



Submission to the

***Draft Children and Young People's
Justice Health Services Plan 2007 – 2010***

October 2007

Submission to ACT Health
© Youth Coalition of the ACT
October 2007

Prepared by Youth Coalition staff Siddhartha Chakrabarti, Carrie Fowlie and Meredith Hunter.

Thank you to the Youth Coalition team for their support.

Youth Coalition of the ACT

PO Box 5232

Phone (02) 6247 3540

Facsimile (02) 6249 1675

info@youthcoalition.net

www.youthcoalition.net

INTRODUCTION	1
SUMMARY OF RECOMMENDATIONS	3
1) PRINCIPLES AND EVALUATION	7
2) GOVERNANCE ISSUES FOR ALL HEALTH SERVICES	12
3) INDEPENDENCE OF HEALTH SERVICES	15
4) ALCOHOL AND DRUG SERVICES	18
5) WORKFORCE TRAINING	20
6) CONTINUITY OF CARE	22
7) SPECIFIC POPULATIONS	25
CONCLUSIONS	27

Introduction

The Youth Coalition of the ACT is the peak youth affairs body in the Australian Capital Territory. We are responsible for representing, promoting and protecting the rights, interests and wellbeing of people aged between 12 and 25 years and those who work with them.

As an advocate for the interests and wellbeing of young people in the ACT, we hold concerns about the Draft Children and Young People's Justice Health Service Plan 2007 – 2010 (the 'Health Plan') and its impact on young people.

The health needs of all young people are a priority in all societies, not least as an investment in the future generation of adults. The health needs of young people in custody are a particular priority given their greater needs and disadvantages and their relative disempowerment and exclusion from decision- making processes. A lack of proper health service provision may lead to young people whose potential is wasted and who become a strain and cost both to the family and the community¹.

It is therefore important that the health needs of each individual young person in custody are assessed and a plan is made to address them. Such needs may range from specific health care issues to the wider determinants, such as education and social skills, which impact fundamentally on their health. As many have missed out on normal schooling, they are likely to need basic health education².

The health needs of children and young people in detention are disproportionately high when compared to adults in detention and there is an identified and greater need for a range of health services for children and young people in detention.

The Services Plan addresses some of the significant issues, in particular:

- The provision of prompt and comprehensive assessment; and,
- Access to comprehensive mental health services.

However, the Youth Coalition submits that:

- principles and evaluation;
- governance issues;

¹ World Health Organisation. 2003. *Promoting the Health of Young People in Custody*.

² World Health Organisation. 2003. *Promoting the Health of Young People in Custody*.

- independence of services;
- alcohol and drug services;
- workforce training; and,
- continuity of care;
- Specific populations;

are major issues that still need to be addressed.

The Youth Coalition makes 26 recommendations in relation to these areas.

Summary of Recommendations

The Youth Coalition recommends:

Recommendation 1

ACT Health add a preamble to the Health Plan whereby the policy context in which the Health Plan exists is clarified.

Recommendation 2

ACT Health incorporate a definition of 'health' into the Health Plan.

Recommendation 3

ACT Health incorporate youth participation principles and relevant principles from the:

- (a) The Social Determinants of Health;
- (b) Royal Commission into Aboriginal Deaths in Custody Report; and,
- (c) Other relevant international standards;

Into '**2.3 Underlying principles**' on page 7 of the Health Plan.

Recommendation 4

ACT Health adapt these principles Into '**2.3 Underlying principles**' on page 7 of the Health Plan.

Recommendation 5

The three performance indicators above should be incorporated into '8.1 Evaluation of the health program in the new youth detention centre' on page 38 of the Health Plan.

Recommendation 7

ACT Health clarify that the Health Plan provides that non- government health service providers will not be agents or contractors of OCYFS.

Recommendation 8

ACT Health or another appropriate independent body is charged with reviewing health services at Bimberi.

Recommendation 10

ACT Health clarify that the Australian Council on Health Care Standards are used as the minimum standard when reviewing health services at Bimberi.

Recommendation 11

ACT Health clarify and guarantee that the capacity of non– government health service providers to report to relevant peak bodies on systemic issues at Bimberi will remain unmitigated.

Recommendation 12

ACT Health ensure that:

- (a) Only health services staff conduct assessments; and,
- (b) That the Case Management Unit is comprised of staff who are independent of Youth Justice and Bimberi general staff.

Recommendation 13

ACT Health ensure that a Youth Health Nurse (RN2) or higher is available at all times that children and young people can be remanded in, or committed to Bimberi, and that this includes 7:30am – 6:30pm on weekends and public holidays.

Recommendation 14

ACT Health ensure that all young people at Bimberi receive the same access to health services, regardless of their legal status.

Recommendation 15

ACT Health extend it's Alcohol and Drug Program's Detoxification service to be available at Bimberi.

Recommendation 16

ACT Health identify a strategy whereby effective Alcohol and Other Drug services can be provided at Bimberi.

Recommendation 17

ACT Health provide that all staff be trained in:

- (a) adolescent development and working from strength based perspectives for young people;
- (b) Working from strength- based perspectives with young people;
- (c) Working with young people with histories of neglect, abuse and sexual assault;
- (d) Working with young people with a history in, and understanding the child protection system (including mandatory reporting); and,

- (e) all staff have a Certificate IV in Youth Work;
- (f) cultural awareness;
- (g) working with young people with emerging mental health issues;
- (h) working with young people with emerging or dependent AOD issues; and
- (i) working with young people with co-morbidity issues.
- (j) all staff be trained to a Certificate IV level in Alcohol and Other Drugs;

Recommendation 18

ACT Health add to page 19 of the Health Plan under '**Planning**' that Bimberi Case Management Unit consider case management plans that may exist with DHCS, YSAAP, YSP and other youth service providers when developing a case management plan for a child or young person in detention.

Recommendation 19

ACT Health clarify in the Health Plan that case management begins within 24 hours of committal and that, where possible, case management plan should be completed by the time a young person leaves detention.

Recommendation 20

ACT Health begin exit planning as soon as a young person enters Bimberi.

Recommendation 21

Once it is available, ACT Health review the Health Plan against the findings of the Australian Catholic University's research into exit planning from Quamby / Bimberi

Recommendation 22

ACT Health clarify in '**continuity of care**' on page 20 of the Health Plan that Bimberi Case Management Unit initiate and maintain cooperative relationships with:

- (a) Ted Noffs Foundation; and
- (b) Step Up, Step Down, Centacare.

Recommendation 23

ACT Health clarify in '**continuity of care**' on page 20 of the Health Plan that Bimberi Case Management Unit initiate and maintain cooperative relationships with youth services, including youth centres, to provide continuity of care.

Recommendation 24

ACT Health recognise and add 'cultural and linguistic status' as a legitimate criteria in 'Social context of girls and young women's lives' under '**6.2 Girls and Young Women's health program**' on page 33 of the Health Plan.

Recommendation 25

ACT Health recognise and add 'family relationships' as a legitimate criteria in **6.1 Aboriginal and Torres Strait Islander peoples**' on page 33 of the Health Plan.

Recommendation 26

ACT Health recognise and add '**6.6 GLBTI People**' and '**6.7 People with a Disability**' to the Health Plan that recognises the specific needs and identifies strategies to address the needs of these two specific populations.

1) Principles and Evaluation

a) Policy Context: A Preamble

The Health Plan should include a preamble that puts it into the ACT's health services context. An effective preamble will put the Health Plan into the context of related policy documents and will ensure that the Health Plan is reviewed as the other relevant plans and policies are updated.

Below is a list of the territory and national policy documents that should be considered in a preamble to the Health Plan.

i) Canberra/ Territory Plans and Policies

Local plans and policies include:

- Youth Health Framework (Draft – currently in development);
- ACT Blueprint for Young People at Risk, ACT Young People's Plan;
- ACT Health Action Plan 2002;
- Alcohol, Tobacco and Other Drug Strategy 2004-2008;
- ACT Women's Plan;
- ACT Health Quality and Safety Plan 2004 -2008;
- ACT Aboriginal and Torres Strait Islander Health and Family Wellbeing Plan 2006-2011;
- ACT Primary Health Care Strategy 2006-2009;
- Public Health in the ACT 2004-2008;
- ACT Health Cultural Respect Implementation Plan 2007 -2010;
- Adult Corrections Health Services Plan 2007-2010; and,
- ACT Corrective Services Drug Strategy 2006-2008 (Draft).

ii) National Plans and Policies

The following national documents are also relevant and should be considered in the Health Plan:

- The National Drug Strategy: Australia's Integrated Framework 2004-2009;
- National Public Health Action Plan for Children 2005-2008
- National Standards for Mental Health Services; and,
- National Mental Health Plan 2003-2008.

A preamble that explains the policy context in which the Health Plans exists will add value to the Health Plan by giving perspective to interested parties, including

government departments and the community sector. Further, It will allow ACT Health to track changes in overarching policy documents to implement changes into the Health Plan.

The Youth Coalition therefore recommends:

Recommendation 1

ACT Health add a preamble to the Health Plan whereby the policy context in which the Health Plan exists is clarified.

b) A definition of 'health'

Given the complex nature of health systems and the diverse range of services that needs to be provided at Bimberi there is a need for a definition of 'health' in the Health Plan. A definition of health will clarify what is covered in the Health Plan, will inform associated procedures such as case management, and will give health professionals a context in which to provide their services. The Youth Coalition recommends the following definitions:

Health is:

- A state of complete physical, social and mental wellbeing, and not merely the absence of disease⁴; and,
- A resource for everyday life, not the object of living. It is a positive concept emphasising social and personal resources as well as physical capabilities⁵.

Recommendation 2

ACT Health incorporate a definition of 'health' into the Health Plan.

c) Consistency with Existing Conventions and Practice

In order to improve the health of young people deprived of their freedom, it is vital to fully recognise the legal and other contexts within which such improvements might be made.

The Youth Coalition believes that a fundamental concern of the Plan must be to ensure that the system does not compound or exacerbate social disadvantage. One of the key principles to underpin the Health Plan should be the World Health Organisation's *Social Determinants of Health*. It is well known that people who experience social and

⁴ World Health Organisation. 1948

⁵ Ottawa Charter for Health Promotion. 1986

economic disadvantage are more likely to have poor health outcomes. The importance of these social determinants have been acknowledged in other key ACT Government Health documents such *Health Action Plan 2002* and the *Alcohol, Tobacco and Other Drugs Strategy 2004 – 2008*.

The Youth Coalition also submits that, where possible, principles of youth participation be incorporated into the Health Plan. At the minimum this would mean regular consultation with the Bimberi population about what types of health services and information they need, and ideally it would involve young people actively and meaningfully participating in health service processes, including service provision and promotion.

The international principles that should guide the delivery of services in Bimberi can be found in:

- United Nations (UN) Conventions on the Rights of the Child 1990 ;
- UN Standard Minimum Rules for the Administration of Juvenile Justice 1985 (Beijing Rules);
- UN Guidelines for the Prevention of Juvenile Delinquency 1990 (Riyadh Guidelines);
- UN Rules for the Protection of Juveniles Deprived of Their Liberty 1990⁶;
- International Declaration of Human Rights 1948;
- International Covenant on Civil and Political Rights 1966;
- Declaration on the rights of indigenous peoples 2007 (13 September); and,
- United Nations Declaration on the Rights of Disabled Persons 1975.

Further, this plan should be consistent with the recommendations from the Royal

⁶ United Nations Committee on the Rights of the Child - <http://www.unhchr.ch/html/menu2/6/crc.htm>
Convention on the Rights of the Child (CROC) - <http://www1.umn.edu/humanrts/instreet/k2crc.htm>
United Nations Guidelines for the Prevention of Juvenile Delinquency (Riyadh Guidelines) <http://www1.umn.edu/humanrts/instreet/j2ungpid.htm>
United Nations Rules for the Protection of Juveniles Deprived of their Liberty - <http://www1.umn.edu/humanrts/instreet/j1unrjdl.htm>
United Nations Standard Minimum Rules for Non-Custodial Measures (Tokyo Rules) - <http://www.un.org/documents/ga/res/45/a45r110.htm>.
United Nations Standard Minimum Rules for the Administration of Juvenile Justice (Beijing Rules) - <http://www1.umn.edu/humanrts/instreet/j3unsmr.htm>

Commission into Aboriginal Deaths in Custody.⁷

The Youth Coalition recommends:

Recommendation 3

ACT Health incorporate youth participation principles and relevant principles from the:

- (a) The Social Determinants of Health;
- (b) Royal Commission into Aboriginal Deaths in Custody Report; and,
- (c) Other relevant international standards;

Into '**2.3 Underlying principles**' on page 7 of the Health Plan.

d) Other Principles

Additional principles that should guide the delivery of health services include⁸:

- Health care, including prison alcohol and other drug and mental health strategies, should have as their object the removal of impediments to the rehabilitation and social integration of prisoners as well as their individual health status;
- All children and young people should be promptly screened on admission for alcohol and other drug, mental health and other health problems;
- Those involved in primary health delivery should be qualified and experienced in the treatment of alcohol and other drug and mental illness;
- Responsibility for health in the prison should be separated from correctional aspects;
- Health interventions must not be required or denied for disciplinary or other grounds unrelated to the health status of the prisoner;
- There should be an emphasis on prevention of health problems; and,
- Those in prison who have a alcohol and other drug issue should be treated as having a health problem and not punished because of that addiction.

Recommendation 4

ACT Health adapt these principles Into '**2.3 Underlying principles**' on page 7 of the Health Plan.

⁷ Royal Commission into Aboriginal Deaths in Custody National Report, available at <http://www.austlii.edu.au/au/special/rsjproject/rsjlibrary/rciadic/>

⁸

e) Evaluation of the Bimberi health program

i) *Performance Indicators*

The Performance Targets for Corrections Health Services identified in '8.1 Evaluation of the health program in the new youth detention centre' are incomplete and should include:

- Children and young people in committal or remand have access to a core continuum of timely, evidence based, effective health assessment and treatment services;
- There is effective coordination of services across all related sectors including public health and primary care, early child development, schools, community youth services, child protection, AOD, youth forensics and youth justice, youth mental health, hospitals, and crisis and residential services;
- Evidence-based practice is utilised as the standard of care for children and young people's health programs and services through providing training and education, and through monitoring standards of practice for all children and young people's health practitioners and settings.

The Youth Coalition recommends:

Recommendation 5

The three performance indicators above should be incorporated into '8.1 Evaluation of the health program in the new youth detention centre' on page 38 of the Health Plan.

2) Governance issues for all health services

The Youth Coalition believes that there is some ambiguity between the principles governing the Health Plan and '4.2 Governance'. There is scope for overlap and contradiction that can be avoided if the following issues are addressed.

'4.2 Governance' in The Health Plan provides: '(1) The agency responsible for providing health services must be independent.'⁹ ACT Health and OCYFS are both ACT Government departments and while they are organisationally independent of each other, this distinction cannot be sustained at a decision making level. The Youth Coalition accepts that practicality dictates that ACT Health is the major health services provider and submits that de facto independence can be maintained through the resolution of the following systemic issues and through the implementation of appropriate protocols.

a) Independence from OCYFS

The guarantee of independence provided by principle (1) of '4.2 Governance' does not, in its present form, include a guarantee that non- government health service providers will be independent. The Health Plan must ensure that non- government health service providers are both directly and indirectly independent.

i) Directly

The Health Plan must ensure that non- government service providers are not agents or contractors of OCYFS. An agency or contractor relationship would constitute a direct violation of the independence of health service providers and this must be prohibited by the Health Plan.

ii) Indirectly

Further, the nature and quality of the health services should not be compromised through the contractual/ purchasing arrangements of OCYFS and the service provider. All arrangements for health services should be made between the health service provider and ACT Health.

iii) NGO service provision should be reviewable against independent standards

Government and non- government health service providers must be obliged to provide an optimal level of service that is reviewable against Australian Council of on Health

⁹ ACT Health, *Draft Children's and Young People's Justice Health Services Plan 2007- 2010*, (ACT Health: Canberra, July 2007), 8.

Care Standards. Further, it is not sufficient that OCYFS be charged with reviewing the performance of health service providers. In order to maintain independence, the Youth Coalition submits that ACT Health or another appropriate independent authority should be charged with reviewing the performance of health service providers.

The Youth Coalition recommends that:

Recommendation 7

ACT Health clarify that the Health Plan provides that non- government health service providers will not be agents or contractors of OCYFS.

Recommendation 8

ACT Health or another appropriate independent body is charged with reviewing health services at Bimberi.

Recommendation 10

ACT Health clarify that the Australian Council on Health Care Standards are used as the minimum standard when reviewing health services at Bimberi.

b) Potential limits to the advocacy powers of service providers

Recognising that ACT Health is not in fact independent from OCYFS at a decision-making level, the Youth Coalition submits that the power of a non- government health service provider to report on systemic issues to a mental health or other relevant peak body for the purposes of lobbying government to modify services should not be mitigated by any contract that a health service provider has with ACT Health.

Apart from its inherent value, this is especially relevant in the ACT where there is a paucity of providers that can provide the relevant services, and consequentially, where mitigation of their ability to report systemic issues would undermine independent oversight of health services at Bimberi.

The independence of health services requires that health service providers have the unmitigated capacity to report systemic concerns to the relevant peak bodies and thus, the Youth Coalition recommends:

Recommendation 11

ACT Health clarify and guarantee that the capacity of non– government health service providers to report to relevant peak bodies on systemic issues at Bimberi will remain unmitigated.

3) Independence of Health Services

The Youth Coalition applauds ACT Health for developing a plan that recognises the major health component of children and young peoples' detention, and further, for setting out a support co-ordination plan at '4.2 Planned services- general health model' for the prompt and comprehensive assessment of the detainees.

Element one of the support co-ordination plan provides: '[preliminary] [a]ssessment [will be] done by Quamby[Bimberi] staff on admission (immediately)'¹⁰. Although it is ambiguous, it is reasonable to infer from the next paragraph on page 19 that this assessment will be in high priority areas: '*such as potential for drug and alcohol withdrawal, mental health screens for risk of self harm and assessment of existing medical conditions that require medications*'¹¹.

The Health Plan does not clarify who will conduct this assessment, and under the present plan it is likely that general Bimberi staff will be conducting these assessments. This is exacerbated as health staff are only available during the weekdays, whereas children and young people can be committed or remanded to custody on the weekends.

The Youth Coalition believes that this assessment must be undertaken by a nurse and not general Quamby (and Bimberi) staff for reasons of competency, consistency and in order to maintain confidentiality.

a) Consistency

Charging general staff at Bimberi with the task of completing the initial assessment would be inappropriate, as they are not properly trained to evaluate: '*...potential for drug and alcohol withdrawal, mental health screens for risk of self harm and assessment of existing medical conditions that require medications*'¹². Further, such assessments would be inconsistent with '2.4 Governance'¹³ of the Services Plan where

¹⁰ ACT Health, *Draft Children's and Young People's Justice Health Services Plan 2007- 2010*, (ACT Health: Canberra, July 2007), 19.

¹¹ ACT Health, *Draft Children's and Young People's Justice Health Services Plan 2007- 2010*, (ACT Health: Canberra, July 2007), 19.

¹² ACT Health, *Draft Children's and Young People's Justice Health Services Plan 2007- 2010*, (ACT Health: Canberra, July 2007), 19.

¹³ ACT Health, *Draft Children's and Young People's Justice Health Services Plan 2007- 2010*, (ACT Health: Canberra, July 2007), 8.

principle number 1 provides: *'the agency responsible for providing health services must be independent.'*¹⁴

b) Confidentiality

If Bimberi general staff are charged with completing these assessments, the potential remains for them to have access to information that is not relevant to the child or young persons' stay at Bimberi. Detainees have a right to have their health records kept confidential to the extent that the health information is not relevant to their safety in detention. Having general Quamby staff assess children and young people upon entry is inconsistent with the guarantee of confidentiality.

c) Case Management Unit

Element 2 of the support plan provides that case management will be carried out by the Case Management Unit. For the same reasons of confidentiality and consistency discussed above, it is imperative that the staff on the Case Management Unit not also have roles on general staff.

The Youth Coalition recommends:

Recommendation 12

ACT Health ensure that:

- (a) Only health services staff conduct assessments; and,
- (b) That the Case Management Unit is comprised of staff who are independent of Bimberi general staff.

d) Staffing

The availability of medical staff is also a significant issue that must be addressed in the Health Plan. The Health Plan covers detention on remand and on committal. In both cases, the Court may put a child or young person in detention outside of the period where medical staff are available (Monday- Friday 7:30am to 6:30pm). As remand and committal can occur on weekends, the unavailability of ACT health staff on the weekends would prevent satisfaction of elements 1 and 3 of the support co-ordination plan. Further, considering that most young people are in detention for three days or less, it is a breach of Bimberi's duty of care to provide no health services staff on the weekends. Children and young people have health issues on weekends, and the

¹⁴ ACT Health, *Draft Children's and Young People's Justice Health Services Plan 2007- 2010*, (ACT Health: Canberra, July 2007), 8.

OCYFS must acknowledge and respond to this by providing health services staff on the weekends. The Youth Coalition recommends that:

Recommendation 13

ACT Health ensure that a Youth Health Nurse (RN2) or higher is available at all times that children and young people can be remanded in, or committed to Bimberi, and that this includes 7:30am – 6:30pm on weekends and public holidays.

e) Young People ‘under arrest’ who are being held at Bimberi

On occasion, young people not remanded or committed to detention are held at Quamby. These children and young people are people who cannot or are not held in local police holding cells. If this practice continues at Bimberi, then those children and young people should have the same rights of access to health services as all other children and young people at Bimberi.

Recommendation 14

ACT Health ensure that all young people at Bimberi receive the same access to health services, regardless of their legal status.

4) Alcohol and Drug Services

Services provided to children and young people in Bimberi should be consistent with *The ACT Alcohol, Tobacco & Other Drug Strategy* to: 'Provide full access to health services and treatment that are available to the community to prisoners, detainees and remandees.'

a) On Entry

Given the disproportionately high incidence of substance abuse identified in the Health Plan¹⁵, and given that the Health Plan approves data that states that on average, 70 per cent of young people were intoxicated at the time of their last offence¹⁶, it is unacceptable that the details of the detoxification service are yet to be determined.

The Youth Coalition believes that Bimberi must have non- medicated detoxification capacity at all times that young people can be remanded or convicted to detention. Further, Bimberi must have capacity to provide, or to access, medicated detoxification services at all times that young people can be remanded or convicted to detention.

Currently, Alcohol and Drug Program's Detoxification service, where required, provides medicated detoxification support to children and young people in the community. This health service should be extended to children and young people in Bimberi.

Recommendation 15

ACT Health extend it's Alcohol and Drug Program's Detoxification service to be available at Bimberi.

b) Service providers

It is not clear who will be providing AOD services to children and young people at Quamby and Bimberi. ACT Health currently has the capacity to provide specialist services for people under the age of 18 years in the area of mental health through Child and Adolescent Mental Health Services, however a parallel stream of child and youth AOD services does not exist. We acknowledge that the Alcohol and Drug Program (ADP), ACT Health has specialist AOD expertise however it does not extend to the area of adolescents.

¹⁵ ACT Health, *Draft Children's and Young People's Justice Health Services Plan 2007- 2010*, (ACT Health: Canberra, July 2007), 15.

¹⁶ ACT Health, *Draft Children's and Young People's Justice Health Services Plan 2007- 2010*, (ACT Health: Canberra, July 2007), 16.

The Youth Coalition highlights that:

1. Gugan Gulwan Aboriginal Youth Corporation; and,
2. Ted Noffs Foundation;

are the only two organisations in the ACT that currently deliver youth AOD services, and would therefore be best placed to deliver these services within Bimberi. However, this calls into question some critical issue of governance; and further, these non-government services do not have the capacity to deliver the extent of services required in Bimberi under their existing funding arrangements.

The Youth Coalition highlights that as these are the only two organisations in the ACT with the capacity to contribute to the provision of drug and alcohol services at Bimberi, the scope for OCYFS to provide the necessary services are limited. Partnerships with non-government youth AOD services are critical to support young people to access culturally and developmentally appropriate AOD service provision.

Recommendation 16

ACT Health identify a strategy whereby effective Alcohol and Other Drug services can be provided at Bimberi.

5) Workforce Training

The first paragraph of '5.1 Workforce training' is ambiguous.

a) General Training

The Youth Coalition highlights that working with young people is not the same as working with adults, and thus highlights that **all** staff who work at Bimberi should have to participate in specific training in adolescent development and working from strengths-based perspectives with young people. Other areas of training would include:

- Working with young people with histories of neglect, abuse and sexual assault
- Working with young people with a history in, and understanding the child protection system (including mandatory reporting)

The Youth Coalition commends OCYFS for encouraging Quamby / Bimberi Corrections Officers to be trained to a Certificate IV in Youth Work and recommends that this be clarified and become mandatory in '5.1 Workforce Training'. Further, the Youth Coalition strongly recommends that ACT Health co-ordinate with general staff at Bimberi to train them to a Certificate IV level in Alcohol and Other Drugs.

b) Indigenous Specific

The Youth Coalition believes that **all** staff who work at Bimberi should have to participate in cultural awareness training. This should be regarded as an absolute minimum. Indigenous specific training should be part of a greater initiative to make Bimberi as culturally sensitive as a prison can be. These initiatives should all be driven by key stakeholders such as Winnunga Nimmityjah Aboriginal Health Service, Gugan Gulwan Aboriginal Youth Corporation and the Aboriginal and Torres Strait Islander Unit, OCYFS.

c) Co-Morbidity Focus

The Youth Coalition recommends that the workforce training section have a co-morbidity focus. Thus general staff should, at the very least, be trained to work with young people:

- (1) with emerging mental health issues;
- (2) with emerging or dependent AOD issues; and
- (3) with co-morbidity issues.

This would include working with intoxicated young people, using motivational interviewing techniques, having an understanding of the issues involved in foetal

alcohol syndrome, autism, attention deficit hyperactivity disorder, adolescent eating disorders, adolescent suicide.

Recommendation 17

ACT Health provide that all staff be trained in:

- (a) adolescent development and working from strength based perspectives for young people;
- (b) Working from strength- based perspectives with young people;
- (c) Working with young people with histories of neglect, abuse and sexual assault;
- (d) Working with young people with a history in, and understanding the child protection system (including mandatory reporting); and,
- (e) all staff have a Certificate IV in Youth Work;
- (f) cultural awareness;
- (g) working with young people with emerging mental health issues;
- (h) working with young people with emerging or dependent AOD issues; and
- (i) working with young people with co-morbidity issues.
- (j) all staff be trained to a Certificate IV level in Alcohol and Other Drugs;

d) Medical Staff

Medical staff who are working at Bimberi should be trained to an appropriate level. This means that, at the very least, they should be trained to a Certificate 4 level in Adolescent Mental Health and to a Certificate 4 level in Drug and Alcohol, or to equivalent qualifications.

e) Other minor issues

The Youth Coalition reiterates the necessity of having medical staff available at all times that young people can be remanded or committed to Bimberi.

6) Continuity of Care

a) Case Management Plan

Element 2 of the support co-ordination plan outlined on page 19 of the Health Plan involves the development of a case management plan for a child or young person based on the comprehensive assessment. The Youth Coalition submits that the Case Management Unit should also consider existing management plans that the child or young person may have with the ACT Department of Disability, Housing and Community Services (DHCS), including Youth Justice and Turnaround, Youth Supported Accommodation Assistance Program (YSAAP) providers, Youth Services Program (YSP) and other youth services. This will ensure that there is continuity in the care process and it will reduce the risk of management plans failing in the long- term. Further, it will be consistent with service sector approaches for young people entering and leaving care. Thus, the Youth Coalition recommends that:

Recommendation 18

ACT Health add to page 19 of the Health Plan under '**Planning**' that Bimberi Case Management Unit consider case management plans that may exist with DHCS, YSAAP, YSP and other youth service providers when developing a case management plan for a child or young person in detention.

b) Case Management Timing

The ACT Government approves the fact that most children and young people are in detention for less than three days.¹⁷ Element 2 of the Support Plan¹⁸ provides that case management assessment will begin within three days of a child or young person being remanded or committed to custody.

Meaningful case management is the most important element of the support plan. Determination of an appropriate long- term plan and referrals to appropriate services after detention are key actions that assist a child or young person to deal with the those issues that may have led them to offend. Beginning the case management assessment potentially on the third day means that there is a high probability that a case

¹⁷ '3.1.2 Children and young people in detention' in ACT Health, *Draft Children's and Young People's Justice Health Services Plan 2007- 2010*, (ACT Health: Canberra, July 2007), 12.

¹⁸ ACT Health, *Draft Children's and Young People's Justice Health Services Plan 2007- 2010*, (ACT Health: Canberra, July 2007), 19.

management plan will not be completed before the child or young person leaves detention. In order to ensure real continuity of care, case management must begin on the first day that a young person is committed to custody, and OCYFS should take all steps to ensure that a young person's management plan is comprehensive and complete by the time that the young person leaves detention.

The Youth Coalition acknowledges that a full case management process may not be able to take place within the three days of a child or young person entering Bimberi, however in these cases exit planning, including working with external NGOs, must begin immediately.

Thus the Youth Coalition recommends:

Recommendation 19

ACT Health clarify in the Health Plan that case management begins within 24 hours of committal and that, where possible, case management plan should be completed by the time a young person leaves detention.

Recommendation 20

ACT Health begin exit planning as soon as a young person enters Bimberi.

Recommendation 21

Once it is available, ACT Health review the Health Plan against the findings of the Australian Catholic University's research into exit planning from Quamby / Bimberi

c) Significant Case Management Relationships

Effective case management will require active relationships between Bimberi Case Management Unit and a range of youth services. The Health Plan indicates that a relationship will be built with Junction Youth Health Service in order to develop trust and continuity of care post release. The Youth Coalition submits that relationships must also be built with the key drug and alcohol and mental health services in the ACT. Thus, the Bimberi Case Management Unit should maintain cooperative relationships with: (1) The Ted Noffs Foundation as a key provider of Drug and Alcohol rehabilitation services for young people; and, (2) Step Up, Step Down, Centacare as a key provider of secondary and tertiary mental health services to young people. Thus, the Youth Coalition recommends:

Recommendation 22

ACT Health clarify in '**continuity of care**' on page 20 of the Health Plan that Bimberi Case Management Unit initiate and maintain cooperative relationships with:

- (a) Ted Noffs Foundation; and,
- (b) Step Up, Step Down, Centacare.

d) Other Relationships

The *World Health Organisation* Social Determinants of Health indicate that continuity of care outside of a prison environment requires consideration of a wide range of secondary and tertiary services, that may include youth supported accommodation services, income support, and the services that youth centres can provide. The importance of these types of youth services to continuity of care needs to be recognised and relationships need to be established between the Bimberi Case Management Unit and these services. Thus the Youth Coalition recommends:

Recommendation 23

ACT Health clarify in '**continuity of care**' on page 20 of the Health Plan that Bimberi Case Management Unit initiate and maintain cooperative relationships with youth services, including youth centres, to provide continuity of care.

7) Specific Populations

a) Cultural Status

The health sector recognises that women from culturally and linguistically diverse backgrounds have distinct health concerns from the general population. This is further reinforced in the Human Rights Commission 'Human Rights Audit on the Operation of ACT Correctional Facilities under Corrections Legislation'¹⁹. For consistency, and in recognition of this fact, the Youth Coalition recommends that:

Recommendation 24

ACT Health recognise and add 'cultural and linguistic status' as a legitimate criteria in 'Social context of girls and young women's lives' under '**6.2 Girls and Young Women's health program**' on page 33 of the Health Plan.

b) Family Relationships

Aboriginal and Torres Strait Islander peoples have a communal culture with a large emphasis on family in everyday life and in decision making processes. In order to appropriately address health issues with the Aboriginal and Torres Strait Islander peoples, family relationships must be considered.

Recommendation 25

ACT Health recognise and add 'family relationships' as a legitimate criteria in **6.1 Aboriginal and Torres Strait Islander peoples**' on page 33 of the Health Plan.

c) Other Specific Populations: GLBTI and People with Disabilities

Gay, lesbian, bisexual, transgender, intersex and queer (GLBTI) young people and people with disabilities are two specific populations that are not considered by the Health Plan. However, both these groups have specific needs that give rise to specific health concerns and service needs. For example young people who have a disability will need access to disability support services such as Therapy ACT.

¹⁹ ACT Human Rights Commission, Human Rights Audit on the Operation of ACT Correctional Facilities under Corrections Legislation (Territory Records Office, ACT Government: Canberra, July 2007), 70.

The Youth Coalition recommends:

Recommendation 26

ACT Health recognise and add '**6.6 GLBTI People**' and '**6.7 People with a Disability**' to the Health Plan that recognises the specific needs and identifies strategies to address the needs of these two specific populations.

Conclusions

The health needs of all young people must be a priority in the ACT, not least as an investment in the future generation of adults. The Youth Coalition applauds ACT Health for recognising that mental health issues and drug and alcohol issues are two major concerns for young people in detention, and further for recognising that most young people who have a drug and alcohol issue also have a mental health issue (co-morbidity).

The Youth Coalition highlights that the Health Plan in is ambiguous, silent or lacking in the following areas:

1. The Principles and the Preamble to the Health Plan;
2. Governance arrangements;
3. Independence of the health services;
4. Alcohol and drug services;
5. Workforce Training;
6. Continuity of care;
7. A number of issues with the section on specific populations.

The Youth Coalition makes 26 recommendations in relation to these areas, including adding a preamble through Recommendation 1; and, fixing inconsistencies between staffing and principles of independence and confidentiality through Recommendation 13.

The Youth Coalition believes that implementation of these recommendations will create a more effective justice centre and will provide better health outcomes for children and young people in detention and the ACT community.