

**Policy Environmental Scan  
June 2009**

Source	Topic	Content
<b>Call for Response (i.e Submission, Discussion Paper, Consultation Paper, Review, Inquiry)</b>		
<p>Standing Committee of Attorneys-General</p> <p><a href="http://www.scag.org.au/la/wlink/scag/ll_scag.nsf/pages/scag_currentprojects">http://www.scag.org.au/la/wlink/scag/ll_scag.nsf/pages/scag_currentprojects</a></p>	<p>Draft <i>National Indigenous Law and Justice Framework 2009 – 2015</i></p>	<p>The draft National Indigenous Law and Justice Framework (the draft Framework) has been developed by the Standing Committee of Attorneys-General (SCAG) to provide a national approach to serious and complex justice issues affecting Aboriginal and Torres Strait Islander people, including youth. The main goals of the draft Framework are to reduce the overrepresentation of Aboriginal and Torres Strait Islander people in the criminal justice system, reduce alcohol and substance abuse and increase community safety.</p> <p>The draft Framework notes that implementation depends upon the policy priorities and resource capacity of each jurisdiction and details objectives, strategies and actions as a guide to implement the following four overarching goals:</p> <ol style="list-style-type: none"> <li>1. Improve all Australian justice systems so that they comprehensively deliver on the justice needs of Aboriginal peoples and Torres Strait Islanders in a fair and equitable manner.</li> <li>2. Reduce over-representation of Aboriginal and Torres Strait Islander offenders, defendants and victims in the criminal justice system.</li> <li>3. Ensure that Aboriginal peoples and Torres Strait Islanders feel safe and are safe within their communities.</li> <li>4. Improve justice outcomes for Aboriginal peoples and Torres Strait Islanders by reducing the level of alcohol and substance abuse within Indigenous communities.</li> </ol> <p>Points in the draft Framework which specifically relate to children and young people include:</p> <ul style="list-style-type: none"> <li>• at any one time, Indigenous young people represent half of the juvenile detention population</li> <li>• Indigenous women, men and youth are incarcerated at higher rates than non-Indigenous Australians, are more likely to re-offend than non-Indigenous Australians, and are more likely to enter the criminal justice system earlier than non-Indigenous Australians</li> <li>• responses need to be tailored to the gender and cultural needs of Indigenous women, men and youth.</li> </ul> <p>The draft Framework has been released for consultation with feedback due by 31 July 2009.</p>
<p><a href="http://www.mentalhealth.gov.au/internet/mentalhealth/publishing.nsf/Content/whats-new-lp-1">http://www.mentalhealth.gov.au/internet/mentalhealth/publishing.nsf/Content/whats-new-lp-1</a></p>	<p>Draft <i>Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014</i></p>	<p>The Draft Fourth Mental Health Plan (the draft Plan) has been developed through a consultation process. The online survey is the final phase of the national consultation process. Survey responses will be collected until 5pm EDST on Friday 3 July 2009. Responses will inform the final drafting phase for the Plan prior to its submission to the Australian Health Ministers' Conference for consideration.</p> <p>The draft Plan sets an agenda for collaborative government action in mental health for the next five years. It provides:</p> <ul style="list-style-type: none"> <li>• guidance to improve community understanding of mental illness and mental health problems and the risk factors associated with them</li> <li>• a framework within which to support a system of care that is able to intervene early and provide holistic integrated services across health and social domains, and</li> <li>• direction to governments regarding future funding priorities.</li> </ul> <p>The draft Plan adopts a population health framework which:</p>

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		<ul style="list-style-type: none"> <li>• recognises that mental health and illness result from the complex interplay of biological, social, psychological, environmental and economic factors at all levels, and</li> <li>• acknowledges the importance of mental health issues across the lifespan from infancy to old age and recognises that some people may be particularly vulnerable because of their demographic characteristics (e.g. age, cultural background) or their experiences (e.g. exposure to trauma or abuse).</li> </ul> <p>The draft Plan operationalises the population health framework through a whole-of-government approach to achieving change. This approach involves a national effort which operates across Commonwealth and state/territory levels of responsibility, and extends beyond the mental health sector, in recognition of the fact that the determinants of good mental health, and of mental illness, are influenced by factors outside the health system.</p> <p>The draft Plan is underpinned by the following eight key principles:</p> <ol style="list-style-type: none"> <li>1. Respect for the rights and needs of consumers, carers and families.</li> <li>2. Services delivered with a commitment to a recovery approach.</li> <li>3. Social inclusion.</li> <li>4. Recognition of social, cultural and geographic diversity and experience.</li> <li>5. Recognition that the focus of care may be different across the life span.</li> <li>6. Services delivered to support continuity and coordination of care.</li> <li>7. Service equity across areas, communities and age groups.</li> <li>8. Consideration of the spectrum of mental health, mental illness and mental disorder.</li> </ol> <p>The draft Plan also focuses on the following five priority areas for national action:</p> <ol style="list-style-type: none"> <li>1. Social inclusion and recovery.</li> <li>2. Prevention and early intervention.</li> <li>3. Service access, coordination and continuity of care.</li> <li>4. Quality improvement and innovation.</li> <li>5. Accountability – measuring and reporting progress.</li> </ol>

### Research Findings, Reports and Policy papers, etc

<p>Liverpool John Moores University, Centre for Public Health (United Kingdom)</p> <p>World Health Organization</p> <p><a href="http://www.cph.org.uk/showPublication.aspx?pubid=244">http://www.cph.org.uk/showPublication.aspx?pubid=244</a></p>	<p><i>WHO Facts on Youth Violence and Alcohol</i></p> <p>2006</p>	<p>This fact sheet summarises the role of alcohol in youth violence, the magnitude of the problem, risk factors for involvement in alcohol-related youth violence, prevention measures and the role of public health. Key points from the fact sheet include:</p> <ul style="list-style-type: none"> <li>• studies conducted in numerous countries have identified links between youth violence and harmful alcohol consumption by both perpetrators and victims</li> <li>• males are more likely than females to be both perpetrators and victims of alcohol-related youth violence</li> <li>• victims and perpetrators alike are young people</li> <li>• youth violence takes many forms including bullying, gang violence, sexual aggression, and assaults occurring in streets, bars and nightclubs</li> <li>• across the world an average of 565 young people aged 10 to 29 die every day through interpersonal violence, with males at greater risk, and for each death there are an estimated 20 to 40 youth that require hospital treatment for a violence-related injury</li> </ul>
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		<ul style="list-style-type: none"> <li>• the consequences of youth violence impact upon the health and well-being of victims, relationships with family and friends, levels of fear in communities, and pressure on health and other public services</li> <li>• available data suggests that a youth culture of excessive drinking is spreading internationally and involves both males and females</li> <li>• some factors associated with an increased risk of involvement in alcohol-related violence include low educational attainment, low college expectations, emotional distress in adolescence, involvement in other forms of antisocial behaviour, having delinquent or alcohol-drinking peers and high levels of aggression-facilitating personality characteristics (e.g. hostility and anger)</li> <li>• a range of prevention programmes targeting parents and children from infancy to adolescence have shown success in reducing youth violence, with most research conducted in high-income countries. Such programmes include pre- and post-natal services, home visiting during infancy, parenting skills training, social development training for children, adolescents and gang members and family therapy, and</li> <li>• the public health approach to violence prevention uses a wide range of data and research to provide a better understanding of the extent, causes, and risks of violence, so as to tailor intervention to the needs of individuals and populations most at risk. At both national and international levels, health organisations have a key role in advocating for policies that address the relationships between alcohol use and violence.</li> </ul>
<p>Children of Parents with a Mental Illness (COPMI), an initiative of the Australian Infant Child Adolescent and Family Mental Health Association (AIFAFMHA)</p> <p><a href="http://www.copmi.net.au/gems/files/copmi_gems_4_march_09.pdf">www.copmi.net.au/gems/files/copmi_gems_4_march_09.pdf</a></p>	<p><i>Children of Parents with Dual Diagnosis</i></p> <p>COPMI Gems, Edition 4</p> <p>Gruenert, S.,</p> <p>March, 2009</p>	<p>Dual Diagnosis (DD) commonly refers to the co-existence of a psychiatric and a substance use disorder in an individual. This paper details various factors such as experiences and interventions relating to children of parents with a DD, which include the following:</p> <ul style="list-style-type: none"> <li>• there is a lack of research on children whose parents have a DD</li> <li>• it is estimated that 23% of Australian children live in households where at least one parent has had a mental illness, 13% are exposed to a regular binge drinker, 2.3% live with a daily cannabis user and 0.8% live with a monthly amphetamine user</li> <li>• having a parent with a DD appears to have a cumulative effect on children, increasing the risk of birth complications, developmental delays, school failure, acting out, depression, suicide and a child's own substance use problem</li> <li>• compared to other children in the community, children whose parents have a DD are at higher risk of abuse and neglect, being placed in care, and developing their own mental health, behavioural and substance use problems</li> <li>• services are rarely offered directly to children, while existing family focused services in the adult treatment sectors are geographically patchy, and</li> <li>• comprehensive, flexible and integrated treatment and support services are required for both parents and children in multi-problem families. Available evidence suggests that interventions should focus on parent-child relationships, worker engagement and parent support that is tailored, goal focused and strengths based.</li> </ul>
<p>Australian Government</p> <p><a href="http://www.budget.gov.au/2009-10/content/ministerial_statements/deewr/html/ms_d">http://www.budget.gov.au/2009-10/content/ministerial_statements/deewr/html/ms_d</a></p>	<p><i>Budget statements 2009-2010 for children and young people</i></p>	<p>Australian Government budget statements made for 2009-2010 relating to children and young people include:</p> <ul style="list-style-type: none"> <li>• \$293 million for the establishment of 35 Children and Family Centres in areas with high Indigenous populations. The Centres will provide integrated early learning, child care, parent/family support. This initiative is being implemented under the Indigenous Early Childhood Development National Partnership</li> </ul>

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<a href="#">eewr-03.htm</a>		<ul style="list-style-type: none"> <li>• a commitment of \$32.5 million over five years to implement the Home Interaction Program (HIP) nationally across 50 disadvantaged communities. HIP is a two year, home-based early childhood program that aims to assist disadvantaged three to five year old children by providing home tutors, books and associated educational resources to help parents improve children's school readiness, and</li> <li>• the Smarter Schools: National Partnership for Low SES Communities initiative will inject \$1.5 billion over seven years to be matched by the states and territories, to improve educational outcomes in these communities.</li> </ul>
<p>Australian Institute of Health and Welfare (AIHW)</p> <p><a href="http://www.aihw.gov.au/publications/index.cfm/title/10704">http://www.aihw.gov.au/publications/index.cfm/title/10704</a></p>	<p><i>A picture of Australia's Children 2009</i></p> <p>June 2009</p>	<p>This document is the fourth in a series of national statistical reports on children aged 0-14 years. It provides the latest information available on how Australia's children are faring according to key national indicators of health, development and wellbeing. These indicators include:</p> <ul style="list-style-type: none"> <li>• health status</li> <li>• risk and protective factors</li> <li>• early learning and education</li> <li>• family and community environments</li> <li>• safety and security</li> <li>• system performance, and</li> <li>• the ministerially endorsed Children's Headline Indicators published for the first time in this report.</li> </ul> <p><b>Key findings</b></p> <p>The key findings of the report are:</p> <ul style="list-style-type: none"> <li>• many Australian children are faring well, but there is additional scope for further gains, particularly among Aboriginal and Torres Strait Islander children.</li> </ul> <p><b>Good news</b></p> <ul style="list-style-type: none"> <li>• large declines in death rates (mostly due to a decline in injury deaths)</li> <li>• declines in asthma hospitalisations and improved survival for leukaemia</li> <li>• favourable trends in some risk and protective factors, such as immunisation coverage, teenage births and smoking rates among older children, and</li> <li>• most children meet national physical activity guidelines and achieve national minimum standards for reading and numeracy</li> </ul> <p><b>Areas for improvement</b></p> <ul style="list-style-type: none"> <li>• rising rates of severe disability, diabetes and, among 6 year olds, dental decay</li> <li>• far too many children are: <ul style="list-style-type: none"> <li>○ spending more than the recommended time in front of a video screen (including television and computers)</li> <li>○ overweight or obese</li> <li>○ not eating recommended amounts of vegetables</li> <li>○ homeless or at risk of homelessness, or</li> <li>○ victims of assault.</li> </ul> </li> </ul> <p><b>Aboriginal and Torres Strait Islander children</b></p> <ul style="list-style-type: none"> <li>• are far more likely to be disadvantaged across a broad range of health and socioeconomic</li> </ul>

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		<p>indicators for example:</p> <ul style="list-style-type: none"> <li>○ are 2 – 3 times as likely to die</li> <li>○ be of low birthweight or have dental caries</li> <li>○ 5 times as likely to be born to teenage mothers</li> <li>○ 8-9 times as likely to be in the child protection system, and</li> <li>○ 24 times as likely to be in juvenile justice supervision.</li> </ul> <p><b>Children living in remote areas</b></p> <ul style="list-style-type: none"> <li>• have higher death rates</li> <li>• higher rates of neural tube defects</li> <li>• lower rates of cancer survival</li> <li>• worse dental decay, and</li> <li>• are less likely to meet minim standards for reading and numeracy, than those in major cities.</li> </ul>
<p>Susan Harris Rimmer (researcher at ANU's Regulatory Institutions Network and President of Australian Lawyers for Human Rights)</p> <p><a href="http://inside.org.au/grand-plans/">http://inside.org.au/grand-plans/</a></p>	<p><i>Grand Plans</i>  14 May 2009</p>	<p>This article interweaves commentary and analysis about the Australian Government's response to domestic violence, child abuse, and homelessness with a focus on the following reports:</p> <ul style="list-style-type: none"> <li>• <i>Time for Action</i></li> <li>• <i>Protecting Children is Everyone's Business</i>, and</li> <li>• <i>The Road Home: A National Approach to Reducing Homelessness</i>.</li> </ul> <p>Commentary and analysis from the article include:</p> <ul style="list-style-type: none"> <li>• the reports acknowledge a strong link between the three issues of domestic violence, child abuse and homelessness but it is in the overlapping area between these issues that the government response seems likely to be weakest</li> <li>• both <i>Time for Action</i> and <i>Protecting Children is Everyone's Business</i> acknowledge that Indigenous women and children are being failed in devastating ways by the current system</li> <li>• a substantial number of children and young people become homeless while still under state guardianship. In other words, coming into care, or attempting to have a child committed to care, creates a clear path to homelessness</li> <li>• what neither plan (<i>Time for Action</i> and <i>Protecting Children is Everyone's Business</i>) does well enough is address the current flaws in the system of child removal and the nexus with domestic violence, and</li> <li>• the system provides very little natural justice for anyone wishing to challenge a removal and the best interests of the child are meant to be the paramount consideration, but this is very often interpreted in a very thin and short term manner.</li> </ul>
<p>Mission Australia</p> <p><a href="http://www.missionaustralia.com.au/document-downloads/doc_details/126-young-people-and-the-criminal-justice-system-new-insights-and-promising-responses">http://www.missionaustralia.com.au/document-downloads/doc_details/126-young-people-and-the-criminal-justice-system-new-insights-and-promising-responses</a></p>	<p><i>Young people and the criminal justice system: New insights and promising responses</i>  2009</p>	<p>This Mission Australia snapshot publication presents the findings of research undertaken as part of studies for a professional doctorate by a Mission Australia staff member, Jioji Ravulo, of Mission Australia's Youth Offender Support Programs.</p> <p>Issues faced by young offenders highlighted in the research include:</p> <ul style="list-style-type: none"> <li>• offending behaviour is typically preceded by other forms of problem behaviour</li> <li>• the earlier the first point of contact with the criminal justice system, the poorer the short and medium-term re-offending outcomes and this adversely affects long-term wellbeing</li> <li>• offending behaviour can be averted, and</li> <li>• there has been a welcome move away from the 'nothing works' mentality towards rehabilitative,</li> </ul>

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		<p>holistic programs that respond to individual circumstances, build on strengths and tackle the range of issues related to offending.</p> <p>The paper makes the following recommendations:</p> <ol style="list-style-type: none"> <li>1. State and Territory Governments commit to reducing the number of young people in detention and set targets to enable this to be annually monitored.</li> <li>2. State and Territory Governments work in partnership with the community sector and other relevant sectors, such as education, to develop a coordinated strategy to support the achievement of these targets. The strategy should include a strong focus on early intervention, prevention and rehabilitation and be cognisant of the diverse multiple risk domains that have been shown to significantly increase an individual's chances of serious social disconnection.</li> <li>3. The strategy should draw on the best available evidence of what supports young people to make successful transitions. This includes leveraging and expanding existing, locally-based community programs, which have been shown to positively address social disengagement.</li> <li>4. Investment be provided to enhance the ability of community and educational sectors to build the capacity of the key people and organisations in young people's lives, including families, peers, educational institutions, and social, recreational and cultural associations, so that they are better able to identify the various stages and dimensions of social disengagement and take action.</li> <li>5. Programs related to reducing re-offending need to recognise the non-linear path to desistence and focus on a broader range of outcomes related to the underlying causes of social disengagement, rather than just short-term recidivism outcomes. Reductions in risky or harmful levels of substance abuse, enhanced self esteem and wellbeing, improved family relationships, and re-engagement with education, training and the labour market, should be seen as key outcomes for such programs.</li> <li>6. Programs should be sufficiently funded to enable providers to explore the unique context and circumstances of their clients, and provide differentiated responses as required.</li> <li>7. Research be funded and conducted into minority populations overrepresented in the youth justice system to understand their unique situation and develop appropriate preventative and early intervention responses that can circumvent problem behaviour.</li> </ol>
<p>Centre for Excellence and Outcomes in Children and Young People's Services (UK)  <a href="http://www.c4eo.org.uk/themes/earlyyears/effectivepractice/files/c4eo_effective_practice_kr_1.pdf">http://www.c4eo.org.uk/themes/earlyyears/effectivepractice/files/c4eo_effective_practice_kr_1.pdf</a></p>	<p><i>Improving development outcomes for children through effective practice in integrating early years services</i></p>	<p>This paper provides a holistic review of the available research related to strategic, administrative and operational issues associated with service integration and coordination. It also identifies the most promising directions for future research and development and aims to inform the processes of linking future research with policy and practice.</p> <p><b>Key review findings</b></p> <ul style="list-style-type: none"> <li>• There is some way to go before practitioners and stakeholders develop a clear understanding of integrated services. For example the evidence suggests that the current guidance and terminology associated with integrated service provision needs greater clarity.</li> <li>• There is no definitive evidence on the impact of integrating services although some indirect evidence indicates that service integration may have a positive impact on outcomes.</li> <li>• Quality rather than the type of integration is important in terms of improving outcomes.</li> <li>• Successful collaborations need participatory planning processes, the participation of stakeholders and leadership training.</li> <li>• Staffing levels have to match caseload demands</li> <li>• There needs to be greater clarification of roles and responsibilities</li> </ul>

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		<ul style="list-style-type: none"> <li>• More robust research is needed to address the evidence gaps.</li> </ul>
<p>Australian National Council on Drugs (ANCD)  <a href="http://www.ancd.org.au/">http://www.ancd.org.au/</a></p>	<p><i>Bridges and Barriers – Addressing Indigenous Incarceration and Health</i></p> <p>2009</p>	<p>This paper examines research surrounding the causes for the over representation of Aboriginal and Torres Strait Islander people in Australia’s prison system.</p> <p>The paper provides a number of recommendations to reduce the unacceptably high level of incarceration and to improve the health, wellbeing and re-integration of Aboriginal and Torres Strait Islander prisoners and juvenile detainees. These recommendations primarily focus on educational support and improving access to diversionary programs for Aboriginal and Torres Strait Islander people.</p> <p>The recommendations include:</p> <p><b>Short-term recommendations</b></p> <ul style="list-style-type: none"> <li>• Provide an educational support fund for every Aboriginal and Torres Strait Islander young person</li> <li>• Amend the eligibility criteria for diversionary programs to improve Aboriginal and Torres Strait Islander access</li> <li>• Require those States and Territories that receive funding from the Council of Australian Governments’ Illicit Drug Diversion Initiative to fund and introduce an increased number of Aboriginal and Torres Strait Islanders specific diversionary programs</li> <li>• Provide federal funding for reintegration programs</li> <li>• Ensure that community based drug and alcohol services have performance indicators and data collection on the health care provided for Aboriginal and Torres Strait Islander offenders</li> <li>• Improve the level of health services available to all Aboriginal and Torres Strait Islander prisoners and juvenile detainees</li> <li>• Conduct national research into the health needs and provision of appropriate and effective health services to, Aboriginal and Torres Strait Islander offenders</li> <li>• Institute a national leadership forum to monitor and evaluate strategies introduced to reduce the level of Aboriginal and Torres Strait Islander incarceration</li> <li>• Arrange for Aboriginal and Torres Strait Islander services to work in correctional centres, particularly where there is a significant population of Aboriginal and Torres Strait Islander offenders.</li> </ul> <p><b>Long-term recommendations</b></p> <ul style="list-style-type: none"> <li>• Fund a network of community-based Aboriginal and Torres Strait Islander youth wellbeing and activity centres with links to education and health services</li> <li>• Develop a national Indigenous alcohol and other drugs campaign aimed at reducing demand and supply and the incidence of foetal alcohol spectrum disorder</li> <li>• Ensure all alcohol and other drug misuse community management plans and community law and justice initiatives are developed collaboratively</li> <li>• Identify and support current Aboriginal and Torres Strait Islander specific programs and best practices that are effective in reducing offending and re-offending</li> <li>• Develop and encourage working partnerships between community-based patrols, law enforcement and drug and alcohol treatment services.</li> <li>• Redirect funding from the construction and operation of new correctional centres to establish a ‘break the cycle’ network of Aboriginal and Torres Strait Islander specific residential and ambulatory</li> </ul>

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		<p>rehabilitation services and centres as a real and viable alternative to incarceration.</p> <ul style="list-style-type: none"> <li>• Further develop consistent nationwide access to Alcohol and Drug Courts and other diversionary operations.</li> <li>• Develop a national employment strategy for Aboriginal and Torres Strait Islander people aimed at establishing a specialist Indigenous workforce of psychologists, doctors and nurses.</li> </ul>
<p>Science Centric</p> <p><a href="http://www.sciencedaily.com/releases/2009/06/090601182816.htm">http://www.sciencedaily.com/releases/2009/06/090601182816.htm</a></p>	<p><i>Changing residences associated with increased risk of suicidal behaviour among children</i></p> <p>4 June 2009</p>	<p>This study reports on the impact of multiple moves on Danish children born between 1978 and 1995. The study reports on general population moves.</p> <p>The study found that:</p> <ul style="list-style-type: none"> <li>• Danish children who move frequently appear to have an increased risk of attempted or completed suicide between the ages of 11 and 17.</li> <li>• 4160 children aged between 11 and 17 years attempted suicide and 79 completed suicide.</li> <li>• for a child moving can be traumatic or psychologically distressing and may affect their physical, mental, social and emotional well-being.</li> <li>• the breakdown of connections with peers, discontinuation of group activities, distress and worries related to the new environment are potentially psychologically distressing events for young children.</li> <li>• frequent moves were more common among children who completed suicide.</li> <li>• the more often a child changes addresses the more likely he or she will have attempted or completed suicide.</li> <li>• parents, caretakers and schools should be aware of the psychosocial needs of children who have recently moved and be ready to help them resolve their distress possibly with the help of professional assistance.</li> </ul>