

The word 'YOUTH' is written in large, colorful, block letters. Each letter is held by a hand of a different color: 'Y' is teal with a teal hand, 'O' is yellow with a yellow hand, 'U' is light blue with a light blue hand, 'T' is green with a green hand, and 'H' is pink with a pink hand. The hands are positioned as if they are supporting or holding the letters.

JUSTICE AND HEALTH FORUM

November 2019
Summary Report

Organising Committee

Justine Bennell	Justice for Kids
Professor Carol Bower (Co-Chair)	Telethon Kids Institute
Tanja Carson	Department of Justice
Dorinda Cox	Inspire Change Consulting Group
Magistrate Crawford	Perth Children's Court
Rebecca Cresp	Department of Health/Child and Adolescent Health Service
Sharynne Hamilton	Telethon Kids Institute
Dr Jocelyn Jones	University of Western Australia
Natalie Kippin	Telethon Kids Institute
Narelle Mullan	Telethon Kids Institute
Dr Raewyn Mutch	Telethon Kids/Department of Health
Dr Hayley Passmore	Telethon Kids Institute
Glenn Pearson (Co-Chair)	Telethon Kids Institute
Dr Robyn Williams	Curtin University

This Report is neither endorsed by the WA Department of Justice, nor an expression of the current practices, policies or view of the Department of Justice.

BACKGROUND

On the 13th of November 2019, Telethon Kids Institute in partnership with experts Dr Robyn Williams, Dr Jocelyn Jones, Justine Bennell, Dorinda Cox, Magistrate Crawford and Tanja Carson hosted a Youth Justice and Health Forum. The Forum was for front-line workers who provide support to and services for families involved with the Western Australian youth justice system. Front-line workers from the Perth metropolitan and Great Southern regions attended the Forum which was held at The UWA Club at The University of Western Australia in Nedlands.

The purpose of the Forum was to share knowledge about the health of young people who are justice-involved, and to learn more about the experiences and needs of front-line workers. The forum sought to empower front-line workers as they continue to advocate for the needs of justice-involved children and young people, including their physical and mental health needs, social and educational needs, and needs associated with disabilities. The Forum was designed to provide a space for attendees to share their views and experiences of the work they do, as well as their aspirations for the future. This report provides an overview of the Forum, and it is anticipated that this report will act as a reference point for workshop attendees.

In the lead up to the Forum, an Organising Committee was established. This Committee worked together to guide the format of the day, to identify speakers, and to ensure invitations reached the right organisations. The Committee also invited Suzanne Waldron and Rhys Paddick to facilitate the Forum. They both had a series of meetings with members of the Organising Committee to help plan the day and to create a safe and open environment for all participants to share their ideas and experiences.

ATTENDEES



This Forum brought together over 50 local participants of whom many were Aboriginal. This reflected the over-representation of Aboriginal young people who are involved with youth justice and provided a good representation of the voice of Aboriginal people who work closely with Aboriginal youth and their families in the Perth and Great Southern regions.



The majority of attendees were from the not-for-profit workforce who offer services and programs in the disability, community, social work, justice and education sectors.



Regional participants travelled from Albany and Katanning, and non-government front-line workers were joined by several government front-line staff, including from the WA Department of Justice.

THE FORUM

The Welcome to Country was conducted by Aunty Millie Penny, a Noongar Elder from Pinjarra with connections to Ballardong, Binjurup, Whadjuk and Yamatji country. Aunty Millie was joined on the day by a further seven Elder Co-Researchers from Telethon Kids. Together, they added insight and value to the day's discussions through their leadership, wisdom and experience. Glenn Pearson, Deputy Director of Telethon Kids Institute, then gave an opening address.

The Forum included four activities:

- 1 Sharing of WA research about the health of young people in the justice system.
- 2 **Group Activity #1 - hearing from front-line workers about:**
 - a Key health issues for young people in the justice system
 - b Gaps in services for justice-involved children and young people and their families
 - c Practical tips for community consultation
 - d Working together and ways to promote better communication between services
- 3 Panel Discussion - Advocacy & the value of strong health-justice partnerships
- 4 **Group Activity #2 - Brainstorm and priority setting what we need to stop, start and continue doing to better meet the health needs of justice-involved young people and their families.**

Participant contributions from the group activities are summarised in this report, along with verbatim participant quotes. A short overview of the research projects and members of the advocacy panel are provided in Appendix A, and detailed lists of comments from participants for the two group activities can be found in Appendix B & C.

Attendees are encouraged to use the identified problems, ideas and solutions collated in this report in their support and advocacy activities, to reassure families that their concerns are valid and are supported by service providers and for future funding applications. It is also hoped that participants continue to engage with their newly established connections from the day and to promote the outcomes arising from the workshop among their extended networks.



Telethon Kids Institute is extremely grateful for the time and expertise provided by the Organising Committee.

An overarching theme that came from the day was that to ensure better health outcomes for justice-involved children and young people, we require respect for the overarching principle of culturally safe and respectful practices for young Aboriginal people. Attendees acknowledged that all services need to develop, support and maintain an environment that assists in overcoming stigmatisation and systemic racism, including the effects of colonisation and the stolen generation.

GROUP ACTIVITY -

HEARING FROM FRONT-LINE WORKERS

① Key health issues for justice-involved young people

Participants were asked to identify what they believed were **key health issues for justice-involved young people**. From the responses, four main categories were identified:

- i. assessment and therapeutic services,
- ii. empowerment and advocacy for young people,
- iii. involvement of Aboriginal services, and
- iv. mental health and disability services.

Responses regarding **assessment and therapeutic** services highlighted issues with the availability and accessibility of these services (e.g. *“Lack of overall assessment and/or attention to health issues for kids in justice (physical/developmental/psychological/speech and language intervention)”*) and (*“Lack of access to appropriate support services – therapeutic!!”*), and the timely completion and reliability of current health assessments. Coordination between these services and communication of assessment results back to family and community members was a common concern (e.g. *“Lack of communication between services [and] key support group/circle/family”*). Other responses regarded the importance of addressing the health needs of justice-involved young people (e.g. *“Justice involvement is opportunity to identify and manage health issues that have been missed by many different agencies”*).

The **empowerment and advocacy for young people** category included recommendations to involve young people in decision-making and plans for their future (e.g. *“Ask young people themselves what they see as the key health issues so that power imbalances are not perpetuated”* and *“Create and building vision and meaning with young persons”*). It also involved comments to ensure young people had adequate representation and support during legal proceedings (e.g. *“Advocacy for minors (those without reliable/consistent guardianship)) given that some “young offenders [are] being denied a “responsible adult” or “legal representation” during police interviews/statements”*).

Responses about the **involvement of Aboriginal Services** including a need to recognise *“trauma from impacts of intergenerational trauma and stolen generations”*. Recommendations to improve services involved including *“culturally specific/disability mental health services”* as well as *“involvement of Aboriginal Medical Services”* and ensuring that the impacts of poverty and racism were recognised.

The need for adequate **mental health and disability services** was highlighted by participants, with some stating there is currently a *“lack of disability, mental health support”* and *“mental health diagnosis and service provision”*. Participants felt it was important to have an *“understanding of complex mental illnesses and the different treatments (not one size fits all!)”* and recommended *“education/early intervention and community consultation around Fetal Alcohol Spectrum Disorder and other developmental/cognitive disorders”*.

② Gaps in services for justice-involved young people and their families

Regarding **current gaps in services for justice-involved young people, and their families**, participants provided comments across six main categories:

- i. family support and community inclusion,
- ii. legislation and process change,
- iii. service availability and accessibility,
- iv. Aboriginal led services,
- v. youth in detention, and
- vi. education and training.

Many participants commented on the need for **family support and community inclusion** in service delivery and commented that there is currently a “*lack of family engagement in court system*”. Participants stated that legal responses need to involve families in therapeutic and rehabilitative programs, provide support and guidance for the family, not just individuals, and be “*community based and focused services [and] understanding of the need for flexible service delivery*”. Recommendations included “*better communications of services (support, treatment, interpretation) to families, support, circles/communities and youth*” and “*holistic services for all of family unit/ caregiving community*”.

Concerns regarding **legislation and process change** were broad and included suggestions to increase the age of criminal responsibility from 10 years, provide “*alternative sentencing options*”, and ensure justice-involved young people have access to support people/advocates and interpreters as needed.

Participants noted that there were gaps in the **availability and accessibility of services**, with a “*lack of services in regional WA*” and limited “*early health support*” available. The need for “*after-hours access*” to not-for-profit services and programs relating to the disability, community, social work, justice and education sectors. “*Effective support and provision of services and positive pathways for families after release from prison*” was also stated.

The lack of **Aboriginal led services** was a concern. Comments included were that there is currently “*no inclusion of Aboriginal family inclusive practices*”, and there was a need for Aboriginal people to “*lead rehabilitation for our people*”.

Gaps in services for **youth in detention** were specifically addressed through comments stating that more vocational and educational training programs were needed for youth in detention, and particularly for young girls and women who may have limited choices of programs.

Further comments regarding **education and training** included suggestions for families and service providers to have access to FASD training.

③ Practical tips for effective community consultation

When asked for **practical tips for effective community** consultation, responses were commonly within four main categories:

- i. consulting with Aboriginal and culturally and linguistically diverse (CALD) communities,
- ii. consulting with young people,
- iii. providing opportunities for inclusion and collaboration, and
- iv. acknowledge existing legislative and process change recommendations.

Responses regarding effective **consultations with Aboriginal and CALD communities** often highlighted the “*need to create pathways that enable Aboriginal community to gain access to have a voice*”. Tips to do this well involved “*including interpreters if necessary*” for Aboriginal, Torres Strait Islander and CALD communities, and for Aboriginal-focused justice and legal programs to be managed by Aboriginal led services rather than government agencies (e.g. “*Aboriginal Visitor’s Scheme managed by Aboriginal Legal Service or other body (Aboriginal) external to government!! Becomes an accountability mechanism*”).

Consulting with young people and ensuring young people have the opportunity to be involved in the consultation process was commonly suggested, as participants stated young people were the “*owners of their own solutions*” and we need to “*set young people up to succeed not fail*”.

Providing opportunities for inclusion and collaboration typically included suggestions of practical tips for whole-of-community consultations, from individuals to service providers. Recommendations included being flexible and open to listen, “*meet people where they are – community spaces accessible with public transport*”, ensuring services involved are included and value the voices of the communities they serve, and that communities are empowered “*through research and service delivery*”.

Responses regarding the recognition and use of existing **recommendations for legislative and process change** included suggestions to “*adhere to Royal Commission into Aboriginal deaths in custody (RCIADIC) recommendations*”, make appropriate “*changes to Young Offenders Act*” and ensure police are encouraged to use available diversionary processes and cautionary protocols.

④ Working together – tips to break down silos

Participants were also asked for their **tips for effective collaboration and coordination between services and agencies**. Responses were situated across four categories:

- i. sharing of information,
- ii. community inclusion,
- iii. individualised approaches, and
- iv. access to services.

Sharing of information was a common area of focus among participants. To share information across agencies and services effectively, it was suggested that we first need to *“break down silos in our own individual organisations”*. Participants stated that *“collaborative sharing of information to help a young person’s case”* can be done using practical strategies such as *“co-location, working together in the same space”*, *“shared infrastructure between agencies (e.g. systems, databases, software)”* and *“consider if laws need amending to permit sharing of pertinent info between health, justice, education and child protection”* services. It was also suggested that we need a *“thorough database of services and in what regions”* to ensure service providers and agencies are aware of what is currently available.

Appropriate **community inclusion** was a common recommendation, with suggestions to *“listen to young people, their families and community”* using practical strategies such as *“identify community leaders”*, *“form a community committee”* and *“leaders to meet to address their own community needs/wants.”* Hosting events like this Forum was also recommended, as participants supported *“communications events like this”*.

Suggestions for services to ensure **individualised approaches** were common. Comments included that agencies need to *“work for the best interests of the child/family [and not the] best interests of the agency”*. Recommendations were made to *“be personal and community centred”*, *“remember people are diverse”* and that *“whole of person...solutions, not single issues”* approach is needed.

Access to services typically involved the need for information about available services to be communicated effectively, as community and agencies *“need to know the full-suite of what’s on offer for kids”*.

GROUP ACTIVITY –

ACTIONS BY COLLECTIVE THEMES

Three common themes that arose from the first group activity were:

- 1 **Assessment & Therapeutic Services**
- 2 **Culture & Aboriginal-led Services and**
- 3 **Empowerment & Advocacy**

Actions identified by the group to stop and start in the future were classified into these three main themes providing potential solutions to the challenges facing children and young people in the justice system today.

ASSESSMENT & THERAPEUTIC SERVICES



- ▶ Criminalising health problems, mental health problems, FASD and neurodevelopmental disability
- ▶ Red Tape
- ▶ Legislation that results in mandatory detention



- ▶ Using diversionary methods
- ▶ Providing routine, affordable assessment options for justice-involved children and young people to identify mental health problems and neurodevelopmental impairments
- ▶ Making health services equally available and accessible to all justice-involved children and young people
- ▶ Including and informing parents, families and communities in decisions being about their children and young people

CULTURE & ABORIGINAL LED SERVICES



- Labelling
- Systemic Racism
- Tokenising young people



- Recognising historical trauma
- Providing culturally appropriate therapeutic services to justice involved children and young people
- Increasing Aboriginal specific agencies and service delivery for justice-involved Aboriginal children and young people and their families
- Employing Aboriginal staff in decision-making roles
- Create pathways which allow Aboriginal people and communities to design and develop solutions that meet their own community needs
- Breaking down silos

EMPOWERMENT & ADVOCACY



- Excluding justice-involved children and young people from participating in decision-making forums
- Applying a 'One-Size fits all' approach: also termed the "one-stop-statutory-shop" approach
- Cutting funding for young people



- Ensuring Individuals have equitable participation and services such as, but not limited to access to lawyers, interpreters, advocacy and voice
- Involving children and young people about decisions being made about their current and future lives
- Provide access to appropriate vocational training and educational programs
- Early education and early intervention and community consultation
- Increasing the visibility of positive role models

APPENDIX A

Youth Justice & Health Forum: Presenters



Welcome to Country -

Aunty Millie Penny

Aunty Millie is a Noongar Yorga from Pinjarra. Her connection to country is Ballardong Binjurup, Whadjuk and Yamatji while her family connections are Walley, Winmar, Indich and Oweir extended families. Aunty Millie is the eldest daughter of Richard Wally senior and Violet Wally (Winmar). She is married to Fred Penny and together they have 4 children and 12 grandchildren. She believes that our children are our future spokes people and leaders, and that as a community, we need to nurture and guide them to be successful, competitive, and most of all respectful. We need to make sure that cultural practice and stories are passed on, and to empower our children to be proud, confident and happy.



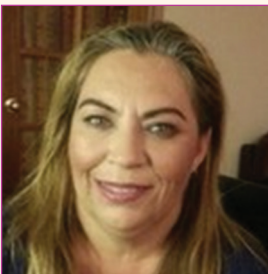
Welcome from Telethon Kids Institute -

Glenn Pearson & Professor Carol Bower

Glenn Pearson is the Deputy Director, Aboriginal Health, and is a member of the Institute Leadership Team at the Telethon Kids Institute. Glenn has a state-wide mandate to ensure that the Institute's research reflects the needs of Aboriginal families and that research is conducted in accord with Aboriginal community ethical and cultural protocols.



Carol Bower is the Director of FASD Research Australia CRE and a Professor at the Telethon Kids Institute. Carol has qualifications in medicine, epidemiology and public health. Her research has a strong focus on investigating causes and effects of birth defects, on translating research findings into public health policy and practice and on evaluating the effectiveness of that translation.



Dr Robyn Williams

Deadly Combination: Living with FASD, and Adversity

Dr Robyn Williams is a Nyoongar woman and has supported families caring for children with Fetal Alcohol Spectrum Disorder (FASD) as an advocate since 2008. Robyn has a long diverse employment background spanning over 20 years in Aboriginal community based agencies, government sector, and academia. Other qualifications include a Master of Arts, and BA in Sociology/Anthropology. In 2018, Robyn completed her PhD on FASD in Perth and the south west region of WA. This is the first Australian FASD study to include case studies of Aboriginal relative carers. This study includes best practice relating to FASD interventions, cultural security; supporting children and families with FASD. In 2019, this study received a Chancellors commendation for excellence. Robyn is recognized as a FASD trainer both nationally and internationally and is mentored by leading international FASD experts including an international partnership with Canada.

Telethon Kids Institute Banksia Hill Research Narrative

The two-year study, which was the first in Australia to assess and diagnose young people in a youth custodial setting for Fetal Alcohol Spectrum Disorder (FASD), revealed that more than one third of young highest known prevalence in a justice setting worldwide.

The team, led by Professor Carol Bower, also found 89 per cent of the young people examined had at least one form of severe neurodevelopmental impairment – providing evidence that youth with neurodisability are grossly over-represented in youth detention in WA.

The results are still rippling through government departments, police, custodial authorities, and the Children's Court, and have led not only to changes in policy and practice, but increased community understanding of FASD and widespread interest in Australia and overseas.



Sharynne Hamilton, Qualitative Researcher

Sharynne Hamilton was the qualitative researcher on the study. Sharynne is a Ngunnawal woman, whose family links are to Canberra and Yass. Sharynne has lived and worked on Noongar Boodjar for more than 30 years. Over this time, Sharynne's work has had a particular focus on the right to equitable participation in statutory systems, particularly for families involved with the child protection system. Ultimately, Sharynne's work aims to increase support for the empowerment of Aboriginal and Torres Strait Islander people and communities to self-determine their futures.



Dr Raewyn Mutch, Paediatrician and Clinical Associate Professor

Experienced Paediatrician with a demonstrated history of working in the hospital & health care industry. Skilled in Healthcare, Clinical Research, Medicine, Public Health, and Case Management. Strong research professional with a Masterclass Harvard Program in Refugee Trauma, focused in Global Mental Health, Trauma and Recovery from Harvard Medical School.

Natalie Kippin, PhD Student and Speech Pathologist

Natalie Kippin is originally from Katanning – she was born on Noongar Boodja. Natalie previously worked with young people as a Youth Custodial Officer at Banksia Hill Detention Centre. She now works as a speech and language therapist and was part of the assessment team for the Banksia Hill Study. Natalie's work has helped us to better understand the communication skills of young people in the WA youth justice system.



Dr Hayley Passmore, Research Officer

Hayley Passmore was born on Noongar Boodja and lived here her whole life. She was a researcher on the Banksia Hill study, and was responsible for developing training resources to upskill the custodial workforce in the management of young people in detention with neurodevelopmental impairments. This work resulted in the development of the Reframe training intervention, which has received interest from across the justice sector, and from police, child protection, health and community services workforces.



Dr Tamara Tulich

'Decolonising Diversion for Aboriginal Youth with FASD'

Dr Tamara Tulich is a Senior Lecturer in UWA Law School. Tamara researches and publishes in the areas of preventive justice, anti-terror lawmaking and indefinite detention regimes, and is a co-editor of the collection *Regulating Preventive Justice* (Routledge 2017). Tamara's recent research projects focus on expanding diversionary alternatives for Aboriginal youth with Foetal Alcohol Spectrum Disorders, understanding the role of law and culture in Aboriginal and Torres Strait Islander communities in responding to and preventing family violence, and reform to Australian proceeds of crime legislation.

Advocacy Panel

Title: Advocacy & the value of strong health-justice partnerships

Noel Johnstone

- Noel is a Wurundjeri man from Victoria who has now lived and worked in WA for over 30 years.
- He resigned from his role as an Indigenous Specialist Officer for the Federal Public Service after a 29 year career in March 2019. Beginning in the ATO, he moved up the ranks through his time in the Child Support Agency before spending the last 6 years in Centrelink – working with at risk and vulnerable people, their families, and the associated agencies across the areas of employment, education, health, justice and housing.
- Since April this year he has been the lead project officer for EDAC, the Ethnic Disability Advocacy Centre, working on an Aboriginal Disability Justice project to try and address issues for his fellow Aboriginal and Torres Strait Islander people who suffer from mental or cognitive impairments and are engaged in the WA criminal justice system.
- In his spare time he also produces a social media based sports show to highlight community based good news stories, positive messages and to promote increased health awareness, across all sports and all levels.

Mervyn Eades

- Nyoongar man Mervyn Eades is the CEO of the Ngalla Maya Aboriginal Corporation; the organisation he founded and developed to respond to the high rates of illiteracy, lack of educational qualifications and joblessness among former inmates. From the age of 13 to 31, Mervyn was in and out of juvenile detention and prison. He lost an 18-year-old brother to a death in prison custody.
- Mervyn was recognized with the 2016 Eddie Mabo Award for Social Justice at the National Indigenous Human Rights Awards. Ngalla Maya provides training, education, mentoring for former inmates. Ngalla Maya provides ongoing mentoring, long after its graduates are employed.
- In the last 18 months, Ngalla Maya registered more than 200 former inmates into training programs with 100 of the graduates into pre-agreed employment. Ngalla Maya is Perth-based, recently expanding into WA's south west. Ngalla Maya sponsors the Women's Reintegration Program.

Maxine Drake

- Maxine has worked as an advocate in the community sector for many years, supporting people to negotiate with powerful service systems, including Health, Prisons, Education, Child safety and Mental Health.
- Part of the team at Developmental Disability WA, Maxine works with individuals with intellectual disability and their families.

Justine Bennell

- Justine Bennell is a Noongar woman who is connected to a number groups within the Noongar Nation of the South West of Western Australia and also has traditional ties with the Yamatji people. Justine attended Deakin University in Geelong, Victoria and obtained a double-degree being a Bachelor of Teaching (Education) and a Bachelor of Arts in 2004, is a qualified as a Trainer and Assessor and is trained as an Aboriginal Drug and Alcohol Worker.
- She has spent 8 years working in the Department of Justice WA (formerly known as Corrective Services) in a number of different positions and is able to provide input from an Aboriginal perspective on her experiences from being the first Noongar person to act as a Senior Case Manager at Banksia Hill Detention Centre, whereby she acted in this position for a number years. This involved case managing complex young people in detention who were either on remand or sentenced with young people of all nationalities. In 2018 Justine was selected as a Finalist for a Corrective Services Award for Excellence in the category of Working with Young People for ensuring young people of all nationalities from all over WA are heard, supported and empowered to make positive change in their lives.
- During her time in the Department she contributed to the Department's inaugural Reconciliation Action plan and has been a member on internal committees advocating for awareness.
- Justine currently works in the training field to find ways to provide access access to training to community so that regardless of barriers, individuals learning needs are met to create better futures.

APPENDIX B

Youth Justice & Health Forum: Group Activity on Key Issues - Verbatim Comments

1. Key health issues for justice-involved young people

- › Involvement of Aboriginal Medical Services
- › Timely and accurate assessment
- › Denial of basic human rights
- › Lack of communication between services (key support group/circle/family)
- › Ask young people themselves what they see as the key health issues so that power imbalances are not perpetuated
- › Young offenders being denied a “responsible adult” or “legal representation” during police interviews/statements
- › Mentors to help guide them
- › Create and building vision and meaning with young persons
- › Lack of access to appropriate support services – therapeutic!!
- › Mental health when being denied attendance at close family members funerals “Sorry business”
- › Complex complaint management system
- › Assaults in prison/death in custody not transparent
- › Poverty/racism need voice at all tables when issues are about their lives
- › Effective program delivery to facilitate positive behavioural change
- › Acknowledgement of instances of mature minor decisions
- › Understanding of complex mental illnesses and the different treatments (not one size fits all!)
- › Lack of culturally specific/disability mental health support
- › Mental health diagnosis and service provision
- › Education/Early intervention and community consultation around FASD and other developmental/cognitive disorders
- › Trauma from impacts of intergenerational trauma and stolen generations
- › Justice involvement is opportunity to identify and manage health issues that have been missed (by many different agencies)
- › Advocacy for minors (those without reliable/consistent guardianship)
- › Lack of overall assessment and/or attention to health issues for kids in justice (physical/developmental/psychological/speech and language intervention)

2. Gaps in services for justice-involved young people and their families

- One stop shopping
- Training for families and service providers re: FASD
- More focus on service/programs for girls and young women involved with justice. Not all of them want to be baristas!
- More VET programs for young people in BHDC
- Aboriginal lead rehabilitation for our people
- Lack of AH? Sentencing options
- Lack of family engagement in court system
- No inclusion of Aboriginal family inclusive practices
- Changes require to parole board. Young people with FASD writing their own parole letters
- Holistic services for all of family unit/caregiving community
- Independent support persons of advocates/process interpreters
- Community based and focused services – not in offices – understanding of the need for flexible service delivery
- Effective support and provision of services and positive pathways for families after release from prison
- Lack of services in regional WA – lack of services at all in some regions!
- Variety of RTs to assist young people to find suitable direction
- SP's confined to work apply services to young people based under "Govt guidelines and practices" Not able to reach outside the box
- Visually map the whole system so the overlaps and the gaps can be easily identified
- Common language and culture for services invested in youth and justice
- Early health support
- Gov change age of imprisonment from 10
- Family support and guidance 'whole is bigger than the sum of its parts'
- Family involvement in therapeutic and rehabilitative programs for young people in BHDC
- After hours access
- Better communications of services (Support, treatment, interpretation) to families, support, circles/communities and youth

3. Practical tips for community consultation

- Listen
- Aboriginal people have their own solution please listen! And act! (Couldn't agree more – young people also owners of their own solutions)
- Young people being involved
- Empower communities through research and service delivery (Perfect!)
- A need to create pathways that enable Aboriginal community to gain access to have a voice
- Different sectors letting go of ego (Yes!)
- Inclusion for all sectors
- Consult all parts of the community – including CALD and interpreters (including Aboriginal and Torres Strait) if necessary
- Meet people where they are – community spaces accessible with public transport
- Be flexible
- Adhere to RC/AD/C Recommendations
- Aboriginal Visitor's Scheme managed by Aboriginal Legal Service or other body (Aboriginal) external to government!! Becomes an accountability mechanism
- Inclusion
- Changes to Young Offenders Act
- Make sure police are held accountable for not issuing warnings/cautions and diversionary for young Aboriginal people
- Dismantle the institutional racism and discrimination of our entire justice system
- Set young people up to succeed not fail
- Stop! Build Grow

4. Working together – tips to break down silos

- Collaborative sharing of information to help a young person's case
- Consider if laws need amending to permit sharing of pertinent info between health, justice, education and child protection
- Co-locating, working together in the same space (cross sector)
- Community involvement
- Involvement of key-agencies involved with young people (e.g. CAMHS, CPFS, etc..)
- Whole of person, family, community solutions, not single issues
- Shared infrastructure between agencies (e.g. systems, databases, software) to increase visibility of information where appropriate
- Thorough data base of services and in what regions
- Communications events like this
- State gov needs to renew services boundaries
- Break silos in our own individual organisations
- Stop politicising social/health issues – be person and community centred
- Remember people are diverse
- Listen to young people, their families and community
- Work for the best interests of the child/family not best interests of the agency
- Try to find positive messages to break down barriers
- Identify community leaders
- Form a community committee
- Leaders of all meet to address their own community needs/wants
- Identify/include children with youth discussions etc.
- Access
- Education of services provided
- Need to know the full-suite of what's on offer for kids
- Invite community into BHDC to encourage more “buy in” and encouragement

APPENDIX C

Youth Justice & Health Forum:

Group Activity –Stop, Start, Continue - Verbatim Comments



- ▶ Red tape/barriers to kids needs***
- ▶ Naming prison after Aboriginal culture**
- ▶ Criminalising drugs and alcohol*
- ▶ Incarcerating 10 year olds and younger*****
- ▶ Over policing
- ▶ Using young people as examples – stop inconsistencies
- ▶ Legislating laws/policies/etc, designed around Aboriginal communities and culture
- ▶ Demonising Aboriginal youth/blaming Elders for actions of society*
- ▶ Criminalising young people for being young
- ▶ Labelling young people (labelling theory)
- ▶ Treating health issues as justice issues***** (to be trained in health awareness etc.)
- ▶ Undercutting funding for young people***
- ▶ Tokenising young people in a position of power and using them only for youth matters*
- ▶ Three strikes legislations****
- ▶ All legislation that results in mandatory or indefinite detention/incarceration*
- ▶ Compulsory income management
- ▶ False media representation
- ▶ Telling Aboriginal people what others see at the solution



- ▶ Legislation changes RE health/ justice*****
- ▶ Including mob in decision implementation and delivery*****
- ▶ Free FASD/impairment diagnosis*****
- ▶ Including families in youth justice
- ▶ Implementation. Don't delay for fear of failure. Give it a go*
- ▶ Use existing touch points e.g. school to identify and refer AIEOs ACO's (and replace those lost and give more)
- ▶ Teaching "true" history*****
- ▶ More money for YCIOs**
- ▶ Matching fed/state chats e.g. JLO?
- ▶ Doing debrief with families re: child's assessment done by justice or DCP**
- ▶ Medicare "Free" assessments available all areas by range of service providers "streaming lining processes"***
- ▶ Using diversion process at first point of contact with police – serious about diversion; educate police about FASD*****
- ▶ Therapeutic high school for Aboriginal students
- ▶ Start including parents and family in health assessments of young people in detention*****
- ▶ Letting Aboriginal people into design and develop solutions that meet communities needs

CONTINUE

- Awesome conversation – frontline
- Strengthening programs that exist
- Education -cultural awareness*
- Innovative diversion programs**
- Identify Aboriginal leaders through Perth/metro country then form Aboriginal committee to sit before state government – voice needs and wants by our people
- Growing with more Aboriginal make mentor/role models
- Continue with Aboriginal expertise*** Noongar bus drivers
- Continue to build up resources *****
- Aboriginal community hubs*
- University curriculum - innovative ideas for changes, positive strengths based perspective
- Breaking down barriers between agencies – knowledge sharing *****
- Continue conversation and collaborations**
- Pro-social engagement – music*, arts, creative
- Led by young people****
- Honest conversation
- Understanding their world*
- To listen to Aboriginal people to be include to be part of the solution for our kids, families and communities*

* Indicates when another participant agreed with this comment and opted to support it rather than make an additional comment