

# Policing and pathways to diversion and care among vulnerable young people who use alcohol and other drugs: Summary of report

Rachael Green, Joanne Bryant, Rebecca Gray, Rebecca Brown, David Best, Jake Rance & Sarah MacLean

This study examines the interactions of vulnerable young people with police. It looks at pathways in the service system as well as systemic issues that may exacerbate involvement in the justice system or act as barriers to treatment. It aims to support the development of integrated diversion and treatment pathways for 16–21 year olds who offend, are eligible for diversion, and/or require AOD treatment. It focuses on two major cities: Sydney and Melbourne, and examines the perspectives of AOD professionals and police who work in inner-city precincts, and their clients.

## Background

Research highlights a strong association between substance use and crime. Heavy alcohol and other drug (AOD) use can be seen as both a symptom and a cause of difficulties for young people—particularly those who initiate use and become substance-dependent at a young age. It is widely agreed that early intervention and diversion into treatment are preferable to justice responses for young people whose offences are related to AOD use. In Australia, much effort has gone into gearing the justice system so that it provides appropriate support for young people whose offending is linked to their vulnerability and/or health issues (including mental health and problematic substance use). Incarceration is a last resort.

Young people who offend in Australia are subject to different charges or diversionary regimes depending on the jurisdiction in which they live, as well as their age, the nature of their offence and whether they are first-time or repeat offenders. Diversion may occur at many points of policing and young people's engagement with justice agencies.

Some research has examined diversion processes, appropriate programs and alternatives to imprisonment in Australia (Fletcher & Dao 2012; Payne et al. 2008; Pritchard et al. 2007; Spooner et al. 2001; Wundersitz 2007; Schwalbe et al. 2012; Hughes & Ritter 2008). It is worth finding ways to divert the young cohort away from offending lifestyles and problematic substance use. This is particularly so given the significant human suffering

and public spending associated with adult offending and lifetime dependency on welfare and health systems. Young offenders have the prospect of rehabilitation if there is adequate, tailored attention to the factors underlying their offending, and if they are given a chance to mature.

This document provides a summary of findings from the following report: Green et al. (2016)—*Policing and pathways to diversion and care among vulnerable young people who use alcohol and other drugs*. The objectives of the study were to:

- Identify characteristics of young AOD users who offend, and determine the group's diversion and treatment needs (by analysing existing survey data in Victoria and New South Wales).
- Document the challenges that working with young offenders present police, and the effectiveness of current procedures for diversion and referral to treatment agencies (by using interviews with junior and senior police and with youth AOD professionals in inner-city Sydney and Melbourne).
- Identify barriers and facilitators to accessing diversion and treatment agencies (by interviewing young clients of AOD services who have had police contact in Melbourne and Sydney) and explore how these might be addressed.

The implications in this report are for consideration by policymakers and decision-makers in government, particularly those determining service allocation and justice processes. They may also contribute to improved practice by police and service providers, as well as enhancing their collaborative efforts.

## Method

The study drew on three interlinked components.

### 1) Review of literature

A review was conducted of scholarly and peer reviewed articles retrieved using electronic databases. It included a review of relevant policy research, reviews and legislation.

### 2) Analysis of existing datasets

Secondary analysis was conducted of two existing datasets describing vulnerable young people who had prior police contact.

#### **Victoria: The Youth Cohort Study (YoCo)**

This study used a longitudinal cohort design and non-probability convenience sampling. It recruited 150 young people aged 16–21 years between June 2009 and April 2010, from a range of settings in inner-city Melbourne. These included residential withdrawal programs, outreach and counselling programs (community health and specialist programs), residential rehabilitation, youth specific health and housing agencies, community health facilities and needle syringe programs.

Participants had at least two contacts with a Victorian AOD treatment agency in the previous month, and had used alcohol or drugs at least weekly in the past month (unless engaged with abstinence-based residential services for more than one month). Participants were interviewed at sixmonthly intervals, from baseline to 18 months, with additional interviews conducted at three and 24 months for a sub-sample of the study cohort.

#### **NSW: The Exposure and Transition Study (ET Study)**

This study used a cross-sectional design and non-probability convenience sampling. It recruited n=261 participants from August 2010 to July 2011 from various youth services in metropolitan Sydney. These included emergency shelters, drug and alcohol counselling programs, drop-in centres, and alternative schools. Participants were aged between 16 and 24 years and were surveyed at one time point only. Participants had used illicit drugs in the last 12 months, reported that some members of their close social networks were injecting drug users, and reported some degree of social vulnerability including recent homelessness, incarceration or police contact, and expulsion from school or work.

Analysis of the two datasets asked:

- What are the specific characteristics of the high-risk subpopulation of young people who come into contact with police and/or are charged with a crime?
- Are the characteristics of those who have been referred to AOD treatment specifically by police and justice officials different from those who enter treatment through other means?

The age range of 16 to 21 years was established across both datasets. This meant 42 respondents aged between 22 and 24 years were removed from the ET Study dataset, leaving a total of 219 respondents.

A definition for 'criminal justice contact' was agreed across both datasets as being any contact in the 12 months before the survey. Three categories were established:

- 'no previous criminal justice contact';
- 'community contact only' which refers to contact with police, receiving warnings or cautions, or being on bond or probation; and
- 'incarcerated' in juvenile justice or prison settings.

The measures used are identified in source reports (Bryant et al. 2012; Best et al. 2012).

Comparisons across groups were made using  $\chi^2$  test for categorical or ordinal data and ANOVA for linear data. Data were analysed using IBM SPSS Statistics version 22.

### 3) *In-depth interviews*

Qualitative interviews were conducted with three groups:

- young clients of youth services who had police involvement (n=23);
- police employees (NSW Police Force and Victoria Police (n=25); and
- professionals employed by youth specialist AOD services (n=16).

The protocols and characteristics of the groups are summarised below. Approximately half of the 64 interviews were conducted in each state. Twenty-three clients of youth AOD specialist services (also referred to as 'young people') were recruited. Table 1 summarises the age, gender and state of residence of participants.

As indicated in Table 1, most (n=17 of 23) of the sample of young people involved were 18 years or younger at the time of the interview. Most (n=18) were male. This is consistent with justice statistics in NSW and Victoria, which indicate that more than 80 percent of young people in the justice system are male (AIHW 2014). Most (n=20) had grown up in Australia; however, two participants were from Sudanese backgrounds, one was American and one named Tonga as his country of origin.

Young people interviewed spoke of disadvantages or 'vulnerabilities' across a number of areas of their lives. Past contact with police was common to all. Most had ongoing justice matters and five males mentioned that they had spent time in juvenile detention centres. They were largely early school leavers (usually leaving at or before Year 10 or age 15 years) and none was involved in education or employment at the time of their interview. Most of the young people had multiple child protection involvement and long-term housing issues. Ten (of 23) reported having no fixed address at the time of the interview. Experiences of neglect and abuse within the family environment were common, as was parental problematic drug and alcohol use. Three participants were also parents, but none had their children in their care.

Problematic substance use was ubiquitous among this (AOD treatment-engaged) group—with cannabis, alcohol and methamphetamine being reportedly the most commonly used. Involvement in drug use typically began from around the age of 12 years, with one report of drug use from age 10 years.

Twenty-five police officers were interviewed, all of whom had experience of policing in inner-city Sydney or Melbourne. Of these, most (n=18) worked in frontline and youth specialist roles. A small number (n=5) currently worked in policy positions, although some of these had previous experience in frontline policing (Table 2 provides information about participants by state, role type and experience level). Finally, 16 AOD professionals from youth specialist AOD treatment services also participated in interviews (see Table 3 for role, broad service type, and state).

Age (years)	Female	Male	NSW	Victoria
16	2	4	6	-
17	2	3	4	1
18	1	5	-	6
19	-	1	1	-
20	-	4	-	4
21	-	1	-	1
<b>Subtotal</b>	<b>5</b>	<b>18</b>	<b>11</b>	<b>12</b>

Role type and years of experience	NSW	Victoria
Frontline junior (under 5 years experience)	3	-
Frontline mid (5–15 years experience)	3	3
Frontline senior (over 15 years experience)	4	1
Youth specialist officer	2	4
Policy role	-	5
<b>Subtotal</b>	<b>12</b>	<b>13</b>

Role type	Residential service	Non-residential service	NSW	Victoria
Manager	4	4	3	5
Staff	3	5	5	3
<b>Subtotal</b>	<b>7</b>	<b>9</b>	<b>8</b>	<b>8</b>

Each of the study authors read the interview transcripts and contributed to the development of a thematic analysis (Huberman & Miles 1994). Interview transcripts and research notes were coded using the qualitative software package NVivo. Analysis highlights where particular divergence emerged between the attitudes and experiences of the groups participating in the study.

Ethical approval to conduct the study was given by the Eastern Health HREC and was ratified by the University of New South Wales Human Research Ethics Committee before initiating research involving participants. Victoria and New South Wales police approval for the study was also negotiated.

## Results

### *Characteristics of young people AOD users*

All data sources investigated for this study suggested that some people become entrenched in the justice system at a young age. The young people in the cohort of client interviewees typically had numerous 'risk factors' in their lives that were associated with their substance use and offending (Hawkins et al. 1998; Moffitt 1993). These included individual factors such as a history of neglect, abuse and violence; disengagement from education; substance use; offences from a young age, and criminality. Risk factors were also environmental, including growing up poor in troubled families (eg where there is parental substance use) and in unstable housing (Ludbrook 2012).

For young people in both datasets, increasing contact with the criminal justice system was accompanied by particular markers of social disadvantage, such as homelessness. The young people interviewed in this study did not necessarily view their AOD use as the most significant issue for them. They commonly discussed

issues such as family conflict or homelessness as their primary concerns, but acknowledged that AOD use exacerbated their difficulties.

### *Pathways through incarceration, diversion and care*

Consistent with previous studies, analysis of survey data collected in both states suggests that a narrow window of opportunity exists for diversion to occur. In this sample, first drug use and first incarceration occurred at an average age of 13 and 15.9 years, respectively. The secondary data analysis also indicates that, although justice-involved young people are more likely to be involved with AOD treatment services than their non-justice involved peers, that treatment is often initiated late, at an average age of 16.3 years. This finding is supported by the qualitative interview data, which suggests that young people were not usually engaged by therapeutic services until they were in 'crisis' situations or had appeared at court.

The analysis also suggests that even though retention in AOD treatment is poorer among those young people who are diverted from the criminal justice system, if they do stay in treatment they show some marked positive outcomes in relation to their drug use, risk and social functioning. While persistence is required to engage them in treatment, this effort is likely to be worthwhile. Previous studies have found that these young people require a holistic response (Burt 2002; Statham 2004).

Both police and AOD professional interviewees strongly supported and believed in the value of early intervention services (the YSS in Victoria was mentioned frequently as a good example). All interview participants understood the long-term damaging effect of incarceration on young people. Police viewed incarceration as making young people 'better criminals'; AOD professionals spoke about how it was very difficult to engage young people who had already become justice clients. Together, the various datasets support the view that early intervention is essential in building pathways away from crime and problematic drug use.

### *Challenges for police encountering vulnerable young people*

The police interviewees highlighted some of the challenges they faced when encountering vulnerable young people, particularly in inner-city areas. These included time pressures and lack of rapport with the young person or knowledge of their background. Many police interviewees found their engagements with vulnerable young people very stressful. It appeared that the following issues had a strong negative effect on police morale:

- encountering reoffending young people (especially those whom they perceive as unremorseful);
- experiencing abuse or violence in their encounters with young people; and
- the perception that there is a lack of 'meaningful' options available to direct young people away from offending lifestyles.

Most of the police interviewed (and all specialist youth officers) had sophisticated understandings of the social factors relating to young people's offending, and demonstrated sympathetic and humane views of effective approaches. They did concede that some of their colleagues had different 'styles' or ways of working. Police interviewees argued that there had been a shift in police practice towards community-oriented policing and that authoritarian and hard-line approaches were 'old school'. Nevertheless, incidents where police have been allegedly unfair or harsh—however isolated—have had a very damaging impact on police reputation with young people and AOD professionals. Police interviewees in both states reported that they had received little or no formal training on how to work effectively with this group

Scope exists to continue working to improve the reputation of police among vulnerable young people through fair, consistent and respectful policing. Perceived over-policing or harsh policing perpetuates a negative cycle of adversarial encounters between these groups. Conflicts that result from adversarial encounters entrench young people in the justice system through accruing additional charges. Vulnerable young people reported that police often approached them when they felt that this was unnecessary, and police and other agencies fined them repeatedly for what they regarded as minor incidents. Many had large accumulated fines that they were

unable to pay. The AOD professionals confirmed that this was a serious issue for many of their clients, which further exacerbated their marginalisation and involvement in the justice system.

On the other hand, positive encounters with police, and where police went out of their way to help had a very strong positive impact on young people. Interviewees discussed a number of suggestions of appropriate and effective approaches with vulnerable young people. It appeared that police could practice these more consistently. Interviewees argued that police work with vulnerable young people was most likely to be effective when young people were treated with respect and in a calm manner. Decisions should be explained to them clearly and by appealing to their strong sense of right and wrong. The AOD professionals emphasised that young people in this cohort needed many chances and opportunities to engage in treatment.

Frontline police interviewees reported that they had learned how to work with vulnerable young people 'on the job' and that this was communicated best through leadership and role-modelling. Conversely, AOD professionals suggested that this approach to training was inadequate and resulted in inconsistent approaches with their clients.

Police staff encountering vulnerable young people regularly in their day-to-day work would benefit from improved knowledge of strategies for working with them, decision-making in relation to diversion, and appropriate referral options. They might also profit from information about the benefits of AOD treatment and therapeutic understandings of 'stages of change' in relation to AOD use.

### *Barriers and facilitators for police*

Jordan and Farrell (2013) argue that current systems for youth diversion rely overly on police discretion. Police emphasised that they processed young people in strict accordance with the law in relation to serious matters and where legislation existed (eg in relation to minors). This study highlights three areas where police discretion has a particular impact on this group and appears to be inconsistent: decisions about when to approach young people, whether to refer them, and discretion in their interpretation of the eligibility of young people for specific diversion programs.

The AOD professionals and some police interviewed in both states believed that cautioning, referral and diversion of young people was inconsistent. It was seen as being strongly influenced by the knowledge of individual police, their ability to follow-up and—particularly in relation to minor incidents—on their judgment of the young person's remorse, capacity to change and other subjective matters. In many cases, police decision-making rested on a very cursory or context-specific assessment of their situation. For example, police noted that a young person's behaviour (eg if they were aggressive) while in contact with them had a bearing on whether they were given diversion and referral. Further, most police said that their limited time should be directed towards victims rather than perpetrators of crime.

Young people interviewed did not trust police nor view them as a source of help (noting that they had inconsistent experiences of contact with police—some positive, some very negative). Some police interviewed said that this dynamic made it most difficult to gain young people's consent for diversion to therapeutic services.

Many police reported that it was not their role to provide specialised referrals to vulnerable young people. Nevertheless, changes had been made recently in Victoria to improve systems that supported smooth referrals that were not time-consuming for police. Police might also appreciate receiving feedback about the more positive outcomes of their interventions with vulnerable young people. This may diminish what appears to be a view expressed by some police that vulnerable young people have little capacity to change their behaviour.

This study also highlights that police could benefit from increased availability of specialist support when they apprehend vulnerable young people. This would also potentially improve processes of gaining consent from young people for diversion and also subsequent service attendance. Police interviewed in Victoria valued the 'Youth Referral and Independent Persons' program. They found that volunteers from this program were sometimes able to work more effectively with young people than they were.



Interviewees identified systems-level barriers to young people receiving appropriate referrals from police. One of the critical differences identified in referral processes between the two states is that New South Wales did not have an e-referral system. In Victoria, police interviewees widely reported that the e-referral program used at the time, SupportLink, was easy and quick to use. They appreciated receiving feedback that their referral had been acted on. The recently-implemented VPeR system had not been established when interviews were conducted.

By comparison, NSW police used more traditional means to contact services (ie telephone, email or fax) if they wished to refer a young person. Police interviewees generally reported that they were unsure which services to contact and that making direct contact with services within their shift was difficult (especially as many offences occurred after hours). They were unlikely to follow up if they could not contact a service on their first attempt, due to time constraints. Systems should ensure that appropriate referrals could be made in a way that is least disruptive to police work, and without the need for time-consuming telephone calls, email or faxing.

Police interviewees and AOD professionals identified that the main gaps in the service system for young people were for all-night crisis services which could accommodate people who were substance-affected, and offer appropriate housing options. They were frustrated that incarceration was too often the only option for vulnerable young people with complex needs.

As argued in a previous report, access to tailored justice and diversion programs in both states was inconsistent across and within states, with eligibility based on residential postcode (Smart Justice for Young People 2014). This creates inequities when young people miss out because programs are not available in their area. Such programs also appear to rely on short-term or pilot funding. Restorative programs such as group conferencing were well-supported by police and AOD professionals interviewed for the study.

Delays in the system identified by interviewees included periods of many months between police contact and court appearances and delays processing paperwork. During these hiatuses, young people frequently committed further offences, thus becoming further entrenched in the system. The AOD professionals and police interviewees also spoke about how the legal system was jargonistic, and therefore hard to understand and navigate for young people.

The study suggests that collaboration between police and AOD professionals in both states is limited. Police were often unaware of the range of youth-specific therapeutic services in their local areas or the nature of AOD interventions and related services. Conversely, AOD professionals would benefit from a greater understanding of police roles and the challenges of this work. Opportunities could be explored to improve the level of collaboration between police and AOD professionals.

The AOD professionals were concerned that police did not often understand that change takes time and that relapse into problematic drug use is common, particularly among young people with challenging life circumstances. These professionals emphasised that a critical aspect of their job was to empower and support young people to change. Thus, even when it seemed that young people lacked motivation to change, referral to services was worthwhile.

Police appeared to rarely receive positive feedback about their interventions with young people or of the value of diversion and treatment programs. Doing so might enhance their job satisfaction and belief in young people's capacity to change.

The work of youth officers was highly valued in both states, with young people, treatment providers and police interviewees reflecting that the expertise of these staff had led to better outcomes for young people and that they provided a model of good policing. The AOD professional and police interviewees agreed that the emphasis of youth specialist roles should be to build capacity among police to work with young people in consistently appropriate ways. Funding could be directed into providing more specialist officers to support frontline practice. This is particularly important in inner-city precincts and other areas where vulnerable young people are known to spend time.

## Findings and implications

The following findings are drawn from the three data sources used in this study.

### *Characteristics of vulnerable young AOD users*

#### ***Finding 1***

For young people in both Victorian and New South Wales datasets, increasing contact with the criminal justice system came with particular markers of social disadvantage, such as homelessness.

#### ***Finding 2***

Qualitative interview data strongly suggests that problematic alcohol and other drug use and involvement in offending is intricately associated with the young person's other life difficulties. These include family troubles, unstable housing and lack of engagement in education and/or employment, as well as their ties within networks of others with similar characteristics.

#### ***Implications***

- As previous research suggests, continued emphasis must be given to the central role of social disadvantage in producing high-risk behaviours such as those observed among vulnerable young AOD users.
- Vulnerable young people who use AOD and come into contact with police often have acute and complex needs that require a holistic service response.
- The complex nature of problems experienced by these young people means the capacity of police to influence their outcomes is limited. While law enforcement responses are often necessary, the findings of this study support continued emphasis among police institutions on referring young people to therapeutic services and into diversion programs wherever possible.

### *Pathways through incarceration, diversion and care*

#### ***Finding 3***

Analysis of all data sources suggests that some vulnerable young people become entrenched in the justice system at a young age. The time between first police contact and incarceration is short, and the opportunity for engagement by therapeutic services is often missed. The view of police and treatment provider interviewees was that incarceration is a last-resort option and there was strong support for early intervention approaches.

#### ***Finding 4***

Interviewees viewed engagement in therapeutic programs as particularly difficult for young justice clients. Analysis of secondary data showed that even though retention in AOD treatment is poorer among those young people who are diverted from the criminal justice system, if they do stay in treatment they display some marked positive outcomes in relation to their drug use, risk and social functioning.

#### ***Implications***

- Prompt engagement is needed for young people by supportive and therapeutic services at first contact with police—particularly where the young person presents with other risk factors/vulnerabilities.
- Police interviewees in both states supported early intervention. Some participants mentioned the Youth Support Service (YSS) in Victoria as a good example of this approach.
- Engaging young people in treatment can be difficult and requires a persistent approach but efforts to do so are worthwhile.



## *Challenges for police encountering vulnerable young people*

### ***Finding 5***

All groups of interviewees reported consistently that a negative relationship exists between vulnerable young people and police, and that this contributes to relatively common adversarial encounters. Acknowledging that police are often called to deal with situations where a crime is occurring, perceived harsh and unfair treatment by police had a profound marginalising impact on young people. It often led to charges against the young individual, making it difficult to gain young people's cooperation and consent for diversion.

### ***Finding 6***

The study found that even relatively minor police responses could exacerbate vulnerable young people's involvement in the justice system. For example, accrual of infringements was common among this cohort and often led to enforcement orders and court appearances.

### ***Finding 7***

Many police interviewees found their engagements with vulnerable young people very challenging. At times this aspect of their work sapped morale, particularly when they repeatedly encountered the same young people, and when violent incidents occurred. Police interviewees believed that most youth-specific police learning occurred 'on the job' through leadership and role-modelling by other officers. Interviewees discussed appropriate and effective approaches with vulnerable young people.

### ***Implications***

- Scope exists for working towards improving the reputation of police among vulnerable young people.
- The AOD professionals would benefit from a greater understanding of police roles, and police could benefit from the support of AOD professionals and other specialist youth staff to engage and motivate young people. Opportunities could be explored to improve the level of collaboration between police and AOD professionals.
- Police staff who encounter vulnerable young people regularly in their day-to-day work would benefit from improved knowledge of strategies for working with vulnerable young people, decision-making in relation to diversion, and appropriate referral options. They might also benefit from a better understanding of the benefits of AOD treatment and basic therapeutic approaches such as 'stages of change'.
- Police appear to rarely receive positive feedback about young people's progress following diversion or referral into treatment. Doing so may enhance job satisfaction and belief in young people's capacity to change.

## ***Barriers and facilitators for police in enabling access to diversion and treatment for young people***

### ***Finding 8***

Experiences and pathways of young people through the justice and service systems vary considerably. Systemic features account for some variation. Formal diversion programs are in place in each Australian jurisdiction, and variation exists in jurisdictions including between New South Wales and Victoria. Access issues were also identified in these states—for example, some young people were not eligible for programs within their jurisdiction because of their residential postcode.

### ***Finding 9***

Police have some discretion in how they interpret eligibility criteria for diversion programs, as well as in a number of other areas such as when to approach young people, charging for minor incidents and whether they refer the young person to services. Some young people in this study reported having benefited from police decisions to offer them diversion choices.

## ***Finding 10***

Alcohol and drug professionals and some police interviewed in both states believed that cautioning, referral and diversion of young people was inconsistent and relied on the knowledge of individual police, their ability to follow up and, particularly in relation to minor incidents, their judgment of the young person's remorse, capacity to change and other subjective matters. They reported being frustrated at young people's reoffending and the perceived lack of 'meaningful' options that would re-direct them away from offending lifestyles.

## ***Finding 11***

Referrals are less consistent in New South Wales where police did not have a central electronic referral system thus appearing to be more dependent on the knowledge of individual police officers about services.

## ***Finding 12***

Interviewees identified systems-level barriers to appropriate care and diversion from the justice system. These included: availability of appropriate services including housing options; crisis and late night services; patchy and short-term provision of tailored justice and diversion programs; delays in and complexities of the system; and, in New South Wales, the need for police to rely on telephone, email and fax to source appropriate services and make referrals.

## ***Finding 13***

The work of specialist youth police was highly valued in both states. Young people, treatment providers and police interviewees observed that the expertise of these staff had led to better outcomes for young people and that they provided a model of good policing.

### *Implications*

- Referring vulnerable young people to therapeutic services and diversion programs by police could be more consistent in both states. Continued effort is needed to ensure that referral processes are streamlined, quick and do not require follow-up by police.
- Consideration should continue to be given to ensuring that all vulnerable young people are given timely access to diversion and therapeutic programs that may help to break offending patterns. The data suggest that police could benefit from having increased specialist support available when they apprehend vulnerable young people. This would also potentially improve processes of gaining consent and uptake of referrals.
- Strategies could be considered that improve police confidence in existing therapeutic programs engaging young offenders to increase referral.
- Police may also benefit from receiving feedback about the more positive outcomes of their interventions with vulnerable young people. This may diminish what appears to be a widespread view that young people have little capacity to change their behaviour and build more positive trajectories.
- Ongoing effort should continue to ensure that vulnerable young people have access to appropriate services that focus on addressing needs holistically and diverting them away from police contact and out of the justice system.
- Systems should be in place to ensure that appropriate referrals can be made in a way that is least disruptive to police work, and without the need for time-consuming telephone, email or faxing to source appropriate services. Victorian interviewees identified the central e-referral system in Victoria as a good example of an easy-to-use and quick referral system.
- Funding could be potentially directed into providing more youth specialist officers to support frontline practice, such as in inner-city precincts, where vulnerable young people are known to spend time.

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