a society. The Australian and State/Territory governments should provide a comprehensive national cross-government framework on promoting a healthy ecosystem and reducing social and health inequities. All public health activities and related government policy should be directed towards reducing social and health inequity nationally and, where possible, internationally.

PHAA welcomes the opportunity to provide input to the Inquiry into the Legislative Assembly Committee on Law and Safety's inquiry into the Adequacy of Youth Diversionary Programs in NSW. Below we outline our policy principles in this area. We also offer brief comments on services relating to health, housing and community services and schools and educational authorities, arising from a very recent NSW study.

Public health advocates would be happy to attend Committee hearings or elaborate on the evidence base to assist the inquiry.

PHAA principles regarding youth justice

PHAA Policies

Our organisation has over time developed sound evidence-based policies regarding:

- [Incarceration of Aboriginal and Torres Strait Islander peoples](#)
- [Prisoner Health](#).

PHAA believes that incarceration should be used as a sanction of last resort. There is a constant need for innovation in sentencing options that provide for effective diversion from custody. This is particularly true in regard to people with mental illness, drug dependence and intellectual disability.

Investment in interventions to prevent offending and subsequent imprisonment are sorely needed and would provide significant social and economic benefits to the whole community.

Addressing the currently inequities in regard to health care for prisoners would improve prisoner health, improve public health and reduce offending behaviour.

Social determinants of incarceration

Applying a specific lens on Aboriginal and Torres Strait Islander youth, there needs to be a greater focus – in collaboration with Aboriginal and Torres Strait Islander organisations – on the underlying social issues which lead to higher level of incarceration of Aboriginal and Torres Strait Islander youth and adults.

An Aboriginal or Torres Strait Islander youth is 25 times more likely than a non-Aboriginal and Torres Strait Islander youth to be detained in a juvenile facility.¹ Contact with the juvenile justice system is a strong predictor of incarceration as an adult. 86% of Aboriginal and Torres Strait Islander juvenile offenders enter the adult correctional system, compared with 75% of non-Aboriginal and Torres Strait Islander juvenile offenders, with 65% serving prison terms compared with 41% of non-Aboriginal and Torres Strait Islander juveniles. Further, 91% of juvenile offenders who had been subject to care and protection orders progressed to the adult prison system.

Giving health care priority

Regrettably, there is no national uniform approach to assess or meet the health care needs of the Aboriginal and Torres Strait Islander prisoner population. Custodial requirements take precedence over health care and community contact needs of Aboriginal and Torres Strait Islander prisoners.

There needs to be a national focus on the over incarceration of Aboriginal and Torres Strait Islander people. PHAA supports the call for Closing the Gap 'justice targets'. A Custody Notification Service should exist in every State and Territory to reduce deaths in custody. There are recommendations of the 1991 [Royal Commission into Aboriginal Deaths in Custody](#) that remain to be implemented.

For non-violent and non-sexual crimes, the PHAA calls on all jurisdictions to make imprisonment the punishment of last resort for Aboriginal and Torres Strait Islander people.

Putting the focus on prevention

The PHAA calls for an increase in community health measures and funding of Aboriginal Community Controlled Health Services to address primary health, mental health and substance dependence problems in the community ensuring that those with mental health and/or substance dependence problems are offered effective treatment options including residential treatment, as a preventative measure and an alternative to incarceration.

¹ Australian Bureau of Statistics 2014. Prisoners in Australia 2014. Cat Number 45170 Corrective service Australia December Quarter. Canberra

The PHAA calls on all jurisdictions to examine the concept of Justice Reinvestment as a concept for reducing incarceration rates, including Indigenous incarceration. PHAA also calls for greater investment in screening programs for cognitive disabilities (e.g. Fetal Alcohol Spectrum Disorder, dementia) to ensure individual needs are being met.

Specific comments addressing the Inquiry Terms of Reference

The way in which youth diversionary efforts work with:

... Health, Housing and children's services:

The Access 3 study, funded by NSW Health to inform policy, found marginalised young people find health system navigation difficult, particularly because they lack the knowledge and support to begin to take responsibility for this area of their life (Robards et al 2017 ²).


Marginalised young people could benefit from increased support to navigate the health system, for example in locating and engaging with a regular GP they trust and to follow up with referrals. Better support to engage with health services will prevent marginalised young people from entering the criminal justice system.

The complex task of health system navigation can also be simplified by reducing system complexity and fragmentation.

... Schools and educational authorities:

Marginalised young people state they would like to learn more about the health system and how it works within the Personal Development, Health and Physical Education Syllabus (PDHPE) at school. They describe learning about health issues and some health services, but want to acquire the knowledge and skills to navigate the health system. For example, they want to learn about Medicare (including how to obtain their own card, bulk billing etc) and how to organize healthcare appointments (Robards et al, 2017).

Please do not hesitate to contact me should you require additional information or have any queries in relation to this submission.


Michael Moore BA, Dip Ed, MPH
Chief Executive Officer
Public Health Association of Australia

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² Robards F, Kang M, Sanci L, Steinbeck K, Jan S, Hawke C, Kong M, Usherwood T (2017). Access 3: young people's healthcare journeys, Preliminary Report. Department of General Practice, Sydney Medical School Westmead, The University of Sydney in partnership with the Australian Centre for Public and Population Health Research, Faculty of Health, The University of Technology Sydney, Sydney, Australia. Cited 25 January 2018, available at: <http://sydney.edu.au/medicine/general-practice/access/Access3PreliminaryReport.pdf>