



Ms Stephanie Button  
New South Wales Law Reform Commission  
GPO Box 5199  
SYDNEY NSW 2001

Dear Ms Button

**Re: JH&FMHN Submission on Parole Question Paper 6 – Parole for Young Offenders**

The Justice Health and Forensic Mental Health Network (JH&FMHN) welcomes the opportunity to comment on Parole Question Paper 6 – Parole for Young Offenders. As a health service provider, JH&FMHN provides the below advice with a focus on parole system impacts on the health outcomes of young offenders, including maintaining their physical and mental health, keeping them in the community, preventing reoffending and the prevention of progression into adult incarceration.

As outlined in 6.7 and 6.9 of the paper, "adolescence is a period of cognitive development where a young person's decision making, risk taking and impulse control may be significantly different from that of an adult." The Network supports the proposition of a separate parole system for offenders who are under 18, in line with the criminal justice context, where a separate juvenile justice system has been established.

Intensive 'wrap around' services that are youth specific and address mental health, drug and alcohol, social disadvantage and welfare issues pre and post parole are most likely to lead to better outcomes for young offenders. Consequently, JH&FMHN supports a juvenile parole system where a young person can continue to access these services that focus on the specific needs of the younger population.

For young offenders retained by Juvenile Justice NSW in a detention centre beyond the age of 18, due to vulnerability (particularly cognitive impairment or mental health concerns), JH&FMHN would strongly support them remaining subject to the juvenile parole system – if it were to be established.

The identified age of 18 where young people are considered to transition to adulthood is somewhat arbitrary. As mentioned briefly in the question paper, young people do not achieve cognitive and emotional maturity until their early 20's; in fact this is a time when young people often need the most intensive support.

Results from the *Young People in Custody Health Survey 2009* (YPICHS) showed that, compared to adult inmates, young people in custody have a much higher prevalence of:

1. Intellectual Disability – the majority of young people in custody have borderline or less cognitive ability, with a higher prevalence of intellectual disability (10 times above community comparison)
2. Illiteracy
3. ATSI background (25 times the general population)
4. Socio-economic disadvantage, out-of-home care and a history of abuse
5. Mental illness
6. Much lower emotional intelligence and adaptive abilities
7. Homelessness (especially young women)

Consequently, as per Question 6.3: Structuring the juvenile parole system; JH&FMHN would recommend that any staff providing interventions within a juvenile parole service are qualified youth

Justice Health & Forensic Mental Health Network  
ABN 70 194 595 506

PO Box 150 Matraville NSW 2036  
Tel: 02 9700 3000 Fax 02 9700 3744  
Website [www.justicehealth.nsw.gov.au](http://www.justicehealth.nsw.gov.au)

specialists. Additionally, JH&FMHN would recommend "transitional workers" with experience and training in youth work to assist young people between the ages of 18-24 in the transition from a juvenile to an adult parole system.

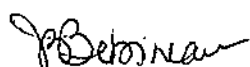
In relation to 6.75 – *Serious Young Offenders Review Panel (SYORP)*, JH&FMHN would recommend the panel member - *an independent person with qualifications in psychology* - be a clinical psychologist with youth experience. JH&FMHN would also recommend that if a young person appearing before the SYORP has a mental health concern that has been treated by a JH&FMHN mental health clinician while in custody, that a mental health report is provided to the SYORP by JH&FMHN.

In relation to 6.90 – *In-custody and post release support for young people*. JH&FMHN agree that access to suitable accommodation is a significant issue for young people who are eligible for release on parole, especially for young female parolees. JH&FMHN would support the submission from the Children's Court for "increased resources, programs and accommodation options for young people on parole" and the expansion of existing accommodation and support programs such as the Juniperina Housing and Support Program (JHASP), currently operating at Juniperina Juvenile Justice Centre at Lidcombe. JHASP is a multi-agency program (JH&FMHN, Juvenile Justice NSW, Catholic Care Australia, Family and Community Services and Housing NSW), with the aim of providing housing and intensive support services to young women at the Centre upon release from custody.

In relation to Question 6.11 – *Composition of the State Parole Authority (SPA)*, JH&FMHN strongly supports the proposition in 6.84, "that the SPA should include members with specific expertise and experience relating to young offenders... SPA could sit with a composition that included such members when making decisions affecting young offenders." It would also be beneficial for JH&FMHN adolescent health clinicians to participate in the SPA if the young offender has been engaged with JH&FMHN health services while in custody and prior to parole. For young people with significant mental health and/or problematic drug and alcohol issues in particular, JH&FMHN clinicians may be able to offer expertise to the SPA in ongoing mental health and/or drug & alcohol management in the community for this cohort of young offenders.

Should you require any further information please do not hesitate to contact Julie Carter, Service Director Adolescent & Community Forensic Mental Health Services, JH&FMHN, on (02) 9700 3593.

Yours sincerely



Julie Babineau  
**Chief Executive**  
22 January 2014