

THE LEGISLATIVE COUNCIL SELECT ON ASHLEY YOUTH DETENTION CENTRE MET IN COMMITTEE ROOM 2, PARLIAMENT HOUSE, HOBART ON 7 JUNE 2007

Dr STEVE ROGERSON PhD, BASW, BA, Dip Teach TAFE and **Dr HELEN JESSUP** PhD, Masters SW, BA (Hons) CQSW, Dip SW WERE CALLED, MADE THE STATUTORY DECLARATION AND WERE EXAMINED.

CHAIR (Mr Hall) - Welcome Helen and Steve, and thank you very much for your attendance today.

As you are aware, we have taken evidence over quite a considerable period of time and we have also visited Victoria and South Australia, and more recently, New Zealand, and looked at what was going on over there, which was quite invaluable.

Your submission obviously came a little out of left field - very late in the day - and I understand from the committee secretary that you had been away during the submission period. Normally we would not take late submissions at this stage because we are getting well down the track of report-writing; however, given your previous experience and some of the worthwhile points you have made, we thought it would be advantageous for you to come in and give some evidence.

I would invite you to speak to your submission and then I will invite members to ask you questions.

Dr ROGERSON - As we have described in here, we were employed by Youth Justice from 2000 to 2007 as senior practice consultants and we have just resigned from that position, moving on to do other things.

CHAIR - You have just resigned, you said? Just recently?

Dr ROGERSON - Just last week.

CHAIR - Last week, okay.

Dr ROGERSON - We finished last week. We resigned in early April and we actually finished last week. So we have tried to describe in here something about what the position does in terms of what we might call 'quality assurance'. The position, in a sense, represents Youth Justice and the Child and Family Service trying to get some quality assurance of practice outside of the management and administrative stream. The senior practice consultancy was set up in the late 1990s so that the department would have somebody in that position sitting outside of management and administration. That was mainly on the basis that if you become involved in management and administration then those tasks are overwhelming. Therefore the department gives itself a bit of an asset in terms of having a professional practitioner who comes specifically from the field or from child protection or, in this case, juvenile justice, providing them with advice.

That advice basically goes in the mix with other advice from Treasury, from policy, from management and from other stakeholders in the development of the service. So in a

nutshell that is what our position was about. I guess that one of the things that we are seeing is that we have not been replaced in this position and we are making some general comments about the need - if you like, the benefits - in terms of development of the service and some of the difficulties at Ashley that always exist in detention centres, and how, as a service, we might overcome that.

To that end, we have been advocating for the last five or six years that there should be a youth justice board - and the terms of reference and membership of that would have to be clarified - that would provide professional practice advice to the department - or to Youth Justice in this case - around the science of what works with young offenders in an institution and in the community as well.

The other point we are making is to look, in a sense, at what we have done in juvenile justice. We have helped inform a number of different practices, such as the Behavioural Development Program, the MOU with the Prison Service and the development of pre-sentence reports in the community. We have also been involved in remand issues into Ashley from the community, child protection issues for very young children and transfers to the Prison Service for older children. This position sat on the transfer panel with the Prison Service.

There are challenges in all those different incremental, specific kinds of areas that you are looking at, that we have been involved in and that people have commented on. Overall, I think what we are saying is that to help do that it is useful to have a professional practice body that sits and has some authority outside the managerial, the political, the administrative and the financial machinations of the human services department.

Those comments come from research into what works in practice. It is very important for us to base our advice on what works and practice research -

Dr JESSUP - On the evidence.

Dr ROGERSON - On the evidence that is available. I guess that what we are saying is that it would benefit Youth Justice, the Department of Health and Human Services and, in this case, Juvenile Justice, to have that advice in that form which can then go into the mix with other imperatives of designing a service system which we recognise is not only professional practice. We cannot have it. We can only have what we have money for - and you have been doing the Budget today -because we recognise that that is part of the mix.

We would like to see much more authority given to professional practice. In our submission we mentioned Texas and Sweden and we mentioned the Child Protection Board that used to exist in this State back in the 1990s. We have pointed out that in the Youth Justice Act there is no provision for setting up that kind of advisory board or panel that would comprise those members who are involved in professional practice. I hope that makes sense.

Mr WILKINSON - Can I ask why you resigned?

Dr ROGERSON - Yes, we took this position when we finished our PhD. Helen and I are actually married and we job-share this position. We decided to take this position because it was very exciting, very challenging. It has been exciting and challenging and it has been a privilege to work together on that basis. We said we would give it five years. We thought that was a fair enough period of time. That was six-and-a-half years ago and it is now time to move on and do something else. Helen is actually retiring from the Public Service and I am taking up post as a senior lecturer in Queensland.

Mr WILKINSON - Did you find that the job turned out to be the job that you thought you were going to when you originally took it on six-and-a-half years ago?

Dr ROGERSON - This job has been very challenging because of the nature of it, because it is about providing advice to management, to a director, ultimately perhaps a minister, which may not be wanted because it is a reminder often of the deficits and the gaps in practice.

Mr MARTIN - Who did you report to?

Dr ROGERSON - We reported to the director of Youth Justice.

Mr WILKINSON - So with your experience over the last six-and-a-half years, what things do you believe need to happen in the Ashley Detention Centre and Youth Justice that are not happening now?

Dr JESSUP - I think that it is easy to just look at Ashley and try to find a solution within Ashley. I think it also really important to look at Youth Justice as a whole and one of the significant gaps within Youth Justice is the lack of a budget for programs.

Mr WILKINSON - So you have no budget at all for programs?

Dr JESSUP - No, for programs that will address clinical, therapeutic or forensic needs of high-risk young offenders. We have a really solid community base. Our work has been very effective, I think, in developing and working with communities to build some kind of community support system. That works quite well. Our workers work extremely hard and they run very high case loads, but frequently the only service they can offer is themselves - with the really high risk.

Mr WILKINSON - So what other services should they be able to offer?

Dr JESSUP - They should be able to offer forensic, clinical or therapeutic interventions for high-risk young kids. About 50 per cent of the kids who end up at Ashley have significant child protection histories. There is no capacity in Tasmania, other than the one forensic psych who works at Ashley, to work on a forensic basis with those criminogenic needs. The evidence shows you should be addressing them when these kids first hit the youth justice system.

Mrs JAMIESON - Before?

Dr JESSUP - Possibly before, but you can go down a track with that which says you have to deal with everything before they are three. We have been there and there is still a large number of young people who get through that system and who still need interventions and we know, from the evidence, that they can work. However, you have to put the money in and you have to have the appropriate staff working with them. That is why I insist on the word 'forensic'; you need to be dealing with people's criminogenic needs.

Mr WILKINSON - You hear all the time that it is a matter of resources. If you have plenty of resources to throw into it you would do a pretty good job if you had the proper managers at the top. When you are talking about clinical forensic services, what type of services do they need? Are you saying they need more psychologists, more psychiatrists or both, together with proper programs to hopefully turn them around?

Dr ROGERSON - There are two things that I would say in response to that. The first one is that it is a matter of resources but it is not only a matter of resources. It is a matter of collaboration across the services. We always need more psychologists and psychiatrists and that would be great, but we need to have ones who can do forensic work

Mr WILKINSON - Not many want to do it, do they?

Dr ROGERSON - No, not many want to do it. We have one forensic psychologist in Youth Justice whom we have employed now for about three years. If I can give an example, we have no program in this State for young people who commit sexual offences.

Mr WILKINSON - There is a program at the prison, isn't there, from a female, but that is a different program?

CHAIR - That probably raises the point you talked about in your submission that the MOU is not working correctly. Would you like to expand on that just a little bit? There is obviously more capacity in the system with the current resources.

Dr JESSUP - I will just address that one about the sex offender program and then we can come to that. There is a proposal at the moment, for instance, and Steve is talking about sharing staff, concerning the Male Adolescent Program for Positive Sexuality - MAPPS. In Victoria it is a very effective program. Before I left I had held a couple of meetings and had written up a report that MAPPS were quite happy to share their resources and provide the clinical supervision if we could come up with two or three private psychs in Tasmania. We could have sex offenders' program for fairly minimal cost, supervised by one of the better programs in Australia. We do not have to spend half a million dollars on developing our own program, for instance.

Mrs JAMIESON - Would that be for young offenders, too, as well as older ones?

Dr JESSUP - It is for adolescents; it is not for adults. The adult programs are quite separate and you cannot mix adolescent sex offenders with adults because it is quite dangerous.

That is the kind of thing that is financially possible in a State like Tasmania. We do not have huge numbers and we do not have the resources but we do have a capacity to share and we do have a capacity to train. If we can get good supervision and keep people on track, we could do that kind of thing.

Dr ROGERSON - In a sense again it is about the same issue which in Tasmania we are all familiar with - economies of scale. We have to work together, we have to work across the fence. I was involved in 2001 in writing the MOU with the prison service. It was difficult because, at that time, Tasmania was the only jurisdiction in Australia that had 18 year olds in the juvenile justice system. All the other jurisdictions had 16 and 17 year olds. They are catching up now; they are now turning 18. We were the only one that had that. It was partly based on the idea of rights within legislation, that kids under 18 are kids and therefore should be included in juvenile justice. So we had a difficulty straightaway in what we would do with 17- and 18-year-old young people who had challenging behaviours beyond the management capacity of the behaviour development program in Ashley. This is why we have a memorandum of understanding, so that in certain situations, given certain assessments based on what works and all that, those young people need a level of security and they need a different administrative procedure to operate in relation to their management in an institution.

That has always been problematic because it has been left to the prison to say 'yea' or 'nay' about whether the transfer happens. That is no criticism of the prison because the prison does not have a program to meet the needs of these young people. I always remember the five suicides that we had in the prison. Three of the suicides were very young people. I think what the prison service is doing is like other agencies and organisations. They say, 'What are the risks here for me in my organisation and the management I am directing?'; I can understand and agree with that.

It has been problematic to have an MOU. We could have a legal system, as is happening in South Australia, where we have to return to court to ask for a transfer - and that could be beneficial - rather than have an understanding. What is most important is not whether we have an understanding or legislation; it is whether we have a program. That, I think, is what we are seeing as very important - to have a program such as the young prisoners' program that I worked on in Fiji and England. It is a specific program to meet the needs and provide security for and manage young people of 18 years who have quite violent and challenging behaviour.

Mr WILKINSON - It would be interesting to get a copy of that.

CHAIR - Is that a possibility?

Dr ROGERSON - Yes, you can certainly contact me. I am quite happy to provide that.

Mr MARTIN - In your submission on the bottom of page 3, under the section entitled 'Working Together', the last paragraph says:

'The current emphasis on corporate and management tasks, including governance et cetera, are essential. However, they are not synonymous with professional practice.'

Are you saying that there is an overemphasis on those routine management duties?

Dr JESSUP - My view is that there is an uncritical belief that if you have all your processes written down and people follow them, you will then have a good practice.

Mr MARTIN - A lot of people make that mistake.

Dr JESSUP - Yes; if you have all your processes written down then it provides your managers with good cover if things go wrong. The accountability trail is there, but that does not necessarily mean you will get good practice.

Mr MARTIN - So is this a criticism of the management of Ashley?

Dr JESSUP - No, not specifically. I would say it refers to the whole of DHHS.

Dr ROGERSON - It is getting more and more difficult to have an audience for that voice. I think that is partly why we submitted this. It is getting more difficult because organisations low-risk manage their budget and their workload. I can understand that. That is the reality.

Mr MARTIN - There is so much focus on management of risk that they finish up not doing anything.

Dr ROGERSON - What we see is that without professional practice advice you are not effectively managing your risks. That is the irony. The government structure itself will not effectively manage risks. In fact it will probably increase a risk because you are not putting into the mix the salt from the salt shaker.

Dr JESSUP - But we are not saying you should not have them.

Mr MARTIN - Can you articulate exactly what you see a youth justice board doing, specifically to address those problems?

Dr ROGERSON - In the last seven years there have been a number of different committees with different reviews of child protection and juvenile justice. I think what those committees and reviews represent is a board. I think people here today represent the need to have a higher authority - not a watchdog, but a board - an independent or practice-review body. I think those reviews over the last seven years, and there have been significant numbers of them - whether it is about the fence or about programs - currently represent the need for something. I guess what we are seeing is a need for that kind of board. I liken it to the old child protection board in this State. Again, it is about looking at the membership and its terms of reference. We would have a paediatrician, a children's commissioner, somebody from the courts - whoever. It would have representatives from -

Dr JESSUP - Forensic, mental health - the range of disciplines.

Mr MARTIN - What do you see as its main terms of reference?

Dr ROGERSON - It does not exist at the moment.

Dr JESSUP - What would you have if you could have it?

Mr MARTIN - Yes.

Dr ROGERSON - What I would have is that board would hear about critical cases of high-need, high-risk young offenders and their management in the institution and in the community. It would hear and look at cases about the length of remand for young people in Ashley, and remand for young people under the age of 12 who have extensive child protection backgrounds and who are on child protection orders. So I can see criteria that could be written for the kind of work the board would do, the kind of referrals that it would take as part of its business, because they are difficulties and the challenges this committee is partly looking at.

Dr JESSUP - We have developed what we call the collaborative case conferencing process. When you have a young person who has multiple complex needs, but whose needs are not being met, when the case-management process has hit the wall and is not working, then these young people are referred to this process. You call all the people who are working with them around the table and you run a collective case-management process around that. It links into the agency collaborative strategy. So it is at the second-tier level of that. If those conferences fail to develop a service to meet that young person's needs, then it goes up to the Board of Exceptional Needs. I see something like this board operating somewhere within that realm so that there is that oversight, because, for instance, that BEN process is a regular meeting that crosses the department's disciplines represented at higher level. The questions are asked and the management of those cases has to report to them and people then take some oversight of the case. So the process is accountable outside to a range of other disciplines. That is the kind of idea.

Mr WILKINSON - Are you really saying that what has happened in recent times with the inquiries you have had shows that there is a lack of people, of an overarching body, continually focusing on the issues that you are talking about and continually passing ideas down through the chain -

Dr JESSUP - Yes, and getting them up.

Mr WILKINSON - and making those work? That seems to me to be what you are saying. So what you need is this overarching body that is consistently looking into the child detention, child welfare et cetera, being able to press the right buttons at the right time and get these programs up if they are needed or go out and get extra psychologists if you need them or, alternatively, get these new programs or share programs with Victoria just to keep the pressure on the people at grass roots level? Is that right?

CHAIR - Are there similar bodies in other jurisdictions, other States?

Dr ROGERSON - In other countries.

CHAIR - In other countries, not in other States?

Dr JESSUP - I do not know about other States. We had it here with the Child Protection Board. We could have it here with an advisory board.

CHAIR - What size and scope are they? How much in terms of resources do they take run? How many personnel? Can you give us any sort of indication?

Dr ROGERSON - I think usually they have sitting members and then invited members. So, for example, a board such as this one would invite somebody to look at the technical processes of the infrastructure and the fence, when necessary, or the concrete that is used in the gym. Those kinds of infrastructure experts could be invited along. And certainly there would be sitting members from each of the areas of major needs areas of young people. There would certainly be representatives from Disability Services, Mental Health, Child Protection, the courts, Housing and Police. Those areas make up the jigsaw.

Mr WILKINSON - Can I touch on this scenario? In New Zealand - and please forgive me if my statistics are not exactly correct; I am relying on my memory from a few weeks ago - 80 per cent of the children that are charged do not come before the court. I think they said that about 98 per cent of those children who did not come before the court, did not reoffend. That is a terrific statistic. They are virtually saying though, 20 per cent cannot be helped.

You were saying there is this program out there for violent offenders. Normally the 20 per cent that you cannot help are those people who have a violent propensity, in my experience. What do you do for them?

Dr ROGERSON - When we talk about success with young people like this there are a number of different successes that we have. One of the major successes in Tasmania in Ashley Detention Centre is that we have had no death in custody. That is a major success in a detention centre - and I am not over sensationalising it. I have worked in four different countries and three different States and if we do not have a death in custody, that is a major success.

We are always aiming to stop the level of offending from escalating as well. We do not want a young person to move from getting into a punch-up down at Nobby's on Friday night to breaking into somebody's house and raping. We want keep that offending right down - and get them out of Nobby's as well. We want to stop it from escalating. The research is clear that there have been some successes with the higher risk, more highly violent group, when we put the resources in.

I think it is fair to say also the research says that about 1.5 per cent will need care and management to some extent all their life.

Mrs JAMIESON - Would those people also have a co-morbidity of some sort like a psych problem and/or an intellectual disability?

Dr ROGERSON - Yes.

Mrs JAMIESON - So would they be better in a different stream of care rather than going through Youth Justice?

Dr ROGERSON - Yes, that would be part of the program response.

Mrs JAMIESON - That seems to be one of the things that is missing - an adequate assessment of the kid's needs.

Dr ROGERSON - We have had some real successes with young people who have been assessed by a collaborative board - we have had mental health professionals there and we have had John Crawshaw involved. He brings a particular approach to the problem. We have somebody from Disability Services who is focusing on the foetal alcohol syndrome and is addressing that. So, with that collaborative approach we can have some successes in keeping our offending down or minimising it.

Mrs JAMIESON - Can I just go back a step? I noticed in your submission you said that your position had not been readvertised and, as you understand it, there will not be a replacement. Is the system saying that it does not need your position do you think?

Dr JESSUP - It is not clear at the moment.

Mrs JAMIESON - Could one person manage the position at all? I believe you have job shared, which has probably kept you sane. But could one person with support do it?

Dr ROGERSON - I think the position has been underfunded. We have largely worked about 1.8 FTE, rather than one. We covered Ashley Detention Centre and Community Youth Justice in three regions.

Mrs JAMIESON - So we got our money's worth!

Dr ROGERSON - I think there is a worrying aspect of it: to go back to what we were saying at the beginning, it looks as if some of the tasks are going to be dispersed. For example, this position is involved with quality assurance, all recommendations for detention and pre-sentence reports. So if there is a recommendation for a detention order or a pre-sentence report, this position quality assures it. What is going to happen to that task, I do not know. It might be disposed of. It might be dispersed. I do not know. But it looks as if the position that was sitting outside of management and administrative processes has now come to an end.

Mrs JAMIESON - Do you mind if I ask how much in the way of funding went to your position? Not necessarily salaries.

Dr JESSUP - We were at P5 level, so that was about \$95 000 a year. So it is significant.

Mrs JAMIESON - But on the other hand, if it is saving a whole lot of other problems?

Dr JESSUP - Yes. Given that it generally took us about 1.8 to cover that, our position originally was a P4 and it was upgraded to a P5. We always felt that there should have been the P5 and then a P4 at Ashley and another one for Community Youth Justice, so you had the spread to cover and make sure you had an integrated service. That is really critical too. If you have separate people in separate regions, then you have separate lots of practice and you have division between Ashley and Community Youth Justice.

Dr ROGERSON - There is a P4 at Ashley. That P4 is called 'manager of professional services'.

Mrs JAMIESON - Would you care to comment at all on the age mix that we have at Ashley? In New Zealand we found that in detention it was about 14 to 16. Whereas at

Ashley obviously we have 17 and 18 year olds who of course are young adults rather than juveniles.

Dr JESSUP - I do not have a problem with having a wide spread, providing you have a capacity. If you have one who cannot or will not be a part of that centre and who is intent on disruption and whose behaviour is totally violent, you need the capacity to remove them.

Mr MARTIN - What would you do with them?

Dr JESSUP - The prison system is, from my point of view, for people who are totally violent and disruptive. If you can remove the odd young person out of Ashley and into the prison system then you -

Mr MARTIN - Straight into Risdon?

Dr JESSUP - Steve has already commented and I agree with him, that the prison needs a program for challenging young people. Ashley is not designed for extremely violent, totally recalcitrant young people. If you have those people in there on a long-term basis you end up having your system devoted to containing that kind of young person at the expense of everyone else who is there.

Mrs JAMIESON - Did you ever have anything to do with William Lopez Centre, which I know has not been open all that long?

Dr JESSUP - Yes.

Mrs JAMIESON - Did you feel that was beneficial? I gather the youth would be assessed there and then probably sent back.

Dr JESSUP - Yes, it is really important because it had a capacity to get young people assessed by forensic psychs.

Dr ROGERSON - We had a young woman who had a restraint order, who needed a mental health service. But you cannot get that unless you are 17 years old. She had to go to the Wilfred Lopez Centre and is now back in the community.

Mrs JAMIESON - Without going back into Ashley?

Dr ROGERSON - Yes, and I find that completely inappropriate.

Mrs JAMIESON - I have not read right through this. How long can they keep them at Wilfred Lopez?

Dr ROGERSON - I am not sure.

Mr MARTIN - Speaking of girls, do you have a view on the girls being in Ashley?

Dr ROGERSON - It needs a specific program for girls and there are plenty of programs around for girls - plenty of examples. We have found it quite hard to get a specific service program for girls.

At Ashley there are two problematic areas. The first one is the entry area - 10 to 12 - of children who should not be in the detention centre; and then there is the one at the other end - 16 to 18 year olds - the young people with violent, challenging behaviour who should not be there either. That is not to say that somebody of 18 should not be there, they have been there and Ashley has taken young people from the prison and quite successfully managed them. But there are always two zones there, if I can put it like that - the entry and the exit zone - where there are problems and there is not a collaborative program for that age group which recognises a need.

Mr MARTIN - What if you had a really violent, out-of-control 14 year old? Where would you put them?

Dr ROGERSON - Again, they need to be part of a program and the program needs to be developed collaboratively across departments and, if necessary - and we have done this in the past - with organisations from the mainland. So in the past we have worked with MAPPS in Melbourne, designed around people who sexually offend. We have worked with organisations in New South Wales and placed children in New South Wales who have specific needs that cannot be met in Tasmania.

So that collaboration needs to happen outside of this State as well as internally. That is how we are going to meet the needs of those exceptional cases that we get.

Mrs JAMIESON - Would you see any advantage of having Ashley itself as the hardcore place and maybe other, say, half-way houses out in the regional areas for some of the lesser offenders?

Dr ROGERSON - No, I would not use the word 'hardcore'.

Mrs JAMIESON - You know, the more difficult ones.

Dr ROGERSON - This is an institution and a detention centre and therefore it needs to provide an institutional program within a secure environment for specific young people. It does not need to provide a service for kids on child protection orders at the age 10, 11 and 12, and it does not need to provide a service for those at the other end, the 17 and 18 year olds. So it does need those kind of hardcore young people who need to be in a detention centre, but their numbers are really minimal. In this State we are looking about 15 kids at any one time.

Mrs JAMIESON - So would a halfway house, say in regional areas, for the first-time offenders and/or the younger ones, have some merit, do you think?

Dr ROGERSON - Yes, there are placement gaps that a halfway house could address.

Mrs JAMIESON - Yes.

Dr JESSUP - Provided it had appropriate kind of staffing and here I reiterate the notion of forensic support.

Mrs JAMIESON - Yes, that is right.

Mr DEAN - You have probably answered this question in my absence, in which case, I will get it from *Hansard*. My question was: across Australia or across other countries in the world, which do you believe to have the right programs in place to handle and work with children who need this sort of assistance, need the programs you are saying that we should have here?

Dr JESSUP - There is a really good program in Canada for young people called the Thistletown program that Jim Morley is running. The MAPPS program in Victoria is excellent. New Zealand has some really good programs. I am not sure -

CHAIR - We had some evidence of that when we were there.

Dr ROGERSON - The Western Australian multisystemic therapy program is a lot of big dollars and there are licensing issues for this State. Certain countries have specialities. The great thing about Tasmania is that it is small; the red tape is going to be fairly minimal. We can cut through that and set up a boutique service which can cherry-pick the best from a range of different areas.

Mr DEAN - Our numbers are quite small and we accept that and we accept that it is a very expensive thing to set up. Is there any possibility of our being able to move into, say, a program in Victoria if you believe it is quite a reasonable one?

Dr JESSUP - Certainly in the case of MAPPS, yes. The groundwork has already been done there. We could have a sex offenders program through that. It would be possible to do that with other programs. Some of the programs on the mainland work alongside the universities. There is a sex offenders program in Griffith University. Griffith University do the research and provide the clinical staff but it is also co-funded by the Health department, so you have that mesh. We could do something similar in Tasmania. There is that expertise around. That is why we keep saying 'collaboration' because we can develop these services without spending a bucket of money.

Dr ROGERSON - Patrick Tidmarsh is the bloke who runs MAPPS. He discussed a mentoring program in Tasmania. So MAPPS would not run a program in Tasmania but they would mentor it. I like that word 'mentoring'; it is a good concept.

Mrs JAMIESON - Just going back to the MST project, in New Zealand I understand they have been running it for about five years and it is about to be reviewed. In your knowledge is it a program that you have to take as a total, or can you cherry-pick bits and pieces out of it?

Dr JESSUP - That is the licensing stuff; you either take it or you don't. I am not convinced that you actually need to spend all that money on a specific-licence program. I think the experience of MAPPS indicates that you can develop a tight program. The advantage of MST is that it is highly structured, extremely tight and there is a legitimacy and authority about that program so that other agencies cannot say, 'We do not like what you are doing here'. That is too bad because that is how the program would run. Unless you can provide program integrity like that then it will fall over because there are so many

competing professional ideas about what is right and what is not right. That is the advantage of an MST program; you do get the whole thing.

Mr DEAN - Are you saying to us that, because we do not have the programs we probably ought to have, youth are falling over and are continuing onto a life of crime or antisocial behaviour, and they are a burden on the State because of that?

Dr JESSUP - Yes.

Dr ROGERSON - We also suggesting how we might develop those programs. It is not just about money.

Dr JESSUP - And there is no single silver bullet.

Mr WILKINSON - In New Zealand you are not charged with an offence unless it is murder or manslaughter until you are 14. Also, you do not have a 'conviction' in a youth court; it is an 'order', therefore it does not always remain with the child and does not deter him or her in getting a job at a later stage. Are those good ideas, and if so, why?

Dr ROGERSON - I think there are issues there about the age of criminal responsibility - major political issues. I think it has gone from eight to 10 in this State. I think it is a good idea as long as the young person has not committed a prescribed offence, like rape or arson. But again, so long as there is some program or conference procedure happening at the front end, the diversionary end, with the police, with the family and with the young person. A young person has to know and be encouraged to know that they are responsible for whatever it is they have done.

Mr WILKINSON - Therefore is it better if you have a dedicated youth justice court? When I say 'dedicated', you have a children's court here, which is a dedicated court, but a number of magistrates can act in that children's court. In New Zealand it seemed a good idea that they have dedicated judges, as they call them over there, to deal with children's matters. They are not only children's matters as far as youth justice is concerned; they are child welfare matters as well. These people are dedicated to child matters. Do you think that is a good thing to do?

Dr ROGERSON - Yes. The research shows that is more effective, removing all that sentencing.

Dr JESSUP - The Koori Court is very effective.

Mr WILKINSON - In relation to the children's court down here, often it seems to me that the actual defendant is a third party to the process; they are really peripheral to what is going on. You have the prosecution, the defence and the magistrate. They are doing all the talking in relation to a plea of guilty, and probably 85 per cent would be pleading guilty. You have the defendant sitting out there on the outskirts having no real input. In New Zealand in one of the youth courts they appeared to involve the defendant, the youth, far more than what they do here. Is that a good thing?

Dr ROGERSON - Yes, because it encourages cognitive change. If a young person is involved in the process in a conferencing kind of environment they are more likely to

change their thinking in relation to their interaction with people. A good example of how that system works is the video link. The research shows that one of the problem of video links is that the young person is not part of the process in the court, and it should not be used for sentencing. Ultimately the conference does not help anyone. Yes, it is much better if the young person is involved in the conference.

Mr WILKINSON - Rather than just the set-up that I was talking, is it better to have a probation officer or social worker in the Tasmanian courts as well, to be fair, and also the parent? In New Zealand you have the whole mix that is going to be involved in that child's rehabilitation; they all come together. It is more or less a round-table discussion as to what to do with that person to rehabilitate them. Is that a good system, as opposed to the Tasmanian one?

Dr JESSUP - Yes.

Dr ROGERSON - The Scottish system is like that as well. The Scottish system is a good example.

Mr WILKINSON - In Scotland and in New Zealand, as a result of that process, are the statistics better as far as recidivism is concerned than in Australia?

Dr ROGERSON - Yes.

Mr WILKINSON - So what you are saying is that, no matter what system you have in place, unless you also have proper programs in place then your are spitting against the wind.

Dr JESSUP - Yes, a waste of time.

CHAIR - Thank you very much for your input. That was very useful.

THE WITNESSES WITHDREW.