

THE LEGISLATIVE COUNCIL SELECT COMMITTEE ON ASHLEY, YOUTH JUSTICE AND DETENTION MET IN THE LAUNCESTON TOWN HALL ON TUESDAY 13 MARCH 2007.

Dr SUE JENKINS, COMMISSIONER FOR CHILDREN, WAS CALLED, MADE THE STATUTORY DECLARATION AND WAS EXAMINED.

CHAIR - Dr Jenkins, we have your written submission number 15. Obviously you hold a very important post as the Commissioner for Children, so we are very pleased that you have come along to talk to us. I invite you to speak to your submission.

Dr JENKINS - You would be aware that I came in as interim commissioner in December, so I am relatively new to the role. The submission that we sent in from the commissioner's office is predominantly the work of David Fanning, the previous commissioner. I think the submission and the previous reports that David wrote really speak for themselves. As you will know, many of the recommendations have in fact been accepted and put into place. Only about four recommendations, I think, are still outstanding and I need to follow up on those.

I visited Ashley on 2 February, just for the day, because I wanted to inform myself and talk to the staff and residents and get a picture of what really was going on there. I wanted to form some views for myself as to what the issues are. I think you can read all the reports and so on but it is not until you go there that you get a real feel for it. I am sure that other people will have said what I am going to say. The main thing that struck me is that the young people I met in Ashley are young people who have multiple health, social and developmental needs. For many of them it is probably not the appropriate place, but many of them are there because there is nowhere else. As you know, the majority of them are on remand. Many of them are homeless and I think they have ended up in Ashley often because they have been the unlucky ones - they are the ones who have been caught. They do not have the family support and social support. They are very vulnerable young people. I came away, at the end of the day, feeling these are children that we have failed.

CHAIR - That the system has failed?

Dr JENKINS - Yes. I am not talking just about the youth justice system; I am talking about the health system, the education system and the family support system. I suppose if there is one message I would like to get across it is that we need to be looking at what can we put in place to prevent these young men, and a few young women, going down the path that ends up in Ashley. I am concerned, too, about the mix of young people in there. I think your previous speaker was saying exactly the same thing. You have the few really tough nuts, the violent offenders, the repeat offenders, and then you have the vulnerable young people who have been, if you like, the naughty boys who have been caught up in drugs, alcohol and thieving - and they have been caught. They are basically remediable. However, you have a situation that is not ideal for remediation because you have this mix of young people in there. So, I think management is constantly struggling with the two streams and trying to meet the needs of all of them, which they have difficulty doing. I do think we need to be thinking about a separate facility for the two streams.

Mr WILKINSON - So for the remandees and for the minor offenders as opposed to the more serious offenders?

Dr JENKINS - Yes.

Mr MARTIN - Where do you think that should be? Some people are saying it should be at Risdon -

Dr JENKINS - Well that certainly would not be for the remandees.

Mr MARTIN - and the remandees should go to Ashley.

Dr JENKINS - Yes. Having said that, a lot needs to be done at Ashley for the remandees, to make it a better place for rehabilitation.

CHAIR - A larger state like New South Wales, with a much bigger economy of scale, if you like, has about nine different youth detention centres. They are able to categorise people, whereas Tasmania, being a small State, has them all in one place.

Ms JENKINS - I think it is real logistical problem. One would hesitate to say that young people should be in Risdon. You would have to have very special facilities there that really catered for adolescents. They would be an extremely vulnerable group and, again, they would need to be kept separate. One does hear that there are some very tough kids who end up in Ashley and who are actually a danger to themselves, to the other young people and to the staff. They are the ones for which we probably need some thought as to what the best facility is for them. I do not have enough expertise in the area.

Mr WILKINSON - The first thing is, how do we keep them out of there in the first place? What have we got to do prior to them even being considered for Ashley? That is about Health and Human Services, education and the family. Secondly, if they go to Ashley, what do we put into Ashley to enhance what is the major platform of youth justice - and that is rehabilitation? After that, when they are in Ashley, what sort of programmes et cetera? Thirdly, when they get out, what do we do to make sure they do not come back? They are the three levels I am looking at.

Dr JENKINS - Exactly.

Mr WILKINSON - What do we do in the first level? Then I will ask about the second and third levels.

Dr JENKINS - You may or may not know that I was involved in developing the whole-of-government policy framework for the Early Years program. I think it is really important that as a State that we invest money in the early years; that is, early education, early care, early support for parents right from the antenatal period. I think you can pick up some of these kids in the antenatal period. Every time I meet my paediatric colleagues at the Royal, for instance, they tell me they are seeing increasing numbers of babies being born to drug-addicted mothers and that there are insufficient programs of support and help for these young parents. These are children at risk and that child protection services are grappling with. That is just one example. The evidence is that if we can support

vulnerable families in the first few weeks and months of life with fairly intensive programmes of family support, then you will get better outcomes. You can track all these young people back. There is a beautiful bit of work done by the National Crime Authority, I think it is, called 'Pathways to Prevention'.

Mr MARTIN - It is excellent.

Ms JENKINS - So you can track them back. We have to get some investment into those early programmes which are struggling. There are family support programmes out there in the non-Government sector but it is an area that is definitely under-resourced.

Mr WILKINSON - Of course, before they go to Ashley they have offended on a number of occasions or, alternatively, committed a very serious crime at the outset. What do we do once they are there?

Dr JENKINS - Again, community youth justice is under-resourced compared to the massive resources that go into Ashley. It is a juggle with limited resources. I think something like \$10.5 million is spent for youth justice, of which Ashley is \$8 million or so. The 700 young people in touch with community youth justice have resources but they do not have enough diversionary programs. They cannot follow up on all the community supervision orders. There are some excellent diversionary programs out there but some of them are about to fold. There is Chance on Main in Hobart, which is a brilliant program. It has funding until December, I think. You have Project U-turn, though I think that is probably more stable, and there are some others coming on line. I have not been to visit them all but I think we need many more of those programs. We also need the ability to be flexible in those programs and design them to meet the needs of that particular young person, depending on their interests and aptitude. Has anyone from the interagency support panels been to talk with you?

Mr WILKINSON - Not yet, no.

Dr JENKINS - That is an excellent initiative, led by Tasmania Police, where young people getting into trouble are case-managed; you have the whole team around the table. You have education, child protection - although they are hard to engage - police, youth workers and so on. So you have a mini whole-of-government collection of very skilled people around the table.

Mrs JAMIESON - I certainly am aware of that and I find it very interesting. However, are we expecting too much of non-government organisations to be dealing with these very complex issues? Whilst you get variety, you are not necessarily getting consistency in the programs for the kids, whereas the interagency type of thing could be expanded.

Dr JENKINS - I would do both. I think you need a range of non-government programs out there because I think government is never going to come up with the range, the flexibility and the creativity. It tends to get stuck in bureaucracy if you are not careful. I would worry about trying to have one thing which is the same and available all over the State. Obviously you have to have checks and balances and you have to have contracts and you have to have outcomes. You have to be looking at what they are doing, their processes, the quality standards, what they are achieving and the two have to work closely together.

Mrs JAMIESON - You have to have guaranteed funding too?

Dr JENKINS - Yes, you have to have guaranteed funding, otherwise you lose your skilled workers.

Concerning the young people who come into Ashley, when I was there I looked at the profile over the last 12 months of some 90 or more young people - their health and social profile. A lot of them have learning difficulties. Many of them have drug and alcohol problems and mental health problems. When you are looking at what is available before Ashley for a young person with depression and using drugs and alcohol, do we have enough programs in the community that really cater for these young people? I do not think we have but I have not been able to do a comprehensive survey. I think that needs to be done, particularly around drugs. Before coming here this morning, I was doing a review of child deaths, and a lot of issues concern drug use which I think is getting more and more prevalent And at younger and younger ages.

Mr WILKINSON - So you believe that there should be a recommendation that there should be a comprehensive study done in relation to what?

Dr JENKINS - To the services available to young people who have mental health problems and drug and alcohol abuse problems.

Mrs JAMIESON - Would you care to comment on the Aboriginal issue? We know that about 40 per cent of the detainees in Ashley are of Aboriginal descent. Figures vary of course.

Dr JENKINS - Figures vary, yes - the ones I have been looking at are 25 to 30 per cent.

Mrs JAMIESON - Alternative programmes before they go into Ashley or -

Dr JENKINS - Absolutely. There is one that I know about. I do not know about the Clarke Island programs that the previous speaker was talking about. There is a very good program called Miena mene???? which is with the elders and Aboriginal artists working with community youth justice and I heard them present about this time last year at a workshop. They had run this program for two weeks or whatever it was with the follow-up and I said that this sounds so good why cannot this be something that is ongoing and available to all young people who would potentially benefit. And again, it comes back to resources. I think we need many more programs out there. Again, it is not an area I have had time to look at in depth.

Mr MARTIN - I would like to keep following Jim's line of questioning in the once they are in Ashley scenario. The Youth Justice Act that we have is supposed to be a restorative justice model so if they are in Ashley we have already, as you have probably heard from the previous submission, seen evidence that school-age kids do 10 hours a week of schooling. Interstate, in Melbourne and Adelaide at least, they do 30 hours a week.

Dr JENKINS - Completely insufficient.

Mr MARTIN - I would like to comment further on that but also for the non-school-aged kids, are we doing anywhere near enough to try to rehabilitate these young people so that they do not come back in again?

Dr JENKINS - I have a meeting this week to discuss precisely that because there is a working group between Health and Education that is looking at how they can actually get more school hours. I think it is critical to increase the amount of formal education that they get while they are there.

CHAIR - It would appear that in other States it is mandatory whereas here I think it is perhaps not mandatory and that seems quite bizarre to us.

Dr JENKINS - I thought it was mandatory, certainly up to school leaving age. It may not be for the older young people.

CHAIR - But the hours are very short anyway.

Dr JENKINS - It may not be, but the hours are even shorter. Certainly this is what the young people were saying. I had a really good conversation with a group of them and they were very open about what they liked and what they did not like. They had lots of complaints about the food inevitably but they said that one of the big problems there is boredom. They enjoy school and what is very striking I think when you go there is that the school environment is extremely well looked after. There is no graffiti, there were some lovely collages there which you probably saw which have been up there quite some time and have never been torn apart. There is obviously a respect and enjoyment there.

CHAIR - The paint was fresh when we went in there. They might have done that for you.

Dr JENKINS - I met the principal and he seems extremely committed. Again, more resources for more hours of school certainly.

Mrs JAMIESON - It is an ideal opportunity as you have one teacher or support worker to two or three children so you would hope that you would be able to do more with literacy and numeracy.

Dr JENKINS - Exactly, and these are young people whose literacy and numeracy is very, very poor. There is a strong correlation between that and crime.

Mr MARTIN - Did you form a view on the programs that are available for the non-school-aged young people? For example, in Victoria there is some great work being done by WhiteLion both with guiding the young people from detention into a job and really holding their hand right through that process. Once they have got employment, that normally fixes most of the problems.

Dr JENKINS - I know that they have recently started a program, I think last year, with White Lion, which is that type of a program. It is a mentoring program. But I have not read anything about it or looked at the outcomes.

Mr WILKINSON - A lot of the inmates seem to enjoy woodwork and working with their hands, farm work, growing the vegetables to sustain the detention centre.

Dr JENKINS - Absolutely.

Mr WILKINSON - There is a bit of a veggie garden but there does not appear to be a lot of that going on which, to me, seems a pity.

Dr JENKINS - No there is not. That is one of the things that I am recommending, that they look at the horticulture side because, again, many of the young people come from farming backgrounds and they also said they would like to grow their own vegies and it would be a very positive thing to do. I think art and music are the other areas that are fairly minimal at the moment. I think they had an art therapist last year who has left and they are hoping to recruit someone else. There is no music room there and I think music is very therapeutic for these young people.

CHAIR - We might have similar recommendations. I will put you on the committee.

Mr DEAN - Having spent the day at Ashley, are you of the view that the physical position of Ashley provides for these rehabilitation programs? Is it conducive to that? When you walk into Ashley and it has a high fence around it, you are in a jail?

Dr JENKINS - It is not a good environment from that point of view and I understand when they first planned the fence it was going to be way out there so that there was much more available recreational land that could have been used for other things. Then, as money became tight, the fence came in. It is very confronting, I think, that fence.

The physical environment is something else I would comment on. While the buildings themselves are reasonable and there is a nice new recreational area but inside the buildings are grim. It is an extremely depressing grey concrete and, while you can understand that everything has to be stripped out because of safety for themselves and others, I do think that an environmental consultant could have a ball in there and really improve the environment.

CHAIR - I have to say that we saw some very good facilities in Melbourne and Adelaide which were far superior to these here. Just as secure but much more -

Dr JENKINS - Much more imaginative and colourful generally. It would depress you to be in it and it is not surprising that you have young people with suicidal thoughts when they are in a grey cell.

Mrs JAMIESON - Sue, would you also like to comment on the use of animals as therapy, as far as children or youngsters go?

Dr JENKINS - Yes. I do not know anything about the use of animals with these groups of young people. But in general, children's wards, for instance, use them a lot, rabbits and guinea pigs and the dog that comes in. So I think there is potential there that would need to be explored. I think you would have to look at the safety of the animals issue.

Mr DEAN - You have commented on the physical attributes of Ashley itself. Do you believe that some of those programs would be better taken on outside of Ashley? In

other words, the inmates move out, youth move out and into another environment to participate?

Dr JENKINS - Yes. Horticulture would be a good example. You could devise a lot of programs I would have thought, giving people the opportunity to go and work and be mentored in a work environment and get some work experience.

Mr WILKINSON - There seems to be a bit of a culture about Ashley. A lot of the younger youths who seem to want to for a period of time make crime their game. It is a bit of a badge of honour to say, 'I've been to Ashley'. I know, and I have said it before, it is probably changing the chairs on the *Titanic* but it would seem to me that we could call it a different name, give it a splash of paint as you say, get an environmentalist in there to have a look at how you can re-configure it to make it not as sombre and depressing as it is. You could call it something like, I do not know, Deloraine Secure Care Unit or something like that. What do you think about that? Do you think that would make much difference to try to change this whole culture that has emanated for many many years. I do not know whether you can do it. Why I say that is that in South Australia there was a place called Magill and that has a certain culture about it - 'Oh, you have been to Magill'. That is a very hard centre, it is a pretty oppressive centre - and now there is Kavan which is the new one and when you go to both of them they are just completely different. If one went into Kavan you would think you were getting somewhere because there is a lot of rehabilitation which flows from this. But if you went to Magill you would say, 'It is *The Great Escape* with Steve McQueen; how do I get out of here?' the first day you are in there.

Dr JENKINS - I think that is very interesting. I confess I have not really thought around that but I think it is a very good idea. Changing the culture is one of the hardest things to do. Although having said that, I was very impressed with what the staff are trying to do at Ashley. I do feel they have come a long way in the last two years when you look at the steps they have put in place. I think they are really trying and I was particularly impressed with the staff on the program side who are very conscious that they are limited by their resources but they are really keen to help these children. One thing that I did pick up is the tension between the program side and the operational side and I think that needs a lot of work.

CHAIR - Did you say tension between those two?

Dr JENKINS - Tension between the program staff who are working on a case management basis with the young people and the operational people because what they would like to do is try to get a consistency of approach throughout the 24 hours, whoever is with these children. They do not always get that sort of cooperation from the operational staff and of course there is a high turnover and there is a lot more of them than the program staff. There is a bit of work needing to be done on that interface and team building.

Mrs JAMIESON - I am concerned also when you get the kids who are rehabilitated and yet they go back to the same old world outside. Do you think we should be doing more there? And support of families, for example?

Dr JENKINS - Support of families but also recognising that for probably 50 per cent of the young people there their relationship with their families has broken down. But, yes, one

of the problems of course with the remandees is that they do not know when they are coming up to go to court and there may be no exit planning at all and no follow-up. Of course, they may be sentenced and they have already spent their time in so they immediately go back out with no follow-up. I think that is a huge gap.

Mr WILKINSON - Can I just cut in there. It has just sparked something. It would seem to me it would be a good process, and tell me if I am wrong, that the first time an individual, and if I can use Terry as he is just to my right, if Terry came to court you are the magistrate. Normally on the first occasion, as you know, they have the right to adjourn it without plea. The reason is that the instructions have not been taken and people have to decide, or the police have to get their facts together, or the solicitor if they have a solicitor have to get their instructions to be able to properly put in a plea. It seems to me that if they were properly case managed from the outset that this would assist. In other words, if you had dedicated magistrates - and every magistrate in this State who deals with youth matters deals with them differently. There is going to be more consistency if you have dedicated magistrates to deal with youth justice matters and the courts could, let us say, sit down with a magistrate and set a timetable from the outset in relation to the matter and ask the police how long it will take them to get their facts correct in order to put it to court. Then you say to the solicitor, 'How long is it going to take you?'. Then you sit them down and work out a timetable because at the moment there is no timetable. If you had that type of communication at the outset that would at least give some idea as to when the whole matter was going to be completed.

Mr MARTIN - Which is the case in Victoria.

Mr WILKINSON - Is it?

Mr MARTIN - The evidence from Victoria was 21 days, or was it 28 days, and if there was no decision within that time, they had to get an extension of time, whereas here it is just open-ended.

Mr WILKINSON - In other words, giving some certainty.

Dr JENKINS - I also like the idea of magistrates who develop special skills in this area because it is a specialised area.

Mr MARTIN - In your submission you highlight some of the facts highlighted by your predecessor's review of juvenile remandees in Tasmania. Some of these statistics are quite staggering to me. The vast majority of youth, over 90 per cent, who enter the juvenile detention system do so as remandees. They have not been found guilty of anything. Over a third of them did not receive a detention sentence once the matter was finalised. So there is a big question whether they should ever have been inside. Nearly two-thirds of youth have spent more than 30 days on remand at Ashley. Of these two-thirds, half of those spend over 11 weeks in remand. David Hicks comes to mind here, without being too over the top. What do you see as the solution? Jim has just raised a possible solution. We have to find a solution to this somehow or other.

Dr JENKINS - I do not have a solution. I think you need to get a group of people around the table, thrashing it through, looking at all the options and at what they do elsewhere. As I say it is not my particular field of expertise. My background is as a paediatrician; I have

not worked in the youth justice field, so I am coming in looking at it as an unskilled observer. There is whole range of things. For instance, in New Zealand they have a program of supported bail, where they work with young people very intensively in the community setting, either before or after court or in the period before their full hearing. What the police here tell me is that many of these young people quite like being on remand at Ashley because it is a safe place. That remark worried me, I must say. Again, I have not had time to look into that. I think one would need to do a really in-depth study with some of these young people. Alternative accommodation is certainly an issue. I am sure some people end up there because there is no supportive, short-term accommodation if things have broken down with their family. They do not have a safe place to live.

Mr WILKINSON - Sometimes parents would prefer them being in a place like Ashley, or even Risdon at a later stage, because at least they know where they are. At least they know they are not using so many drugs as they do on the outside and are not running with the criminals they will run with when they get out again.

Dr JENKINS - That is assuming you are able to do something. It comes back to rehabilitation programs within Ashley, that they are being offered something other than containment.

Mr DEAN - One of the reasons of lot of these youths go to Ashley is that their parents were at Ashley, and their parents before them. So it is a generational thing. That is why I agree with you that there have to be more programmes out there before they get into the system to try to divert them from it. At the weekend I talked to a couple of young kids from Rocherlea and they said, 'It will not be long before we get to Ashley'. They will say that their dad was at Ashley, it is not a bad place; it is all right.

Dr JENKINS - It is changing their expectations for themselves -

Mr DEAN - It is just trying to change the whole thing.

Dr JENKINS - giving them an opportunity to do something that is different and that breaks that pattern.

Mrs JAMIESON - What if we had a half-way house that also acted as a drop-in centre? So it is somewhere to go if you are on the street and would love a cuppa or just company or anything at all. Would something like that work? You have people who are actually in the half-way house who can cope with drop-ins. Would something like that help them?

Dr JENKINS - I certainly think that youth drop-in centres are a good idea that offer a range of services as well as the social side, and also health and social services, Centrecare and a range of opportunities. Accommodation is a major one. I was hoping to be able to visit the Launceston City Mission but they are not up and running yet. That is going to be post-Ashley, but something like that pre-Ashley is called for.

Mr WILKINSON - Is there any good document, or any good study, that you can point us to that would help in our considerations as to what recommendations to make? Can I leave that with you?

Dr JENKINS - I will have a think about that. I don't know offhand because we have a researcher who is constantly looking.

Mr DEAN - Canada has been mentioned to us as having a very good youth justice system. Japan is said to have quite a good youth justice system as well. Have you had an opportunity to look at many of those areas?

Dr JENKINS - No, I have not, but we have a research officer who is particularly interested in youth justice so I can get her to look at Canada and Japan. It sounds like a task for the next commissioner. I do not know if you are aware of the UNICEF report that came out a couple of weeks ago. That was particularly about child health and wellbeing in rich countries. It did not specifically look at youth justice. Norway, Finland, Sweden and Denmark came out top on just about all the measures. I would be willing to bet that they do well in youth justice too in terms of facilities and programs.

Mrs JAMIESON - Do you have any working knowledge of brat camps, or camps that are fairly regimented and disciplined?

Dr JENKINS - No, I do not, though it seems to me that Tasmania would have a lot to offer in wilderness programmes - like Project Hahn. It probably needs to be sustained over a period of time rather than just a one-off for five days.

CHAIR - We looked at a project in South Australia called Operation Flinders which is a similar type of thing and which has been very successful.

Dr Jenkins, thank you very much for coming in. If you have any blinding flashes of inspiration regarding the question from Mr Wilkinson then you might refer them through the committee secretary if you would not mind.

THE WITNESS WITHDREW.