



WITNESS STATEMENT OF JULIE EDWARDS

I, Julie Edwards, Chief Executive Officer of Jesuit Social Services, of 326 Church Street, Richmond VIC ,3121, say as follows:

Professional background

- 1 I joined Jesuit Social Services in 2001 as a Program Director before being appointed as CEO in June 2004.
- 2 I am member of a number of national and international Jesuit commissions and working groups across areas of justice, education, social ministry, ecology and am the leader of the global Ignatian Justice in Mining network.
- 3 I have 40 years of experience engaging with marginalised people and families experiencing breakdown and trauma. Prior to joining Jesuit Social Services, I had experience as a social worker, family therapist and a grief and loss counsellor. I have also served on a number of government and philanthropic committees that work to promote a more just society and contribute to the health and wellbeing of members of our community. I am also a member of the International Working Group on Death, Dying and Bereavement.
- 4 I hold a Masters in Social Work and am also currently completing my doctorate in Social Work. In January 2010, I graduated from the Australian Institute of Company Directors.
- 5 My passion is about finding ways to give practical expression to my social justice values, about exploring the most effective means to build a more just society and promoting a values-based model of leadership.
- 6 As CEO of Jesuit Social Services, I am responsible for providing leadership across all domains of Jesuit Social Services' activity - human spirit, service delivery and advocacy, and our business processes - within the community service sector and across the Australian Jesuit Province for the purpose of promoting social justice, contributing to social policy formulation and advocating publicly on behalf of those who are disadvantaged and providing leadership around the development of innovative responses to address entrenched disadvantage and emerging need.
- 7 I provide this statement in my capacity as CEO of Jesuit Social Services.
- 8 I attach my curriculum vitae as exhibit **JE-1** to this statement.

Please note that the information presented in this witness statement responds to matters requested by the Royal Commission.

QUESTIONS FOR PANEL MEMBERS

Question 1: The Royal Commission is concerned that young people and adults living with a mental illness are disproportionately represented in the criminal justice system and in prisons and youth justice centres.

In your view, what is the reason for this disproportionate representation? Please consider:

- (a) the capacity of the mental health system to provide care, treatment and support for young people and adults living with mental illness;**
- (b) changes to police policies and practice;**
- (c) the passage of more stringent criminal and sentencing laws over the past 5 to 10 years; and**
- (d) community attitudes, including the understandings of the community, the police and the judiciary, of the relationship between mental illness, offending and violent offending.**

9 In responding to this question, I would refer to Jesuit Social Services' 'Dropping off the Edge' research in 2015 which found that six percent of the 42 postcodes in Victoria accounted for half of all prison admissions.¹ This highlights the often localised nature of crime, as well as the role of disadvantage as an underlying cause of criminal offending. Currently, Victoria's recidivism rate is increasing, and 43.7% of Victorian prisoners released from prison, return to prison within two years.²

10 In relation to mental health, I consider that broadly, we must pay greater attention to the role of structural factors and social inequality as key determinants of health and well-being. When we start looking at how criminal offending is dispersed throughout the community, we know that certain communities bear the practical brunt of the consequences of social inequality and that these communities are often the most disadvantaged in a range of ways.

11 In Jesuit Social Services' view, without addressing the disadvantage, including mental ill-health, that individuals in contact with the justice system experience, prison numbers and recidivism will continue to rise. Jesuit Social Services' program leaders consistently report that when a person is released from prison, the support and services they receive are ad hoc, confusing and frustrating for already vulnerable people. A young person or adult leaving gaol might require several social services – mental health, education, housing, criminal justice – but find that currently none of these services work well together. This is compounded by the fact that these services are underfunded and that there is a lack of stable housing available. Jesuit Social Services' 'Our Way of Working' practice framework

¹ Vinson, T., & Rawsthorne, M. (2015). *Dropping off the Edge 2015*. Melbourne: Jesuit Social Services and Catholic Social Services Australia. Retrieved from <http://www.dote.org.au/findings/full-report/>.

² Productivity Commission. (2019). Report on Government Services 2019 – Justice. Canberra: Productivity Commission. Retrieved from <https://www.pc.gov.au/research/ongoing/report-on-government-services/2019/justice>.

(discussed at paragraphs 26 and 60 below) works to overcome this by focusing strongly on a relationship-based model that works with the whole person. We find people respond well to this approach.

- 12 For adults leaving prison, we have observed that the intersection between effective mental health care in custody and the community can be ad hoc. Examples include:
- a. There being a lack of information sharing or communication in relation to a person's medical information when they are released from prison. For example, medical discharge summaries are supposed to be given to people upon their release from prison, but they are sometimes lost in transit. This means that even though a person may be prescribed medication in prison, upon release they may not have precise information about the medication they were taking. Jesuit Social Services has addressed this particular issue in our own service, but the issue can remain for many people released from prison, especially those on straight release.
 - b. Large structural gaps, such as people not having access to the NDIS.
- 13 I consider that in looking at the link between justice and mental health, we need to look at this holistically and consider other various social determinants such as schooling, access to employment and other factors. This is particularly so for young people in our client base. Anecdotally, our staff observe that young people with a mental illness find it that much more difficult to access those things that make recidivism less likely, such as stable housing, community engagement, or educational, training or employment. This means that there is a real overlap between mental health problems and criminal offending. Almost every participant Jesuit Social Services sees in the youth and adult justice populations has a mental health problem. The only proviso to this is that Jesuit Social Services does not see the full prison/youth custody population. We are probably only asked to see the people who have the highest risk and needs. The reason for this is what we call at Jesuit Social Services the 'web of disadvantage'. Mental health issues go right across the population, but for the people on the margins, mental health can catch up to them because of the other factors they may face. People on the margins often have less supports and less access to others to advocate on their behalf. This means that that these issues and factors become compounded with mental health issues. In our view, prisons have become the asylums of the twenty-first century.
- 14 We have seen that people are not getting diversionary options early enough through the criminal justice system, or not at all. The more stringent criminal sentencing laws and punitive bail and parole conditions over the last 5 to 10 years mean we have seen some catastrophic effects on young people and adults in the criminal justice system with mental health concerns. The first thing we have seen is a great increase in the number of young people and adults on remand. Our impression at Jesuit Social Services is that people are more likely to be remanded if they have a lack of accommodation, in the sense that there

is no secure known address, and the risk that people will leave and not appear on their return court date. For young people on remand we are not aware of much research on the impact of remand on them and their mental health. We are seeing people being remanded who have a mental illness who do not get appropriate support in custody. In fact, our general experience is that when people enter custodial settings, they are not getting the treatment they need irrespective of whether they are on remand or serving a sentence.

- 15 The passing of more stringent criminal and sentencing laws over the past 5 to 10 years has had a catastrophic effect on young people and adults with mental health concerns for the following reasons:
- (a) A prisoner's status as a remanded or sentenced prisoner can determine their eligibility for some programs within prison. An increased number of young people and adults on remand has meant more people are in the justice system overall, and that some people on remand do not have access to programs that are made available to sentenced prisoners.
 - (b) More punitive bail and parole conditions (but without direct and indirect supports necessarily to help people meet those conditions) make it easier for people to inadvertently breach these conditions. Those with mental health concerns are more vulnerable to breaching bail and parole conditions due to the possible effect of their illness on their capacity to perform daily tasks.
 - (c) There has been an increase of uplifting of certain serious youth offences to adult courts. This results in a higher likelihood of age-inappropriate responses to mentally ill young people.
- 16 Children and young people in contact with the justice system have high rates of mental illness, particularly those in youth detention.³
- 17 In terms of people who are on bail or parole who breach their bail/parole conditions, people with mental health concerns are more vulnerable to breaching these conditions. This is because those with mental health concerns may be more limited in their capacity to meet these conditions or understand what is involved. We know from data that we have collected⁴ that people with acquired brain injuries (**ABIs**) do not necessarily understand bail or parole conditions. For people with mental health concerns, it may also mean that their capacity or ability to be at a certain place at a certain time may also be compromised. We have heard stories of younger people being 10 to 15 minutes late in relation to

³ Youth Parole Board Annual Report 2018-2019, https://parliament.vic.gov.au/file_uploads/Web_-_YPB_Annual_Report_2019_WEB_wxCrv9MT.PDF

⁴ See the report prepared by Jesuit Social Services and the Centre for Innovative Justice titled 'Recognition, Respect and Support - Enabling Justice for people with an Acquired Brain Injury', http://iss.org.au/wp-content/uploads/2017/09/170830-RMIT_RRS_LONG_FINAL-2.pdf

reporting conditions and the police have been rung. Criminalising this behaviour is problematic. Whilst, I am focussing on younger people here, this also applies to adults.

- 18 Jesuit Social Services wrote a report called 'All Alone: Young adults in the Victorian justice system'⁵ in September 2018 about the use of isolation of young people in custody aged 18 to 25. This grew out of our experience that when Jesuit Social Services staff collected young people from custody, they were often coming out of isolation which is really another name for solitary confinement in our view. For example, we had one young Aboriginal woman who we refer to in our 'All Alone' report, who was not able to walk properly after her release because her muscles had atrophied while she was in isolation in custody. We are very concerned about the use of isolation in youth justice settings and the lack of transparency around this. In youth justice, it has probably come about because there have been many problems with staff shortages, so isolation has been increasingly used in that space. These young people often have histories of complex trauma and mental health concerns, so, coming in and out of isolation in custody compromises their mental health even further. The whole experience can be very negative for young people.
- 19 Incarceration has exposed more young people (and adults) to the use of isolation practices in custody, which is at odds with recommendations of a report released by the Victorian Ombudsman in September 2019 in relation to the solitary confinement of children and young people⁶. Youth justice facilities can be frightening places for young people, more so if they have a mental health concern. Detention is particularly detrimental to the mental health and wellbeing of children and young people. Those with histories of complex trauma can be re-traumatised in a custodial environment.⁷

Community attitudes, including the understandings of the community, the police and the judiciary, of the relationship between mental illness, offending and violent offending.

- 20 Our focus research that we did for our #WorthaSecondChance campaign⁸ found the community had little understanding of the relationship between mental illness, as well as other socioeconomic factors, and youth justice involvement.
- 21 Anecdotally, through our #WorthaSecondChance 'kitchen table conversations' (see paragraph 81 below), we found that once members of the general community understood the connections between disadvantage and justice involvement, they were more sympathetic to children and young people in the justice system.

⁵ <http://jss.org.au/wp-content/uploads/2018/09/All-alone-Young-adults-in-the-Victorian-justice-system-FINAL-1.pdf>

⁶ "OPCAT in Victoria: A thematic investigation of practices related to solitary confinement of children and young people, Victorian Ombudsman, September 2019, <https://assets.ombudsman.vic.gov.au/assets/Reports/Parliamentary-Reports/1-PDF-Report-Files/OPCAT-in-Victoria-A-thematic-investigation-of-practices-related-to-solitary--September-2019.pdf?mtime=20191216123911>

⁷ Ibid.

⁸ The #WorthaSecondChance campaign was launched in July 2018 and was a call by Jesuit Social Services for the Victorian youth justice system to be fixed and to give young people a second chance as a result of the recent introduction of harsher criminal penalties for young people.

Can the causes of disproportionate representation be addressed?

- 22 Yes. And the earliest that support can be offered to a person (including programs on offer by Jesuit Social Services), the better. For example, it could come at the time that a person has contact with the police right through a person's contact with the courts. Having a person's health information from prison, particularly around their mental health, is critical. Since last year, there has been more collaborative work between Justice Health (who coordinate a prisoner's healthcare in prison at the Department of Justice and Community Safety (DJCS)) and non-government organisations (such as Jesuit Social Services) and there has been an increase in the sharing of medical information in relation to a person being released from prison. Receiving health information enables our services to have a better understanding of our participants and their treatment or support needs upon their release from prison. It is also critical for our staff to have access to this type of information, as we have a duty of care to our staff and workers who may be the only constant person supporting an individual leaving prison. As indicated above, we often saw situations where people would be released from prison not even knowing what their medications were let alone more detailed health information. Jesuit Social Services' staff were often previously told we could not have this kind of information because of privacy concerns. However, this has changed, and I consider this to be a very positive system change.
- 23 Another way to address this disproportionate representation is to avoid the creation of silos. In my view, the government sector, non-government organisations such as Jesuit Social Services, and other service providers need to work better and offer a continuum of care for people pre-custody, during custody and upon exiting custody. Sometimes a person can obtain better health care when they are in custody given the disadvantage people exiting custody face. This is a brutalising experience in my view, which does not help a person at all. People working together is essential.
- 24 The mental health needs of young people and adults involved with the justice system should not be considered in isolation to the other factors of disadvantage that can lead a young person on a pathway to offending. It is not only a question of delivering better services to justice-involved young people in detention and in the community. System-wide reform is needed, grounded in evidence, on the needs of children and young people in our care.
- 25 Broadly, we must pay greater attention to the role of structural factors and social inequality as key determinants of health and wellbeing for people that interact with the justice system. We support a holistic approach to mental health and wellbeing that takes account of key drivers like poverty, discrimination, family dysfunction and histories of trauma.
- 26 Intervention that treats the person as a whole, is based on strong relationships, and takes into account a range of individual and societal factors to support people. As discussed, Jesuit Social Services', 'Our Way of Working' model does this.

- 27 More early intervention services in the mental health system are needed. Often only those in severe crisis are able to be seen in a timely manner. Emerging mental illness can often be masked by or present as behavioural problems, for example, at school. Earlier recognition and age appropriate responses are needed.
- 28 There are core factors that must be recognised as part of approaches to addressing mental health issues in Victoria: the need for community-led, place-based responses to addressing broader disadvantage; recognition of the specific experiences and conceptualisation of mental ill health among Aboriginal and Torres Strait Islander communities; and a focus on some of the attitudinal drivers of violence and poor mental health centred on harmful notions around masculinity.
- 29 Strengthening the relationship between health services in prisons and community health and mental health services is vital, as are more stepped care options for prisoners being released. Appropriate safe, secure and stable housing is also needed. Mental health interventions will not be successful if a person does not have this.
- 30 When people are incarcerated, we must adopt a relationship-based model across every aspect of operations that supports connection with family, community and culture. To achieve all this we need strong leadership, a shared commitment across sectors and investing in alternatives to detention.
- 31 Victoria needs a state-wide service network providing:
- (a) Secondary consultation and support for community mental health outreach services that manage young people with offending behaviours (predominantly referred via the Youth Justice Mental Health Clinician initiative). These services should be embedded/integrated into support services working with the young person and their family.
 - (b) Independent oversight of the prescription of medication in prisons associated with a mental health diagnosis.
 - (c) Training and supervision to support staff in prisons so they are enabled to recognise and manage violent behaviour where mental illness is a factor in violence and offending.

Question 2: What reforms would most effectively improve the interaction of, and outcomes for, people living with mental illness with the justice system:

- (a) as offenders?**
 - (b) as victims of crime?**
 - (c) as people seeking access to justice?**
- 32 A key issue for Jesuit Social Services is housing and homelessness. We consider that an investment in public housing stock is required and that we need at least 3000 new public

housing properties being built each year for the next two years. We also consider it important to invest in a diversity of housing options. So, whilst we consider housing first is important, we also need to support people to maintain their tenancies and other residential issues. Additionally, in relation to the need to have a broader range of available public housing, we also need to have specific housing initiatives that are targeted for groups such as single people, young people, young women, people who have an experience of trauma and people exiting custody. Some of these specific housing initiatives may need to be on offer to people 24 hours a day, seven days a week, particularly for those exiting custody. We also consider that a staggered, staged, step-down option from custody is also necessary.

- 33 Jesuit Social Services operates several houses which are step-down facilities from custody (discussed at paragraphs 55, 128 and 131 below). This enables us to assist our clients with basic living skills such as cooking and shopping and with other social issues. The reality is that some people who come out of custody need help and are unable to leave the house without our support. In order to assist people in this way, particularly if they have mental health concerns, we want to see a range and continuum of supports being offered and appropriately funded.
- 34 We consider the lifting of the age of legal responsibility for young people should be considered by the Victorian government. Section 344 of the *Children, Youth and Families Act 2005* (Vic), states that a child under the age of 10 cannot be presumed to have committed an offence. We think it is very important for this age to be lifted in relation to young offenders. About eight years ago, Jesuit Social Services conducted research on 10 to 14 year olds on remand in Victoria. Almost all of these children had been in child protection ahead of their third birthdays if not earlier. These children almost all exclusively came from postcodes in Melbourne that are overrepresented in, for example, children missing their eight-month maternal and child health check-ups. From the available research, we know that once someone has been involved with the criminal justice system and the earlier that happens in a person's life, the longer their engagement with the criminal system is likely to be⁹. This is a key reason we want to the lift the age of legal responsibility for child/youth offenders to at least 14 years.
- 35 Other reforms I would recommend would also be around the use of isolation being banned in custodial environments, particularly in relation to young people. Further, we need to offer people in custody, trauma informed practices of intervention and provide better support for people and their families who are exiting custody. For example, regarding the construction of Cherry Creek Youth Justice Centre by the Victoria government, Jesuit Social Services is not confident that 'best practice' therapeutic and restorative responses

⁹ Sentencing Advisory Council. (2016). Reoffending by Children and Young People in Victoria. Melbourne: Sentencing Advisory Council. Retrieved from <https://www.sentencingcouncil.vic.gov.au/publications/reoffending-children-and-young-people-victoria> and Jesuit Social Services. (2013). Thinking Outside: Alternatives to remand for Children. Retrieved from http://jss.org.au/wp-content/uploads/2015/10/Thinking_Outside_Research_Report_-_Final_amend_15052013.pdf

are being considered for young people in this new centre. This also comes back to staffing and trying to improve the qualifications for those employed in the youth justice workforce. We also consider improvements in minimum qualifications for those in the adult justice workforce are necessary.

- 36 Ahead of Jesuit Social Services drafting its 'All Alone' report, in 2017, senior staff visited countries (Norway, Spain, Germany, the UK and the US) to look at other jurisdictions and consider 'just solutions' for young offenders. In relation to qualifications for the workforce in custodial settings, we learnt that in Norway, there is a two-year qualification which is being extended to a bachelor's degree for those working in a corrections facility. This is in recognition that the workforce must deal with individuals who may have complex needs such as have mental illness, substance abuse problems, ABIs, disabilities and so forth. For example, from data from Corrections Victoria, about 42% of the prison population has an ABI.¹⁰ Jesuit Social Services wants to see appropriately qualified, supported, and remunerated staff in custodial facilities because it is challenging work.
- 37 The people we spoke to in Norway were surprised that in Victoria, we place youth offenders, some of our most vulnerable people, into custody and that there were no qualifications required of the general youth offender custodial workforce. For youth offenders, child development qualifications would be ideal.
- 38 At Jesuit Social Services, we also have a view about the human person, that we are all held, sustained and nourished in a 'web of relationships' and that we are all social creatures who are relational and flourish when we are connected to families, a job, schools and that together, with fundamentals from the natural environment (air, food and water) this is how we survive. We believe that for some people, these bonds or relationships have been broken or damaged (maybe with a parent or being excluded from school). At Jesuit Social Services, we consider it as our role to help people who have a custodial background form these healthy relationships and heal broken ones. We believe, and take, a restorative approach. In the interventions we offer, we focus on building trusting relationships and restoring relationships. For example, the best way for a young offender to get engaged with the job market, may be to better their relationship with their mother or to make sure the young person feels safe in their residence. At a basic level, we consider that fostering and maintaining bonds, relationships, and connections is central to what Jesuit Social Services does rather than simply offering a series of discrete transactional interventions.
- 39 For people who have offended, we would also like to see more 'soft entry' points into the mental health system. For example, Jesuit Social Services runs a program called 'Artful

¹⁰ Jackson, M., Hardy, G., Persson, P., & Holland, S. (2011). Acquired Brain Injury in the Victorian Prison System. Corrections Research Paper Series, 4. Melbourne: Department of Justice. Retrieved from <https://www.corrections.vic.gov.au/publications-manuals-and-statistics/acquired-brain-injury-in-the-victorian-prison-system>

Dodgers Studios' in Collingwood. This is a space for marginalised young people and young people with mental illnesses, or who are at-risk, to attend and engage in art and music, but most importantly connect with people who care. My experience is that young people do attend these sorts of initiatives and that these services do not require a high level of mental health funding. Our experience is that young people are unlikely to attend a community health centre or services not directed to them. Young people will likely attend somewhere else where they feel safe, can build relationships and then eventually they may reach out for help. We call these types of services 'soft entry points', where people may be coming for some other purpose (maybe a shower, a meal, to do some art or play music) and then from there they can enter the system and be offered treatment and care.

- 40 I am unable to speak about reforms for victims of crime because that is not Jesuit Social Services' core business and others would be better placed to respond to this. However, the main point I would make in relation to victims of crime is that it is important to promote and increase access to restorative justice, including victim participation. Jesuit Social Services runs a program called 'Group Conferencing' across metropolitan Melbourne and in the Northern Territory. This program brings young people who have offended together with victims or people involved or affected by the offence to discuss how the young person can make amends for the harm done. One of the very positive outcomes of this program when we examine it, is that victims feel heard and that it can often be a healing experience.

Question 3: How can innovation in therapeutically oriented justice policy be best facilitated?

- 41 At Jesuit Social Services, we are big believers in having a specific vision in relation to what we are trying to achieve. This is not reflected in the corrections system. In Jesuit Social Services' view, neither the youth justice nor the adult corrections system (including community corrections) have a unified vision about what the purpose of the justice system is. This was particularly the case for the youth justice system, which has suffered from the lack of a clear vision or strategy that focuses on rehabilitation and healing, that is therapeutic and trauma-informed rather than punitive. What is the vision and the goals for such systems? Is it focussed on rehabilitation? Is it focused on punishment? Are we socialising and re-educating people? The actions undertaken in the justice system must be backed by clear policies that flow from this high-level vision. We need leadership to actually set the direction. There have been positive steps over the past year or so to realign the youth justice system.
- 42 As part of Jesuit Social Services' staff travels to some parts of Europe and the United States in 2017, they visited places where people have a very clear vision of what they are doing in relation to the justice system. For example, in Norway, they have a principle of 'normalcy'. That means they want their people's lives in prison to be as normal as possible and view them as citizens first. They consider that the punishment for a person having

committed an offence is the deprivation of the person's liberty. However, everything else around the person should go on as normal. For example, this means that people who have offended in Norway, wherever possible, can continue their employment and in some circumstances can live outside the prison walls to allow this to happen. Doctors from the local community come into prison to provide health services and the prisoner is treated just like any other patient in the community. Further, in Norway, they opt for the least restrictive environment in prison and try and create a more homelike facility. Ultimately, I consider it comes down to having a clear vision of what we are trying to do and having clear actions about how to achieve these outcomes.

- 43 We also consider we need to invest in prevention. For example, we consider it would be helpful to have social workers and police work together at particular points and for a social worker to be embedded in police stations. This can be of assistance for young people who are picked up by police. The social worker may be able to assist the young person in different facets of their life, for example, help the young person find accommodation or a job which may reduce the need for the young person to engage in criminal activity.
- 44 Finally, we also consider that the government and those making policies, must talk to current or former prisoners (including Indigenous prisoners) and their families and to consider the experience of incarceration. We consider that there needs to be greater engagement with these people who have lived experience in whatever form that works for a person, including through music or voice. Any innovation in the justice system also must cease being tied to the electoral system. We continuously have good innovations being undone because of the political process.

Question 4: What gaps currently exist in relation to data sharing, research and knowledge translation that would facilitate future innovation?

- 45 At Jesuit Social Services, we have experienced for a long period of time being told by Corrections Victoria, Department of Health and Human Services (DHHS) (when youth justice was associated with that department) and Victoria Police, that the data we sought did not exist or that the data of different agencies did not speak to one another. A number of years ago, Corrections Victoria started the 'Crimes Statistics Agency' to collect data, and more recently DHHS and DJCS have begun to share data. This is exciting because it is the first time data-sharing has occurred to this level, and we can learn more about the system if there is data available.
- 46 Data sharing between government departments can also assist government agencies and organisations like Jesuit Social Services in assisting a common client. For example, through shared data it is becoming clear that a person with a mental illness and criminal justice history attends at an emergency department possibly ten times before getting appropriate treatment; or that only a third of those attending the emergency department get referred for treatment for mental health issues. This sort of data helps us understand the context of someone's offending. This data assists in 'joining the dots' and

understanding what gaps there might be for a person's treatment and what services they need that are not coming their way.

- 47 Data can also assist us in understanding what is not working in the system more broadly. Obtaining and synthesising this data has highlighted what is known in practice and assists us to conduct proper planning. Anecdotally, despite programs supposed to be in place in prisons, we hear that people in custody are still not getting the treatment they need. There is a range of programs that are supposed to be available around alcohol and drug use, sexual assault, violence, and these programs, in reality, are not being offered, or taken up, or being completed.
- 48 Additionally, without proper data we do not have transparency or accountability which is needed in the justice system. This data assists us in being evidence-informed. For example, Jesuit Social Services wants to understand the number of people on remand who are ultimately acquitted. We also want to understand how many people are given a sentence that is equal to, or less than, the time they spent on remand. When Jesuit Social Services has tried to conduct research around these issues, we have found it very difficult to get data from government institutions. Jesuit Social Services would also like to be provided with data around what programs are being offered in gaol/youth justice centres and how many people in custody are able to access these programs. This is important from a transparency and accountability point of view. This is particularly so, given these programs are publicly funded and many are being provided by for-profit companies.
- 49 Jesuit Social Services would like Corrections Victoria to publish detailed demographic information about prisoners and the use of isolation. For example, when Jesuit Social Services completed the 'All Alone' report on youth offenders and isolation, we looked at what was happening in other jurisdictions. We learned that in Ireland, data about the frequency of use of isolation in prisons was required to be published on the government website. When this practice was introduced, the numbers around use of isolation in Ireland reduced. We would recommend that isolation figures be published in Victoria given the experience in Ireland.
- 50 We also have a particular concern about privately operated prisons. Whilst transparency is not necessarily available for any prison in Victoria, we are particularly concerned about this in relation to those that are privately operated. Jesuit Social Services has also done a report in relation to the outsourcing of prison work.¹¹

¹¹ Jesuit Social Services. (2017). 'Outsourcing Community Safety: Can private prisons work for public good?' Retrieved from <http://jss.org.au/wp-content/uploads/2017/11/Private-Prisons-2017-DRAFT-FINAL.pdf>

JESUIT SOCIAL SERVICES

Jesuit Social Services programs for young people and adults involved in the criminal justice system

- 51 Jesuit Social Services is a social change organisation. We provide programs and advocacy around six main areas. These areas are:
- (a) justice and crime prevention for people involved in the criminal justice system;
 - (b) mental health and wellbeing for people with multiple and complex needs and those affected by trauma, suicide and complex bereavement;
 - (c) settlement and community building for recently arrived immigrants, refugees, displaced persons and disadvantaged communities;
 - (d) education, training and employment for people that have barriers to sustainable employment;
 - (e) gender and culture to provide leadership in the reduction of violence and other behaviours prevalent among boys and men; and
 - (f) ecological justice. This underpins the work we do across the organisation, restoring our relationship with the environment and with each other.
- 53 Our advocacy and policy work are coordinated across all our programs and major interest areas. Our advocacy is grounded in the knowledge, expertise and experiences of our program staff and participants, as well as academic research and evidence. We seek to influence policies, practices, legislation and budget investment, as well as community members themselves, to positively influence people's lives and improve approaches to addressing long-term social challenges. We do this by working collaboratively with the community to build coalitions and alliances around key issues, and by building strong relationships with business and government.
- 52 Jesuit Social Services offers numerous programs. Across our 12 key programs in 2018, we had 963 participants who presented complex needs including homelessness, substance abuse, child protection and family violence issues. Out of these 963 people with complex needs (our most intensive group), 77% of them reported mental health concerns. We also work with a number of other participants who require less support including from schools or other community settings.
- 53 In relation to the mental health illnesses faced by our participants they are addressed in Table 1 below as at 31 December 2018:

TABLE 1: Mental health symptoms among Jesuit Social Services participants

| Symptoms reported | #participants | % participants (740) |
|-------------------------------|---------------|----------------------|
| Mood and/or Anxiety Disorders | 536 | 72% |

| | | |
|--|-----|-----|
| Post-Traumatic Stress Disorder | 124 | 17% |
| Psychotic Disorders | 92 | 12% |
| Substance Abuse Disorder | 86 | 12% |
| Personality Disorders | 68 | 9% |
| Attention Deficit + Disruptive Behaviour disorders | 57 | 8% |
| Other | 40 | 5% |
| Eating Disorders | 13 | 2% |
| Organic Brain Disorders | 3 | 0% |

A total of 1019 symptoms were reported for the 740 participants - More than one symptom can be reported per participant. 60% of participants were reported as receiving treatment for their mental health conditions at 31 December 2018 or at their exit from their Jesuit Social Services program.

- 54 In the justice and crime prevention space, we offer programs based on our belief that all people, including people exiting prison, should have the same opportunities to access housing, education and employment as anyone else. Jesuit Social Services offers transitional support for people exiting custody or who are on orders in the community.
- 55 Some of our services in the justice and crime prevention space include:
- (a) ReConnect: We provide transitional support to high risk and high profile adults in the justice system from Melbourne's north and west through our program called ReConnect. We work with people intensively in our ReConnect program for up to 12 months post release in assisting them with their re-entry into the community.
 - (b) Youth Justice Community Support Service (YJCSS): This program provides intensive support to young people aged 10-21 who intersect with the justice system. This program is available across metropolitan Melbourne. The Artful Dodger Studios as described in paragraph # above, is also specifically available for young people with mental illness or substance abuse issues.
 - (c) Barreng Moorop: This program offers integrated and intensive support to Aboriginal children aged 10-14 who are currently involved with police. We partner with the Victorian Aboriginal Legal Services and the Victorian Aboriginal Child Care Agency in this program.
 - (d) Youth Justice Group Conferencing: I have described this program in paragraph 40 above. Its focus is on restorative justice.
 - (e) Justice Employment Training Transition Service (JETT): We help young people in custody aged 15+ to prepare for employment in this program.

- (f) African Visitation and Mentoring Program (AVAMP) – We work with people from an African background involved with the criminal justice system in Melbourne, matching them with a mentor to support them through their sentence and post-release.
- (g) Leaving Care Mentoring – we match volunteers from the community with young people involved in the Child Protection system, with the aim of creating lasting friendships and positive, stable role models for young people leaving care.
- (h) Enabling Justice Project – in collaboration with RMIT University’s Centre for Innovative Justice, we address the over-representation of people with acquired brain injuries in the criminal justice system.
- (i) Navigator – we support disengaged learners aged 12 to 17 years old and work with them around a return to education or training.
- (j) Link Youth Justice Housing Program– we support young people exiting the criminal justice system by facilitating access to housing, cultivating ongoing and stable living arrangements and providing an unparalleled and crucial after-hours support service.

56 As part of offering transitional supports to people exiting from custodial environments, we also offer housing programs. These include Perry House (where we provide longer-term housing for adult clients with intellectual disabilities exiting custody) and Next Steps (a program where we prevent homelessness for vulnerable young people aged 16 to 24 involved with the justice system, by delivering intensive case management support and providing supported accommodation through our Dillon House facility). In Next Steps, we manage a number of intensive support packages for clients. This includes a range of young clients including some complex young clients who require 24-hour care, through to people who requiring less supports. For example, they may need assistance with options in relation to community training or work and being connected with services.

57 Further, we offer mental health and wellbeing programs to engage young people dealing with mental illness, substance abuse issues and/or assistance to people impacted by suicide. Including the Artful Dodgers Studios project that I have already discussed, other programs include:

- (a) Support After Suicide: we provide counselling, group and home visits, art therapy and online resources to people bereaved by the suicide of a loved one.
- (b) Connexions: Our counselling and outreach program supports young people with complex needs to reduce the harm of substance misuse and deal with mental health concerns. It is a dual diagnosis program. This is a transitional support program that we offer young people resettling into the community. This service can also fill a treatment gap in relation to young people with other complex needs such as borderline personality disorder (**BPD**). We work with a number of clients

with BPD which can be extraordinarily challenging. Our experience is that multiple suicide attempts are high in this cohort of young people. People with BPD share many common traits and challenges, no matter their age. For example, people with BPD can be challenging to work with because of their behaviours. There is no specific medications that treat BPD as there are for schizoid conditions such as schizophrenia. Management is a trauma-based approach around relationships and consistent boundaries. Beyond that, young people with BPD have further complexities. They may have recently come from out-of-home care, they may have experiences of abuse and trauma that have manifested in BPD. Housing stability, positive relationships with staff and a therapeutic approach all support young people with BPD. However, when we take young people with BPD to emergency departments or mental health facilities, we are told that they do not meet the criteria for mental illness for admission under the *Mental Health Act 2014* (Vic). We consider there is a need for a specialist response, including at times secure settings for young people who need, and in some instances, want to be contained in some way.

- (c) The Outdoor Experience (TOE): We engage young people with alcohol and drug problems in meaningful, safe and appropriate therapeutic adventure activities and journeys.
- (d) StrongBonds: We have developed an easy-to-use website for families and youth work practitioners supporting young people with complex needs.¹²

Changes to Jesuit Social Services programs in the last decade

58 Jesuit Social Services has seen changes to our programs in the last decade. We often have to shape our work around what we are permitted to do by Corrections Victoria. We have been allowed to do more by Corrections Victoria in the last five years. In prior years, we were only allowed to work with participants in our ReConnect program (formerly called 'Link Out' and 'Bridging the Gap') for prescribed time periods set by Corrections Victoria. For example, for lower needs participants in prison, we were told we could only work with them for eight hours a year and for higher needs clients, 40 hours a year. These time periods under our ReConnect program are now less prescriptive and more needs-based. However, the reality is that the that get referred to us are in the high risk end and have higher and more complex needs. We aim to work with 170 prisoners per year in our ReConnect program and these are mainly sex offenders or serious violent offenders. The majority of people exiting custody do not get this type of support, yet they still have high needs. If more people exiting custody were to be more intensively supported to successfully transition back into the community, then this would require significantly more resourcing.

¹² See <http://www.strongbonds.iss.org.au/>

59 We also consider that in the last decade there has been more of a push on individuals in custody to demonstrate their willingness to cooperate with services. They seem to be required to seek out services rather than an outreach model. Overall, I would observe that services are more office or community health centre bound and that we are trying to get people to advocate for themselves. Jesuit Social Services is not necessarily against this, but we note that some people in custody are not in a position to cooperate and self-advocate in these ways. Often, many of the people we work with need to be ‘wooded’ into treatment and engagement in that treatment. This is done by building trust and a relationship with a participant which takes time.

Measuring Jesuit Social Services’ impact

60 As noted above, in terms of measuring our impact at Jesuit Social Services, we have developed a practice framework called ‘Our Way of Working’ across five domains using the acronym ‘VALUE’. This stands for V: ‘value in self and others’, ‘A: ‘affirm goals and aspirations’, ‘L: link people into support’, ‘U: use and upgrade skills and capacities’, and ‘E: enhance civic participation’. This practice framework is what we use to try and loop people into supports that will keep going when our service is no longer providing services. Our ‘Way of Working’ model, underpins all Jesuit Social Services’ doing and influences our work with individuals and communities. The framework speaks to the inherent humanity of each individual, every community, and their capacity to envisage and achieve a more positive and engaged future, no matter their current circumstances.

61 We also have a database called the JeSS Case Management System where we collect information and our observations around the progress that each of our clients are making. We data collect information when participants enter our programs, information relating to their progress each year in June, and information when they exit the program. Our measurements align with Our ‘Way of Working’ framework and the VALUE variables and domains. Further, each of our programs has its own measures and specific performance indicators. These also all align with the ‘Our Way of Working’ framework.

62 Through the JeSS Case Management System, we are able to record and track the progress of program participants. An example can be found in Table 2 below in relation to improved outcomes for participants in 2018:

TABLE 2: Outcomes for participants in 2018

| Domain | Mental Health Concerns | | | No Mental Health concerns | | | N |
|----------------------|------------------------|-----------|-------|---------------------------|-----------|-------|-----|
| | Improved | No change | Worse | Improved | No change | Worse | |
| View of self | 58% | 37% | 4% | 65% | 34% | 1% | 813 |
| Connection to family | 57% | 38% | 5% | 63% | 35% | 2% | 812 |
| View of future | 64% | 33% | 3% | 68% | 31% | 1% | 824 |

| | | | | | | | |
|-----------------------------------|-----|-----|----|-----|-----|----|-----|
| Participation in ed/employment | 44% | 53% | 3% | 55% | 42% | 3% | 818 |
| Use of supports | 63% | 32% | 5% | 68% | 29% | 3% | 823 |

Mental health information received from prisons or youth justice centres

- 63 As discussed above, Jesuit Social Services staff found it was not uncommon for young people and adults to be released from custody without being given necessary medical and health care information to support their care in the community. This is a concern generally but becomes more concerning when it means participants do not know their medication, cannot access medication, or are taking medication with no evidence that it is the correct medication.
- 64 In addition, often correctional and youth justice staff did not provide this information to Jesuit Social Service case staff due to privacy concerns. We understand and respect that medical information is confidential, but we have also seen through the family violence reforms that it is possible to do this in a safe and ethical way. Jesuit Social Services' ReConnect program has recently embedded a nurse as part of the team who works alongside our case workers. This has enabled us to better access vital information to facilitate our support of participants as they reintegrate and transition back to the community. This may be because correctional and youth justice staff are more willing to share information with a health professional.

Improvements in the system when people exit prisons or youth justice centres

- 65 For people exiting prison or youth justice centres, access to appropriate mental health care in the community is critical to reintegration. As I have indicated above, in our experience, the interconnection between effective mental health care in custodial settings and in the community can be ad hoc. This manifests at various levels – from the absence of basic communication of medical information at release from prison, to larger structural gaps, such as access to the NDIS.
- 66 Individuals exiting prison encounter issues in relation to privacy and confidentiality and lack of shared information between agencies. I have already discussed the challenges of health information being shared upon a person being released from prison. There is a crucial need to improve information sharing and relationships between health services in prisons to community and mental health services. The information sharing reforms recommended by the Victorian Royal Commission into Family Violence would serve as a useful model for reform.
- 67 Prisons may have supported prisoners when they are incarcerated, but once a person is released, especially if it is a straight release without a parole period, it can be very difficult for these people to access or seek out community or transition supports or to self-advocate for services or help that they may need. This is particularly so if a person has a mental health issue or substance abuse issue.

- 68 Once in the community, individuals with mental health needs face additional challenges and gaps in support. There are limited stepped care options for prisoners being released. For prisoners released into homelessness or precarious housing situations, in addition to the ramifications of homelessness on mental health, problems arise in relation to clarity of catchment areas for support. It is important that care follows the person regardless of their movement between and across geographic catchment areas.
- 69 A lack of mental health supports leaves individuals leaving prison vulnerable to suicide or self-harm and reoffending. People exiting prison should be included as a target group for assertive outreach suicide prevention initiatives.

NDIS supports for people living with mental illness who engage with the criminal justice system

- 70 Our understanding is that people in prison are not eligible to access NDIS and that an NDIS package does not transfer with a person when they enter prison. In Jesuit Social Services' view, there are real gaps around NDIS services not being available during a person's period of incarceration. Even before a person enters or exits a period of incarceration, there can be enormous difficulties about how a person navigates this complex system and the requirement that a person advocate for themselves in order to obtain an NDIS package. Based on this, our experience is that often our participants are missing out under the NDIS.
- 71 Additionally, there is very limited planning in transitioning a person out of prison. This means that there is little work being done to connect a person with the NDIS ahead of their transition out of prison and back into the community. Often these participants also have a long wait time under the NDIS application process when they get out of prison. We consider we should be prioritising NDIS packages for people leaving custody.
- 72 In my view, whilst there are a lot of positives in relation to the NDIS, there are also limitations with the services that the NDIS will fund. For example, it is difficult to get funding in relation to some community activities. For some of our 'soft entry points' as discussed above in paragraph 39, Jesuit Social Services often requires different and various staff members to engage with a participant. For example, we may need a social worker, a life skills worker and a musician to engage a person. This multi-disciplinary team is unlikely to be funded by NDIS. Additionally, emphasising individual, targeted packages has had an unfortunate outcome for some people. While it is good for the people with packages, it has resulted in the erosion of some of the more accessible service system responses which formerly provided places for people to go and to connect with without a NDIS package.

CHANGES OVER TIME

Trends and changes in relation to diversion approaches, bail, and parole in Victoria in the last decade

- 73 At a high level, the trends and changes in the last decade around diversion, bail and parole have become increasingly punitive and regulated.
- 74 In my view, there has been a race to the bottom by political parties when it comes to these criminal justice issues, and this has had a very negative impact in relation to the community's views about crime which has increased stigma. For example, we have seen this increase in stigma in relation to how politicians have spoken about youth offenders and young African people in recent years.
- 75 In relation to youth offenders, the legislation a decade ago focussed on strong rehabilitation of youth offenders not punishment. In Jesuit Social Services' view, punishment is now the focus of legislation in relation to youth offenders. There was also a passionate workforce both in the community and custodial settings in relation to youth offenders. However, in the last decade the focus on rehabilitation has eroded and we have lost the same level of workforce in the youth justice system. We have seen shifts like staff at youth justice centres wearing uniforms that makes them look like prison officers. However, we are talking about young people under the age of 18 who are technically children – this appears to have been forgotten by our community. Unfortunately, the youth justice system lost its way which left it vulnerable to those who wanted to bring in legislation and policies that took a more punitive approach. There are attempts underway more recently to reset the system but unless some of the legislation changes, there will not be improvement to the extent necessary.
- 76 In relation to the adult population, the increasingly punitive trends around diversion, bail and parole have seen an 86% increase in the prison population in the last 10 years¹³. There is much less tolerance in our society in relation to criminal offending which has driven change such as removing many non-custodial options such as suspended sentences or home detention options. The legislative changes in relation to bail and parole have made it harder for people to get bail and access parole. It is Jesuit Social Services' view that some of the legislative changes must be undone or repealed because unless this occurs, we are still going to get growth in the prison population in Victoria.
- 77 The growth or overcrowding in the prison system is problematic because it prevents people in custody from getting the treatment they require and attending therapeutic programs. Anecdotally, we are told that people in custody may not apply for parole knowing that they will struggle to meet the onerous parole conditions imposed on them.

¹³ There were 8,101 prisoners in the Victorian prison system on 30 June 2019. This represents an increase of 86.2 per cent on the 30 June 2009 figure of 4,350. See <https://www.corrections.vic.gov.au/prisons/corrections-statistics-quick-reference>

Even if a person is paroled, they are not getting adequate supervised support upon their release from prison and we think this may be leading to part of the increase in recidivism. As such, we consider that these legislative reforms are actually driving the growth in incarceration rates in adult prisons and youth justice centres.

Trends and changes in sentencing law and practice in Victoria in the last decade

- 78 Victoria's youth justice system has become increasingly punitive and regulatory. In order to create a youth justice system that adequately meets the mental health needs of children and young people in its care, the underlying vision and principles of the system must be geared toward the best interests of children and toward their well-being. Victoria's youth justice system was historically based on rehabilitation of children and young people, with the right legislative basis to ensure that criminal justice responses are sensitive to the unique developmental needs of young people. However, recent changes to legislation have eroded some of these safeguards. For instance, the *Children and Justice Legislation (Youth Justice Reform) Act 2017* contains functions that limit the dual track system¹⁴. A presumption has now been created that young people aged between 18 and 20, convicted of particular offences, will be sentenced to adult prison unless exceptional circumstances apply.
- 79 As noted above, Jesuit Social Services runs a campaign called #WorthASecond Chance, which aims to increase community understanding and empathy towards young people who have contact with the justice system. As a part of our market research, we hosted four focus groups in which we found strong support for prevention, early intervention and a focus on rehabilitation for people who offend as youths, as long as individuals were also being held appropriately accountable for their behaviour.
- 80 One aim of the campaign is to provide a platform for supporters to engage with the campaign content and to provide them with material for conversations with their own peer networks. A second aim is to engage Victorians who have a low awareness or understanding of the complex nature of youth justice but who are open to learning more.
- 81 As a part of this, we facilitated guided 'kitchen table' conversations with members of the public. These conversations were designed to help people arrive at the issue of youth justice by first thinking about challenges they had faced in their lives and what supports they had in place to turn to. By first reflecting on this, people appeared to be able to understand and contextualise the challenges young people in contact with the justice system face and what sort of support they may need to help get their lives back on track.

¹⁴ Various sentencing options are available for children and young people. The Victorian Sentencing Advisory Council notes that "dual track system under the *Sentencing Act 1991* allows adult courts to sentence young offenders (aged under 21 years) to serve custodial sentences in youth detention instead of adult prison. Dual track is intended to prevent vulnerable young people from entering the adult prison system at an early age. For a young offender to qualify for youth detention under the dual track system, the court must be convinced that he or she has reasonable prospects of rehabilitation, or that he or she is particularly impressionable, immature, or likely to be subjected to undesirable influences in an adult prison." See <https://www.sentencingcouncil.vic.gov.au/about-sentencing/sentence-types-for-children-and-young-people>.

- 82 We found that once people had a deeper understanding of the context of a young person's offending and their background, they were more inclined to agree with less punitive sentences and to agree that the stronger focus should be on rehabilitation while still holding people accountable for their actions.
- 83 This is consistent with other research, such as the Victorian Jury Sentencing Study¹⁵, that indicates community attitudes towards justice, including sentencing, shift when awareness and understanding is increased.
- 84 In adult corrections, over the 10 years (up to 2019), prison numbers have increased by 86%¹⁶, and Victoria's unsentenced prisoner population continues to grow at an unprecedented and unsustainable rate. At November 2019, more than one third (37%) of prisoners are on remand or awaiting sentencing¹⁷. These trends have been driven by years of legislative changes that have made it harder to get bail, limited access to parole, and removed a series of non-custodial options.
- 85 Impacts in the future could be minimised if we consider the following:
- (a) Codifying restorative justice approaches in the *Sentencing Act 1991* (Vic) (the **Sentencing Act**).
 - (b) Expanding group conferencing (as discussed at paragraph 40 above) from the youth justice system to include adult justice.
 - (c) Repealing changes to the Sentencing Act that came into effect after the introduction of the *Justice Legislation Miscellaneous Amendment Act 2018*.
 - (d) Repealing changes introduced under the *Bail Amendment (Stage One) Act 2017* that create a presumption against bail for more offences.
 - (e) Repealing changes introduced under the *Bail Amendment (Stage One) Act 2017* that creates a presumption against bail for more offences.
 - (f) Funding criminal justice advocacy and support services that offer support to people with a cognitive disability or complex needs at any point of their interaction with the criminal justice system, including police, courts, corrections and prison.
 - (g) Drafting legislation and court orders in simple language to make them more understandable and easier to comply with.

¹⁵ See the factsheets about this study at https://www.sentencingcouncil.vic.gov.au/sites/default/files/2019-08/Is_Sentencing_in_Victoria_Lenient.pdf and https://www.sentencingcouncil.vic.gov.au/sites/default/files/2019-08/Factors_Relevant_to_Sentencing.pdf

¹⁶ Australian Bureau of Statistics (2019). Prisoners in Australia. Available at <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/4517.0~2019~Main%20Features~Victoria~22>

¹⁷ Corrections Victoria. (2019). Monthly time series prisoner and offender data. Available at <https://www.corrections.vic.gov.au/publications-manuals-and-statistics/monthly-time-series-prisoner-and-offender-data>

- (h) Legislating to allow sentencing courts to be mindful of intergenerational trauma and systemic disadvantage that Aboriginal and Torres Strait Islanders face. A similar approach to the Canadian Gladue model¹⁸ could be appropriate.
- (i) The Victorian Government considering Racial Equity Tools as a mechanism to begin to address the over-representation of Aboriginal and Torres Strait Islanders in the justice system¹⁹.
- (j) That access to the dual track system (as discussed at paragraph 78 above) be broadened and the age range increased to 18-24 years.

86 Further, Jesuit Social Services would support the following recommendations made by the Sentencing Advisory Council²⁰:

- (a) Sentencing principles in the Sentencing Act that specifically address young adult offenders, including making the age and/or psychobiological development of an offender a specific sentencing consideration.
- (b) Changes to community-based sentencing options for young adult offenders, such as a specialist approach to engaging with, and making programs available to, young adult offenders on non-custodial orders. This could be achieved through making changes to the existing community corrections order (CCO) scheme or by allowing young adult offenders access to non-custodial options available under the *Children, Youth and Families Act 2005* (Vic).
- (c) Having a specialist young adult court or a specialist list to address the needs of young adult offenders at the sentencing stage.
- (d) That the Victorian Government stop increasing the number of offences excluded from CCOs that keep more people from community-based supervision.
- (e) That the purpose of 'unpaid community work' within a CCO as 'punishment' be removed from the Sentencing Act in order to ensure that purposeful activity is the basis of a CCO.
- (f) Significantly increasing funding for community corrections in order to support work with people in the community.
- (g) Creating a more graduated sentencing hierarchy by introducing alternative sentencing options, such as home detention, electronic monitoring, and reintroducing suspended sentences.

¹⁸ See <https://www.justiceeducation.ca/about-us/research/gladue-and-aboriginal-sentencing>.

¹⁹ Racial Equity Tools integrate explicit consideration of racial equity in decisions, including policies, practices, programs and budgets. The tool is both a product and a process. It recognises that many current inequities in our society are sustained by historical legacies, structures and systems that repeat patterns of exclusion. Without intentional intervention, structures will continue to perpetuate racial inequities. The tool proactively seeks to eliminate racial inequities and advance equity, engage community in decision-making, and identify who will benefit or be burdened by a given decision.

²⁰ https://www.sentencingcouncil.vic.gov.au/sites/default/files/201911/Rethinking_Sentencing_for_Young_Adult_Offenders.pdf

(h) Considering a presumption against short-term sentences – and accompanying any reform with robust, viable and state-wide alternatives to custody that are uniformly available in regional and remote areas.

87 These changes are not specifically related to reducing the number of people with mental health needs in prison. However, sentencing reform has created a ‘net-widening’ where vulnerable individuals are no longer protected from damaging experiences of imprisonment, who could be safely supervised in the community, receiving appropriate treatment. Instead, the availability and variety of community-based alternatives to detention, appropriately diverse sentencing hierarchy, and protections for vulnerable people such as those with mental health needs, have all been rolled back.

Trends and changes in recidivism rates for young people and adults living with mental illness in the criminal justice system

88 Due to the legislative changes around parole, there is a higher number of prisoners now facing straight release from prison which means that there is no supervised support provided to them upon their release which would occur if they were on parole. There is no step-down support for these people exiting a custodial setting who are often vulnerable children, young people or adults. They re-enter the community after long periods of incarceration, including periods of isolation with no supports or community linkages.

89 At Jesuit Social Services, we consider that recidivism is also linked to broader pressures on the system which means people not getting access to treatment programs when in custody, which can translate to people not getting a service in the community either. Prison can sometimes provide the first opportunity for someone to get a diagnosis and receive treatment. This represents an opportunity missed. If people are not getting their health-related concerns treated in and out of prison, this leads to a higher percentage of people re-offending. This is because long-term desistance from offending occurs when the underlying causes of offending are effectively dealt with. Currently, the recidivism rate for people who have already been incarcerated is 52.8% which is 8% more than the general community.

90 Another issue is that people coming out of prison or youth justice centres are often very isolated. This goes back to the issue around the importance of relational bonds and keeping people connected. They have no access to training or employment. In Jesuit Social Services’ view, we need more tailored programs for people exiting custody than what is currently offered by the Victorian Government. We need to be equipped to intervene in the various strands of the ‘web of disadvantage’. Just providing a program that may deal with one of these strands is not enough. We need to be able to intervene in all, or the majority of, these strands of disadvantage. Jesuit Social Services considers that if this is done, this is how recidivism numbers will be diminished.

Impacts on JSS of the increase in prison and youth justice populations in the last decade

- 91 The increases in the prison population have impacted on Jesuit Social Services' capacity to engage effectively with people in custody. In prison, staff who provide us with referrals have a high workload and this means we sometimes we do not get referrals. Male prisoners can get moved between prisons quite quickly and with little notice. This might be due to changes to the prisoner's risk assessment (a prisoner may be upgraded or downgraded to a higher or lower security prison based on their risk assessment) or it might be to address variations in population pressure across the prisons. The reality is that male prisoners are moving around the system quite often. This can result in Jesuit Social Services having a lack of timely access to participants. This can be particularly challenging for prisoners with mental health issues or cognitive disability. Due to the whole system being under pressure, we may only meet the person in custody just before they are being released.
- 92 In the context of youth justice, anecdotally, Jesuit Social Services staff have indicated that when they attend prisons, it is often in sudden lock down or they are unable to gain entry. Increased youth justice population has certainly negatively impacted on the creation of a therapeutic and stable environment for the young people in detention.

DIVERSION

The prioritisation of health-led responses over justice-led responses for people with a mental illness who commit less serious offences

- 93 We believe at Jesuit Social Services that health-led responses should be prioritised over justice-led responses for all people in the justice system who commit less serious offences, including people with a mental illness and youth offenders.
- 94 In relation to Jesuit Social Services' visit to Norway, one of the very simple things they do, if people were charged with an offence that had less than a 12 month sentence, they would not be placed into custody. This was because any crime that had a 12 month sentence or less in Norway, by definition, was not a violent crime. This often meant that people would serve their sentence in Norway for these less serious offences at home, or by living in a smaller home-like facility with staff and being permitted to go home for weekends. We consider that this could be applied to people with a mental illness who commit minor crimes in Victoria. People in Victoria might be required, for example, to live in a certain place, attend each day to see a worker, or a worker could be required to undertake home visits. Of course, this would unlikely be able to be applied in a blanket way. For some people who commit minor crimes and have other issues, including mental health problems, a sentence served in the community may not be possible based on community safety concerns.
- 95 We consider at Jesuit Social Services that there needs to be a whole range of options provided depending on the seriousness of the offence, the seriousness of the mental

illness, the nature of people's physical health and other social determinants such as a person's housing status, whether they are engaged with treatment and whether they have family or siblings. We consider diversionary programs would best deal with these multiple issues and Jesuit Social Services would like to be able to assist in establishing and running new types of diversionary programs.

- 96 Jesuit Social Services ran a pilot justice program called the Youth Diversion Pilot Program for youth offenders in 2015 in the Children's Court in four metropolitan areas (Broadmeadows, Dandenong, Sunshine and Werribee) and three regional areas (Ararat, Stawell and Ballarat). The concept was to try to keep young people out of the justice system through diversion programs. A Jesuit Social Services worker would conduct an assessment of the young person and report to the magistrate what links the young person needed. For example, it might be a plan to get the person back to school or to engage them with various social supports. A person's sentence would be diverted to give the young person an opportunity to meet these treatment goals and attend school or various services. If the young person complied with the conditions of the diversion program, they were not required to return to court to be sentenced more severely. This pilot program received good results. Anecdotally, we also understood that magistrates appreciated being provided another sentencing option. This pilot program is now delivered by the Victorian Government statewide across all Children's Court jurisdictions. However, in ensuring the Youth Diversion Program's success, it is very important that magistrates have confidence that if they make a diversion order, that treatment programs and social supports exist and be appropriately funded.
- 97 As discussed, Jesuit Social Services also runs the Youth Justice Group Conferencing program which is an intervention based on restorative justice principles and practice. The group conference is a diversionary option and young people can participate in a group conference before they are sentenced. Usually, as a result of the group conference with the victim or a victim representative, our experience is that the young person gets a lesser sentence. However, I consider it important to note that the main aim of this program is not about sentence reduction but about helping people understand the impact of their behaviour through a restorative justice model.
- 98 While Jesuit Social Services has been involved in some diversionary programs, we would like to see more of these programs, and we would like the opportunity to work and help shape these diversionary programs. Jesuit Social Services works well with Victoria Police and we would like to be given the opportunity to work alongside police. One of the areas that Jesuit Social services has been eager to work with Victoria Police, is in relation to adolescent family violence. Family violence incidents - where a young person is the reported user of violence - represents around one in 10 family violence incidents reported

to police²¹. The police find these call outs challenging - the parents often do not want to have the young person taken away and there are no options available to police other than a criminal justice option. Jesuit Social Services has been liaising with Victoria Police and DHHS about the possible funding of a trial where Jesuit Social Services' staff go out with the police in relation to these family violence incidents in an attempt to divert these young people from getting involved in the criminal justice system through linking the young person with treatment supports. Jesuit Social Services is also delivering a program called 'Restore' in the Children's Court of Victoria. Restore is a therapeutic intervention program that works through the Melbourne Children's Court to offer a family group conference process for civil cases involving young people who have perpetrated family violence in the home. The pilot of this program began in 2018 and helps offenders and their families address the harm caused by family violence.

- 99 Whilst there are some pilot programs on offer in relation to diversion programs, they are only available in a small number of courts, mostly in the youth justice system. At Jesuit Social Services, we consider that these programs need to be rolled out at a larger scale and be replicated across jurisdictions in the adult offending space. We would also advocate for restorative justice programs being implemented in the adult space, not just in youth justice.
- 100 Further, whilst the Drug Court, Koori Court and Assessment and Referral Courts are not diversion courts but are problem-solving post-sentence courts, they do help people divert away from prison whilst still keeping them tightly in the justice system. These courts, and courts like the Neighbourhood Justice Centre, do demonstrate the value of moving beyond pilots to investing long-term in health-based diversionary processes that are available across the state.

Police cautions and diversions for people living with a mental illness

- 101 Jesuit Social Services would like to see Victoria Police increasing the use of caution and diversion options, particularly in relation to young offenders. Jesuit Social Services would like to see a youth social worker working alongside police because we consider a caution issued by police to a young person could trigger an opportunity for a social worker to engage with a young person and refer the young person to necessary supports - without further engagement in the criminal justice system. Currently, the police may caution a young person and that might be it. We consider this is a lost opportunity from a treatment engagement point of view. This could also be an opportunity for young people to be linked with peer support and consumer led programs. We have offered peer support and consumer led programs for people with ABIs and have found that they have been very beneficial for the participant. It allows someone with real life experience to work alongside

²¹ Royal Commission into Family Violence, (2016) Vol 4, p150. Available at http://rcfv.archive.royalcommission.vic.gov.au/MediaLibraries/RCFamilyViolence/Reports/RCFV_Full_Report_Interactive.pdf

a professional (like someone from Jesuit Social Services who has been able to build trust with the client) and offer services to a participant.

- 102 In terms of the adult space, more mental health workers working with police when they are in the community would lead to better outcomes. Therapeutic jurisprudence is a useful and effective framework. Problem solving courts modelled on the Neighbourhood Justice Centre or the Drug or Koori Courts with specialist mental health expertise or specialist programs similar to the Court Integrated Services Program (CISP)²² should also be invested in. Additionally, courts need to recognise 18 to 25 year olds as a cohort that requires an age-appropriate response, especially those with mental health issues, trauma, ABIs or cognitive disabilities.

Reforms regarding minor offences and the infringement system for vulnerable Victorians, including those living with a mental illness

- 103 Jesuit Social Services considers that there is a need to review and amend legislation around the nature of the offending, its seriousness (including whether it was an offence against a person or not), and whether a person suffers from a mental illness or other health concerns. If an offence is minor and is not an offence against a person, then in Jesuit Social Services' view we need to be treating these offences differently. If crimes are not connected with the use of violence or crimes against others, we consider we need to have a greater array of options. Diversion programs as discussed above may be one of these options. Anecdotally, we know that there is a disproportionate impact on people, legally and financially, about their resources to deal with minor offences. We consider this might also be a point in time where we look at international examples. When representatives of Jesuit Social Services visited Norway, our colleagues there commented that their impression of Victoria's system in relation to minor offences and the infringement system was that it tied up our whole criminal system unnecessarily.
- 104 Jesuit Social Services considers that there should be a greater array of options available from the point where police caution people, through to diversion programs and at each point along the path of the criminal system. Ultimately, the main question is how we can divert people away from the criminal justice system. For people who end up in custody for more serious crimes, we need to consider how to prepare them better and support them during their incarceration and upon their release. We consider that sentences could be served in the community under a whole range of different arrangements. It would be a big overhaul, but Jesuit Social Services considers that there should only be a very small percentage of the people currently in custody. For example, there is a current conversation taking place about the impact of coronavirus on elderly prisoners in a current custodial environment and the potential to remove non-violent offenders out of prison and

²² CISP is a program aimed at reducing the likelihood of people re-offending by assisting them, through support and coordination, access support services such as drug and alcohol treatment, crisis and supported accommodation, disability and mental health services, ABI services and Koori specific services.

into community environments, hopefully with supports. This may be a prompt for us to consider whether we need to be imprisoning people in certain instances.

- 105 In New Zealand, there has been considerable reform in recent years looking at reducing the number of people in prison. This has been led by the New Zealand government, which has publicly stated that it is aiming to reduce the prison population by 30% over the next 15 years²³. As such, the number of people in prison in New Zealand has dramatically declined in recent years²⁴. New Zealand's justice system better utilises restorative justice and diversion (especially in youth justice) to reduce justice 'entrenchment' for individuals who can safely be rehabilitated in the community. Similarly, Scotland has reviewed the need for short-term sentences²⁵, reserving imprisonment for individuals who cannot be safely or effectively supported in the community. The New Zealand and Scotland examples did not aim to explicitly reduce the number of prisoners with mental health needs, but rather to reduce the prison population overall. However, these examples provide a lesson for Victoria and show that it is possible to effectively reduce the prison population and work with people in the community. This is poignant as we know that imprisonment negatively impacts mental health, and where people have mental health needs, they may be better supported in the community (with appropriate supervision and intervention).

DISPROPORTIONATE IMPACT OF LEGAL AND FINANCIAL PROBLEMS

Legal and financial problems for Jesuit Social Services participants and program offerings to address the issue

- 106 Jesuit Social Services considers that legal and financial problems do generally impact our program participants with mental illness disproportionately. For Jesuit Social Services, there are some capacity issues in terms of resourcing and the size of our workforce in supporting our program participants from further penetrating various systems upon their release from prison. Jesuit Social Services staff have reported back to me that they consider that an integrated mental health and legal service would be effective. I personally am not aware of such a service, but my staff have told me that they consider a service that provided free and confidential legal advice to people who experience mental illness, where their legal problem relate to mental illness, would be beneficial and would aim to promote the rights of people with mental illness involved in the criminal justice system.
- 107 The people we work with at Jesuit Social Services often find it difficult to access specialist services. If there were more co-located or integrated services available, then in our view, more people are likely to access the multiple services that they require. It comes back to the web of disadvantage that I have discussed previously. If we look at co-location or

²³ See <https://www.safeandeffectivejustice.govt.nz/>

²⁴ See

https://www.corrections.govt.nz/resources/research_and_statistics/quarterly_prison_statistics/prison_stats_march_2020

²⁵ See <https://www.gov.scot/news/presumption-against-short-sentences-extended/>

integrated services through a relationship lens, maybe one key worker will be able to assist a person to navigate the various systems which can be very difficult, particularly if services are located at different locations and places. This would be a preferable option for some of our most disadvantaged people who often have a mental illness and substance abuse issue. For example, at Jesuit Social Services, integration through the form of an in-house mental health service would be of great benefit. It would mean we would have timely mental health expertise and be able to receive fast mental health advice. It may not be possible that we are funded to have such a role, but we do need ways of having access to this information and expertise. Also, when one of our clients goes into hospital, we are not be involved in their mental health care and are not consulted about our understanding of the person's situation. When the person is discharged into Jesuit Social Services' care, our experience is that this happens without our knowing anything about their mental health, hospitalisation or any other related issues. We find this particularly difficult for our clients who may have serious and problematic BPD.

YOUTH JUSTICE

Needs of young people living with a mental illness in youth justice

- 108 Jesuit Social Services is of the view that young people in the youth justice system with mental illness are not currently having their needs met. When a young person enters custody, they get an assessment and issues may be picked up at that stage. However, our particular concerns are around the treatment that young people receive in custody. Anecdotally we have heard of young people being medicated as a way of behaviour management rather than treatment for mental illness. Jesuit Social Services has concerns about the level and types of treatments being provided to our program participants in youth justice centres.
- 109 We need to address youth justice on a systemic level. At one point, our system placed 80% of youth offenders on remand. It has now decreased to 50%²⁶. However, in the best jurisdictions, only about 20% of youth offenders in custody are on remand. Our system in Victoria is overloaded and it is under pressure. I consider we need better assessments of young people entering custody and they need to receive better treatment. We consider having an inhouse psychiatrist in youth justice facilities may be an option. However, if the system is overloaded and young people are on remand who should not be in custody at all, then any system changes will take a long time because the courts will also be clogged.
- 110 It is difficult in recommending a clear pathway for improvements for the youth justice setting because you cannot look at any one factor in the system in isolation. One issue is that when people are incarcerated, their mental health problems may get worse in a situation where there are inadequate supports in place. This is particularly so, because in Victoria we have large units in youth justice centres. This is in contrast to, for example,

²⁶ Calculated based on Victorian data within AIHW (2020) Youth detention population in Australia 2019, see: <https://www.aihw.gov.au/reports/youth-justice/youth-detention-population-in-australia-2019/contents/table-of-contents>.

New Zealand, who have no more than eight young people per unit in a youth justice setting and have a several staff members on the unit at all times. This means staff can observe how the people in the unit are progressing, which cannot occur in a large institutional setting. Merely getting better trained mental health staff members or a psychiatrist in those large institutions will not be the answer in my view.

Improvements in youth justice services

- 111 Individualised care and meeting the holistic treatment needs of a young person is what is required to improve the experience for young people in custody with a mental illness. That occurs through building relationships with one key worker. Currently, reforms are taking place within Youth Justice where a key worker is assigned to, and works with, a young person involved in the criminal justice system irrespective of whether they are in custody or not. The key worker follows the young person through the system to offer supports. As a general principle we believe young people should be linked to a person they can build a rapport and relationship with over time. For those people in custody, they should have strong relationships with workers and be linked to services before release. We consider the current Youth Justice reform to be a positive step forward because there are moves being made to get the right staff, with the right attributes and qualifications in the youth justice system to provide support to these young people. But given the pressure on the system, it is going to take some time to meaningfully change the system.

Barriers to NDIS access for young people living with mental illness in the justice system

- 112 I refer to paragraphs 70 to 72 above in relation to the NDIS. My comments in those paragraphs apply to young people living with mental illness who interact with the justice system.
- 113 We know that young people have difficulty accessing NDIS because mental health operates on a recovery model whereas NDIS is designed to provide for long-term disability. NDIS is difficult to navigate for young people in out-of-home care and in the criminal justice system, and often referral of young people can be slow.
- 114 Moreover, the NDIS model, which was designed to be a universal model that focuses on user choice, is not always appropriate for some young people, especially those experiencing instability such as homelessness, drug and alcohol misuse or contact with the criminal justice system. NDIS operates on a 'marketplace model', where strong self-advocacy skills are integral. This can be extremely difficult for some young people to navigate, especially when they may be experiencing chaotic lives.
- 115 The final issue is that the support provided in the NDIS is not necessarily at the appropriate level for young people with complex needs. Young people experiencing homelessness, who intersect with the justice system or who have concurrent alcohol and other drug issues, need support centred on strong relationships and a good rapport, which

can take time to build. NDIS providers are not always equipped to work in this way, as it requires a highly skilled, experienced and qualified workforce.

YOUTH FORENSIC MENTAL HEALTH SERVICES

Specialist forensic mental health services for children and young people

- 116 Jesuit Social Services considers that there should be a specialist forensic mental health service for children and young people created in Victoria. However, this ultimately comes back to having the right workforce who have skills and qualifications that relate to children and young people who are aware of developmental needs. A specialist child and youth forensic mental health service must also be involved with Child and Adolescent Mental Health Services (CAMHS) run through DHHS. The correct workforce has to be embedded to provide holistic support to a young person and these supports cannot be limited just to a mental health response.
- 117 We also consider that there has to be a broadening of the common understanding of a mental health response because it is not just a clinical response that is required from a medically trained person. Mental health is affected by other social factors such as isolation, the breakdown of relationships with family and friends, expulsion from school, not having employment prospects and the list goes on. As such, social supports are also required in providing mental health supports to a young person.
- 118 In our view, it comes back to relationships and having a holistic view of the young person. Specialist mental health as part of this approach is essential. We often find that when we assist our program participants in various parts of their life and in relation to their social issues, there is a big disjuncture in Jesuit Social Services' knowledge about a young person's treatment once they get involved with a mental health service. Once we make a referral for a young person into a mental health service, we tend to be left out of that part of a person's treatment and care because there seems to be a view that those in the mental health service are the specialists in that area and that we have no role to play. The reality is that mental health services often do not spend considerable time with a young person, and that our staff do. Often these young people live in one of our accommodation services or engage in other services and we have a rapport and relationship with them. We have felt that there has not been enough respect for the view or input of non-clinical workers who often have an understanding of the broad array of issues that a young person may be facing in their lives. Simply being diagnosed and treated for a mental illness cannot be divorced from issues relating to the whole of a person's life. This equally applies to adult clients.
- 119 Jesuit Social Services is not certain about what sort of organisation should offer children and young people specialist forensic mental health services. However, we consider that it is very important that this service not be completely medicalised. While this should be a key feature, we need holistic support mechanisms for young people involved in the

forensic space. This is particularly so based on the developmental needs of a child or young person given that their brain is more malleable at their age range. A child or young person's development continues well into their twenties. Based on this, we consider it is important not to pathologize a young person. We want to be offering them a sense of belonging, inclusion, participation and agency in the form of specialist services they wish to access.

- 120 Jesuit Social Services is not aware of any best practice models in Australia or other jurisdictions in relation to child/youth forensic mental health services. When we visited Germany, the youth prisons had a specialist mental health unit inbuilt into them. However, we do not know the details of that arrangement and how they were evaluated. We went to a few youth justice facilities in Germany where the people in charge of the prisons were psychologists. This meant they operated with a mental health approach in operating the prison. In Norway, they have a very strong human rights framework and they operate their prisons pursuant to this framework.

TRANSITIONS

Risks and supports to young people and adults living with mental illness when they transition between services

- 121 Jesuit Social Services considers that many people fall through the gaps when they transition between services, including justice-related services. We see this occur regularly. I consider the key worker role as discussed in paragraph 111 above is the best way to support people during transition periods because it offers a continuum of care and vulnerable people, especially young people, who may not be able to navigate the system. We know, for example, that not every young person released from custody has a community youth justice worker. In our view, this increases the likelihood that the young person will go out into the community and fall back into their same negative patterns and possibly reoffend. Yet, there is some belief on part of the community that these young people will not re-offend or that they may attend services seeking help post-release based on the fact that they were punished and served a custodial sentence. This is not the case.
- 122 As previously discussed, the sharing of information is also central in best supporting people through transition periods. Having justice information and health information are required for services like Jesuit Social Services to best support people in transition periods. We are very pleased that there has been a push by DJCS to share more information with us but there could be improvements in relation to information sharing.
- 123 Mental health services also need to be embedded in other services that are assisting people with their needs, especially young people. In our experience, many young people do not recognise what they are experiencing is a mental health problem. Even if they do, there is reluctance to engage with treatment which may be because of various levels of stigma. We consider this integration at the service-level would be very important. It means

a young person can attend a service for housing needs, maybe to get a Myki card but also to access or get referred to mental health or other needs that may have attract a level of stigma. We consider there must be an increase in the investment into mental health services to ensure that the organisations and facilities are the sorts of places that young people want to attend. But equally it should be noted that however attractive those places might seem, many young people do not see out such places. We need a skilled workforce who work flexibly, and are not office-bound.

- 124 We also consider that enhancements ought to be made in training for the workforce that deal with youth offenders. This includes the workforce both in and out of a custodial context. Particular training is required in relation to dual diagnosis and treatment for young people who have multiple and complex needs. Jesuit Social Services established Victoria's first dual diagnosis program for young people many years ago and we offered significant training around dual diagnosis at the time. If additional funding was provided in relation to workforce training, Jesuit Social Services would welcome the experience to further train, and perhaps supervise, other community organisations to enable them to offer dual diagnosis programs and to assist them in making better assessments of clients in order to make referrals. This, in my view, could lift the bar higher and improve the capacity of the system more broadly, including specialist forensic or clinical parts of the mental health system that provide treatment for young people.
- 125 Finally, we need a re-thinking about how youth justice facilities, including locked mental health facilities, are run. Our staff have taken young people to these organisations and there has been a guard at the door, they are locked and, it is our impression, that the staff appear to be frightened of the young people they are supposed to be treating or dealing with. At Jesuit Social Services, we often deal with complex and difficult program participants and this can be challenging in terms of service delivery. However, making youth justice centres resemble adult prisons, does not enable people and their worker/s to build trust and establish a therapeutic relationship. Jesuit Social Services would like to work more closely with these organisations because often we do have a relationship with the young person. However, in our experience there is often a hierarchy in the system. Rather than different services working more collegially with each other to bring their different experience and expertise to the table to best treat a client holistically, we often find that mental health or alcohol and drug service consider themselves to take precedence over Jesuit Social Services' service offerings. However, we also see that a mental health service may feel that they trump an alcohol and drug service. We consider this might be caused by how the workforce in these services are trained and there could be improvements in training.

Mechanisms to bridge transitions for people living with a mental illness

- 126 As discussed, I consider a collegial, holistic response is required to bridge transitions that a person living with mental illness may experience. We have the bones of transition

systems around people in custody, however, we need to expand these transition systems. About 90% of people in adult prisons have a range of problems and, generally speaking, a person normally does not offend unless they have a range of problems.

- 127 To assist people at times of transitions, existing programs and measures could be enhanced simply through current services being provided with additional resources to link to other services in order to provide a holistic service offering. We would then recommend a range of step-down options. For example, a broader roll out of the Judy Lazarus Transition Centre run by Corrections Victoria in both the adult and youth justice space could occur. The Judy Lazarus Training Centre is a five person, self-contained and self-catering unit. It provides a supervised pathway back into society for select prisoners who are near their release date. It has a capacity of about 25 people in the adult space only. There is no facility in existence like the Judy Lazarus Training Centre for youth offenders in Victoria. Centres like the Judy Lazarus Training Centre provide a place that can reduce the focus around a person's incarceration and alter the focus about how we can help a person with their transition back into the community. It also means a service like Jesuit Social Services can observe how someone lives – for example, can they cook, do they get on with others in the unit and so on. This assists services like Jesuit Social Services understand what services a person may benefit from in the community upon release. It should be noted that there is no Judy Lazarus Centre equivalent for women.
- 128 We also consider that we need some expanded options like step down facilities. These would be places where we can actively assist people with their mental health or pathways to employment or other social factors. For example, our Connexions program provides 24/7 residential support at Dillon House and Perry House for young men aged 16 to 28 with complex needs. This support also includes helping participants learn independent living skills. In our Link Housing program, other participants who may still have high needs but do not require around-the-clock support, are in residences with assertive outreach and after-hours support while they adapt to independent living. After this, the participant may 'step down' to less supported housing or transitional housing. Although it is informal, in this way, participants can get a continuum of stepped down care over four or so years to strongly support their reconnection with community.
- 129 We are of the view there is a need for more training in the workforces that work with people in and out of custody. Every person, including specialists, need to have a general capacity and understanding of certain areas (for example, mental health issues and substance abuse issues) so there can be a more blended and integrated response for people.

Supporting people leaving custody (housing, alcohol and other drug treatment and mental health services)

- 130 Housing is essential to support people leaving custody. About 50% of people released from custody exit to homelessness²⁷. With Jesuit Social Services program participants, this statistic is higher because we tend to see those at the more serious and complex end of the scale. In our view, without housing, there is not much hope for a person to succeed upon their release from custody. Housing is fundamental and allows for a person to obtain some stability in their life which then can springboard them to addressing other parts of their life – such as attending court or finding employment.
- 131 In the youth justice space, Jesuit Social Services have three main housing programs. As discussed above, the most intensive is Dillon House, for young men exiting custody, and Perry House, for young men with intellectual disability involved in the criminal justice system. They support about 15 to 22 young men. There is no equivalent program for young women in Victoria. Next, is our Link Youth Justice Housing Program (as referred to in paragraph 128 above). In that program we subsidise a head lease with VincentCare to support about 15 young people at a time for two years. These young people are homeless, exiting custody or otherwise involved in the criminal justice system. In that program, we try to assist them with a range of aspects of their lives, including accessing residential services we run or assisting the young person making applications for their own housing. Link Youth Justice Housing works with young people in subsidised housing via a Headlease private rental arrangement, through assertive outreach after-hours and on weekends, supporting young people to engage in prosocial activities when they are most at-risk. It is an independent living-skills program, rather than a case-management approach.
- 132 After their time in the Link Housing Program, the young person might ‘step down’ to a transitional housing program. This means a person can get a continuum of care for about four years’ support beginning with 24/7 support to 15 hours a week to less and less as they become more independent. There is simply not enough housing stock for these young people.
- 133 In relation to alcohol and other drugs services, I consider there could be improvements and enhancements in the system. At Jesuit Social Services, we observe a division between alcohol and drug services in the youth space and in the adult space. The youth services often are more holistic and try to support a young person in relation to various social factors and social determinants, not just in relation to alcohol and drug use. While some services are available to young people over 18, many end at age 18. Many young people cannot get access to services and often, once a young person turns 18, they

²⁷ AIHW (2019) Health of Australian Prisoners 2018 shows that in Victoria, 45 per cent of prisoners expected to be in short term or emergency accommodation upon release, and 5 per cent didn't know what their housing status would be on release. See <https://www.aihw.gov.au/reports/prisoners/health-australia-prisoners-2018/contents/table-of-contents>

usually leave the youth service and transition to an adult one. This young person is not really an adult in terms of their sense of responsibility, however, there is this sudden expectation they will be self-motivated to attend the adult service rather than the protective outreach that occurs in the youth services.

- 134 For young people over the age of 18, we consider that there needs to be proactive outreach to them in relation to alcohol and drug treatments as well as other holistic treatments. I also consider that we need to re-think the attitude people have to alcohol and other drug services where there is an expectation that people should be motivated to attend treatment. At Jesuit Social Services, we consider that it is our job to do the 'motivation part' of this role and to help and support people with their service needs.
- 135 We see this understanding of the different needs of young adults manifested in the dual track system, which allows for some young people over 18 but under 21 to be serve their sentence in the youth justice system rather than adult prison. As previously stated, we believe dual track should be extended to under 25 years.
- 136 For young people, different life stages and transitions such as employment and marriage are happening much later in life. Their brain development is continuing and they may take greater risks. They are more influenced by peers and they think less about outcomes and impacts of their actions. Combine this with a young person with complex needs, alcohol and drug use and mental illness, and then add trauma and other issues such as lack of stable housing, potential involvement with justice system, and it is evident how people can fall through the cracks.
- 137 Many young people with complex needs in the justice system 'age out' of their offending. But the justice system can treat a young person very differently to an unwell person even though the root cause is the same.
- 138 Many young people with complex needs in the justice system 'age out' of their offending. There is a substantial body of evidence that criminal offending by young people peaks at around age 18 and decreases steadily thereafter, suggesting that desistance from offending is a natural process that unfolds as the individual matures.²⁸
- 139 But the justice system can treat a young person very differently to an unwell person even though the root cause is the same. Mental health issues, whether diagnosed or undiagnosed, caused by trauma can be a factor in young people's behaviour. Child maltreatment is a common cause of trauma experienced by children and young people, including supervisory neglect and physical, sexual or emotional abuse. Young people, with a history of child protection involvement are significantly over-represented in the justice system.²⁹ Most children in child protection do not go on to become involved in the

²⁸ For example, Villeneuve, M-P, et. al. (2019). 'The Transition Towards Desistance From Crime Among Serious Juvenile Offenders: A Scoping Review.' *Australian Social Work*, 72:4, 1-17.

²⁹ For example, Sentencing Advisory Council (2020). 'Crossover Kids': Vulnerable Children in the Youth Justice System', Reports 1 & 2. Melbourne, Sentencing Advisory Council.

youth justice system, but children “who enter the youth justice system early (aged 10–13) and children sentenced to custodial orders are more likely than other children to be known to child protection.”³⁰ This is consistent with paragraph 35 citing Jesuit Social Services’ research on 10 to 14-year-olds on remand in Victoria which found that almost all of the children had been in child protection ahead of their third birthdays if not earlier.

- 140 Other evidence here and overseas shows that children involved in the child protection and out-of-home care system are at increased risk of involvement in the youth justice system³¹, in which they are overrepresented.³² Child maltreatment, including supervisory neglect, is a significant risk factor for chronic and violent youth offending.³³ Research indicates it is not the experience of child abuse or neglect *per se* that elevates the risk of youth offending or re-offending, but the interaction of involvement in the child protection and out-of-home care systems.³⁴ That is why it is critical that these systems do not cause further mental harm and that early intervention for these children is trauma and health-informed. In fact, the risk of youth offending is more than double for children placed in out-of-home care, and the risk compounds for those who experience instability in out-of-home care placements (i.e. multiple placements with different caregivers), especially males.³⁵
- 141 In Victoria, as in other Australian and overseas jurisdictions, statutory child protection-involved young people in residential care have an even more elevated risk of offending or re-offending and becoming involved or more deeply involved in the youth justice system. A three-year Victorian study³⁶ found that the use by staff of formal legal responses to deal with behavioural issues contributed to the over-involvement in the youth justice system of young people in residential care units. This phenomenon is widely referred to as the ‘criminalisation’ of children and young people in care.³⁷ For example, if a young person punches a hole in the wall or damages furniture, residential care staff often respond by phoning the police. This treats the incident as a criminal deed, rather than as a symptom of the young person’s particular needs and dealing with the matter as a behaviour management issue as a parent generally would, or from a trauma or health-informed approached as a health practitioner might.

³⁰ Sentencing Advisory Council (2020). ‘Crossover Kids’: Vulnerable Children in the Youth Justice System, Report 2’. Melbourne, Sentencing Advisory Council, p. xv.

³¹ For example, Armytage, P., & Ogloff, J. (2017). Youth justice review and strategy: Meeting needs and reducing offending, Department of Justice and Community Safety (Vic).

³² Victoria Legal Aid (2016). Care Not Custody: A new approach to keep kids in residential care out of the criminal justice system. Melbourne, Victoria Legal Aid: 52.

³³ For example, Verrecchia, P., Fetzer, M., Lemmon, J., & Austin, T. (2010). ‘An Examination of Direct and Indirect Effects of Maltreatment Dimensions and Other Ecological Risks on Persistent Youth Offending.’ *Criminal Justice Review*, 35:2, 220-243.

³⁴ Staines, J. (2017). ‘Looked after children and youth justice: A response to recent reviews.’ *Safer Communities*, 16:3, 102-111; Baglivio, M., Wolff, K., Piquero, A., et al. (2016). ‘Maltreatment, Child Welfare, and Recidivism in a Sample of Deep-End Crossover Youth.’ *Journal of Youth & Adolescence*, 45:4, p. 625.

³⁵ Ryan, J., & Testa, M. (2005). ‘Child maltreatment and juvenile delinquency: Investigating the role of placement instability.’ *Children and Youth Services Review*, 27:3, 227-249 and Staines, J. (2017). *Op. cit.*

³⁶ Mendes, P., Baidawi, S., & Snow, P. (2014). Good practice in reducing the over-representation of care leavers in the youth justice system. Melbourne, Monash University: 104.

³⁷ For example, Armytage, P., & Ogloff, J. (2017). *Op. cit.*

142 The residential care population is, in fact, a highly traumatised teenaged population with high levels of need and challenging behaviours.³⁸ Residential care units can thus be very volatile environments that pose significant risk of further physical, mental and institutional harm to the residents.³⁹

Attached to this statement and marked 'JE-1 is a copy of my curriculum vitae.

sign here

▶ Julie M. Edwards

print

name Julie Edwards

date 21st May, 2020

³⁸ Armytage, P., & Ogloff, J. (2017). Op. cit.

³⁹ Ombudsman Victoria (2010). *Own motion investigation into Child Protection – out of home care*. Ombudsman Victoria, Melbourne: 135.



Royal Commission into
Victoria's Mental Health System

ATTACHMENT JE-1

This is the attachment marked 'JE-1' referred to in the witness statement of Julie Edwards dated May 2020.

CURRICULUM VITAE

Name: JULIE EDWARDS
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CAREER OBJECTIVE

For over 35 years, I have endeavoured to give practical expression to my social justice values. It is my objective to seek ways in which I can be most effective in contributing to a more just society and providing a model of leadership for others.

My understanding of leadership is that for it to be effective it must be exercised across a range of domains including the personal, organisational and public arenas. I am committed to this leadership model and adhere to its practice in my day to day work.

KEY CREDENTIALS

- Master of Social Work, University of Melbourne
- Australian Institute of Company Directors

RELEVANT EXPERIENCE

- Member of Ministerial Advisory Committee - Justice Health
- Member of 10 Year Mental Health Plan Innovation Reference Group
- Member, Ministerial Advisory Committee for Vulnerable Children and Families
- Member, Ministerial Advisory Committee for Corrections and Employment, Victoria
- Member, Ministerial Advisory Committee for Homelessness, Victoria
- Member, Restorative Justice Advisory Council, Victoria
- Member, Neighbourhood Advisory Boards for Collingwood and Fitzroy (Neighbourhood Renewal sites)
- Member, School for Social Entrepreneurs (Founding Partners Working Group)
- Consultant to Cape York Indigenous Enterprises
- Consultant to Director of Asylum Seekers Resource Centre, Victoria
- Graduate of Cranlana Leadership Program
- Member of the Social Justice Committee, Myer Foundation
- Member, Catholic Social Services Victoria Council
- Member, [Community Sector Reform Council](#)
- Member, International Working Group on Death, Dying and Bereavement (current)
- Member, Jesuit Conference of Asia Pacific Social and Ecological Justice Core Group (current)
- Justice in Mining Core Group, Global Ignatian Advocacy Network

EMPLOYMENT**HISTORY****2004 – present****Chief Executive Officer, Jesuit Social Services**

Responsibility for providing leadership across all domains of Jesuit Social Services' activity - human spirit, service delivery and advocacy, and our business processes - within the community service sector and across the Australian Jesuit Province for the purpose of: promoting social justice; contributing to social policy formulation and advocating publicly on behalf of those who are disadvantaged; providing leadership in the development of innovative responses to address entrenched disadvantage and emerging need.

Key Achievements

- 'Dropping Off The Edge' and 'Dropping Off The Edge 2015" research undertaken by Professor Tony Vinson mapping locational disadvantage across Australia (in collaboration with CSSA), building on two previous research projects focusing on NSW and Victoria
- Jesuit Social Services awarded the International Spirit at Work Award in 2006 for 'putting values into practice' in the development of initiatives to promote health and wellbeing and address social exclusion for disadvantaged young people, families and communities
- Driving development and delivery of Jesuit Social Services Strategic Plans -which saw the organisation commit to a national focus to 'build a just society'.
- Developing a presence in the severely disadvantaged community of Mount Druitt, Western Sydney to provide life and work opportunities,
- Engagement with Indigenous and non-Indigenous people in Central Australia to develop capacity building initiatives to address the needs of local Arrernte people;
- Development of Darwin, Northern Territory Restorative Justice Group Conferencing;
- Development of support initiatives to address local needs and promote social inclusion in Victoria;
- Development of Jesuit Community College – education and training arm of Jesuit Social Services,
- Development of Workplace Inclusion Programs
- Initiating programs to respond to needs of refugees and asylum seekers including the development of "Catholic Alliance for People Seeking Asylum",
- Development of 'Just Leadership', with a corporate focus on workplace inclusion programs
- Leadership in the Jesuit network in the Asia Pacific region on matters of social and ecological justice,
- Leadership of the Justice in Mining Network for the Jesuits internationally.

2001-2004**Program Director, Jesuit Social Services**

Responsibility for the day to day operational management of the organization including development, implementation and oversight of all service initiatives to address social exclusion.

Key Achievements

- Provided leadership in the development of creative responses to communities, families and young people with long-standing and entrenched problems eg Gateway (education, training and employment opportunities for disadvantaged young people); Inside Families (interventions for prisoners with drug problems and their families); Suicide Postvention (developing innovative service responses for children and families bereaved by suicide)

- Secured significant funding from government and philanthropic sources for service initiatives, eg. \$5m over 5 years from Colonial Foundation for Gateway; \$900,000 over 3 years from DHS for Community Justice; \$985,000 over 3 years from DHS for Mentoring;

1996 – 2001

Executive Director, Outreach Grief Services

Responsibility for the development of an organisation to respond to the needs of bereaved people of all ages, particularly those experiencing sudden, untimely and traumatic death.

Key Achievements

- Developed targeted responses to disadvantaged people and communities experiencing traumatic or chronic loss eg Indigenous communities following a series of suicides
- Represented the organisation locally, nationally and internationally;
- Elected to the International Working Group on Death, Dying and Bereavement;
- Developed an organisation of national standing - received 3 inaugural awards from NALAG (National Grief and Loss Association) in 2001;

1990 – 1996

**Co-ordinator, Daylesford Family Services
(a regional office of Ballarat Child and
Family Services)**

Responsibility for establishing and managing a new welfare agency in a rural centre. Member of the management team of Ballarat Child and Family Services.

Key Achievements

- Worked with the local community to determine appropriate initiatives to address local need
- Developed and implemented a range of services for disadvantaged children, young people and families
- Developed and implemented community strengthening initiatives

Accreditations

- Family Therapist (Clinical member of VAFT)
- Accredited Loss and Grief Counsellor
- Accredited Supervisor
- Graduate of Australia Institute of Company Directors

SOME RELEVANT PAPERS AND PUBLICATIONS

“Governance of mineral resources and marginalisation” in Promotio Iustitiae No. 118/2015/2 - Governance of Mineral Resources: Challenges and Responses. Social Justice and Ecology Secretariat, Rome. 2015.

“Forty years after the Decree 4 – a view from Australia” in Promotio Iustitiae No. 115,2014/2 – Decree 4 (1975) on Faith and Justice: Looking towards 40th year. Social Justice and Ecology Secretariat, Rome. 2014.

“Sharing the Mission with the Whole Organisation” in Listening, Learning and Leading: The impact of Catholic identity and mission. Edited by Gabrielle McMullen and John Warhurst. Connor Court Publishing, Ballarat. 2014.

“Making Human Services Work For Young People” chapter in Social Work: Contexts and Practice. Julie Edwards and Lea Campbell, Oxford University Press, May 2013

“Mental health promotion and socio-economic disadvantage: lessons from substance abuse, violence and crime prevention and child health” in Health Promotion Journal of Australia, December 2007 edition

A Values Based Model of Leadership and Ethics in Organisations. Presentation at the Annual General Meeting of Australian Association of Social Workers, Melbourne, 2007

“A Human Services System for Human Beings” article in Dual Diagnosis and Homelessness, Parity Magazine. September 2005.

“The Marginalisation of Grief” in Grief and Remembering. Edited by Allan Kellehear, (2001).

Children and Grief. Paper presented at Fifth International Psycho-oncology Conference, Melbourne, 2000.

I Will Remember These Things Forever. Edited by Julie Edwards and Nicole Rotaru, Outreach Publications, Melbourne, 1999.

Grief and Sudden Unexplained Death in Epilepsy. Paper presented at National Conference of the Epilepsy Foundation, Melbourne, 1998.

The Masks of Grief. Paper presented at The Compassionate Friends Conference, Melbourne, 1998.

The Marginalisation of Bereavement. Paper presented at National Conference of the Sisters of Charity Health Service, Sydney, 1997.

Rural Social Work - Establishing New Services. (unpublished). Paper Presented at CWAV conference (1993) and Rural Social Welfare Conference 1995.

“The Monster and the Moon” in A Remarkable Absence of Passion: Stories of Women and the Church. David Lovell. 1991.

“Taking Unfashionable Risks” in Chaos or Clarity: Encountering Ethics. Edited by Engerbretson and Elliott. Social Science Press, Wentworth Falls. 1990.

A Quality of Caring. Brosnan Centre Youth Service. A. Panel Review. J.Rimmer, B.Anderson, A.Coillet, J.Edwards. 1985.

Homeless Women. A study of homeless women in Melbourne. J.Edwards, H.Gayton, Y.Zammit, H.Hackendorf. MUP. 1977.