



NDLERF

Policing and pathways to diversion and care
among vulnerable young people who use
alcohol and other drugs

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Acronyms

ABS	Australian Bureau of Statistics
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
ATSI	Aboriginal and Torres Strait Islander
AOD	alcohol and other drug
CREDIT	Court referral and Evaluation for Drug Intervention and Treatment
CaLD	culturally and linguistically diverse
ET Study	the Exposure and Transition Study (New South Wales)
HREC	Human Research Ethics Committee
PCYC	Police and Community Youth Clubs
SYO	Specialist Youth Officers
VPeR	Victorian Police e-Referral
YLO	Youth Liaison Officers
YoCo	Youth Cohort Study (Victoria)
YRIPP	Youth Referral and Independent Person Program

Terminology

This report refers to the young people who participated in the study as 'vulnerable'. Young people participating in the study were principally recruited via youth alcohol and other drug (AOD) services. The term 'vulnerable' is used reservedly to signify that these young people had come to police attention for an offence that was seen as related to their AOD use. This does not mean that all young people are vulnerable because of their life stage. The study also recognises that people, including the young participants of the study, may only be vulnerable in limited or selected aspects of their lives. The search continues for a term that will describe the particularity of these young people's experiences without them being stigmatised further.

This report refers throughout to alcohol and other drugs (including pharmaceuticals used illegally or not as medically prescribed) as 'substances' or as 'alcohol and other drugs'.

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Executive summary

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 to 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.

This study explores the facilitators and barriers to care for vulnerable young people who are clients of AOD services and who have police contact. In particular it investigates the role that police in inner-city areas of Sydney (New South Wales) and Melbourne (Victoria) have in relation to young people's pathways in the health and welfare service system. It aims to support the development of integrated diversion and treatment pathways for young people who offend, are eligible for diversion and/or may benefit from AOD treatment.

Data sources

Interlinked studies conducted in Melbourne and Sydney:

- a review of relevant literature;
- secondary analysis of datasets to identify characteristics of young people who use AOD and who come into contact with police; and
- 64 semi-structured interviews involving: 23 young people aged 16–21 years who were clients of youth services and had police involvement (n=5 female; n=18 male); 25 police employees (NSW Police Force and Victoria Police); and 16 professionals employed by youth specialist AOD services. Roughly half of each set of interviewees was recruited in Sydney and Melbourne.

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.
- 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 on 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, on 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 redirect them away from offending lifestyles.

Finding 11

Referrals were less consistent in New South Wales where police did not have a central electronic referral system and thus appeared 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.

Introduction

Aim

While, in general, the health and wellbeing of young Australians is very good, there is a sub-population of young people whose psychological and physical health and overall wellbeing is significantly worse than others. This study focuses on such young people, and specifically those who are engaged in specialist youth alcohol and other drug (AOD) treatment services and who have had contact with police.

As well as substance-use issues and offending behaviours, this group often experience mental health difficulties, homelessness and disengagement from education and employment. They are more likely to experience family troubles, have been neglected or abused as children, and have a parent who uses illicit drugs and/or has been incarcerated. This report refers to young people who have these experiences or characteristics as 'vulnerable' (noting the issues associated with labelling any population group—see terminology). Studies indicate that this group is more likely than others to become incarcerated as adults.

This research examines the interactions between vulnerable young people and police, pathways in the service system and systemic issues that may exacerbate involvement in the justice system or function as barriers to treatment.

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 age, the nature of their offence and whether they are first-time or repeat offenders. Diversion may occur at many points of policing and justice agencies' engagements with young people.

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). However, continued attention to finding ways to divert this cohort away from offending lifestyles and problematic substance use is worthwhile. 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.

The study aims to support the development of integrated diversion and treatment pathways for 16 to 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.

The objectives of this report are 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.

Research design

This study examines facilitators and barriers to diversion and care. It draws on both secondary data and qualitative data sources. This section describes the research methods used for each component of the study.

Review of literature

This research draws on scholarly and peer reviewed articles retrieved using electronic databases. Additional documents included relevant studies from the authors' libraries, reviews of youth AOD literature, as well as treatment, intervention and policy research and reviews.

Analysis of existing datasets

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

Victoria: The Youth Cohort Study (YoCo)

This study used a longitudinal cohort design and non-probability convenience sampling.

Participants were recruited from June 2009 to 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, and community health facilities and needle syringe programs. Participants were interviewed at six monthly intervals, from baseline to 18 months, with additional interviews conducted at three and 24 months for a sub-sample of the study cohort.

To be eligible for participation, young people had to be aged between 16 and 21 years, to have had at least two contacts with a Victorian AOD treatment agency in the previous month, and to have used alcohol or drugs at least weekly in the past month (unless engaged with abstinence-based residential services for more than one month).

A total of 150 participants were recruited, from a range of Melbourne AOD treatment facilities. Sixty percent were young men with an average age of 18 years. Ninety-five percent were born in Australia, 17 percent were of Aboriginal or Torres Strait Islander (ATSI) heritage, and almost all participants (97%) spoke English at home. Most were unemployed, with their main source of income being temporary government benefit or the pension. Just over a third of the respondents were still living at home with their family, with a further 20 percent living in homes outside the family and a further 20 percent living in drug treatment residences or AOD-supported accommodation. Data were collected using interviewer-administered surveys (Best et al. 2012).

New South Wales: The Exposure and Transition Study (ET Study)

This study used a cross-sectional design and non-probability convenience sampling. Participants were surveyed at one time point only. They were recruited from August 2010 to July 2011 from various youth services in metropolitan Sydney, including emergency shelters, drug and alcohol counselling programs, drop-in centres and alternative schools.

To be eligible for the study participants had to be aged between 16 and 24 years, 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. Data were collected using self-complete surveys administered using touch-screen laptop computers. Surveys took between 20 and 30 minutes to complete. Respondents with poor literacy had the option of completing the survey using an audio version accessed through headphones. Respondents were given a \$30 supermarket voucher for their participation.

The study recruited n=261 participants. The general characteristics were very similar to those of YoCo respondents, with a mean age of 18 years, and 64 percent reporting as male. More than 70 percent reported contact with juvenile justice, prison and the police and 23 percent reported having received treatment for their drug use. Other forms of disadvantage were also evident, with participants reporting a high prevalence of mental illness and learning disability, and many reporting experiences with violence as either victims (40.2%) or witnesses (44.4%; Bryant et al. 2012).

Analysis

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 entered treatment through other means?

To explore this first question, the analysis characterised this high-risk group based on their demographic profile, social and economic capital (including social connections to family, peers and services), substance use and AOD treatment history (including levels of problematic drug use), and social functioning (such as mental health diagnosis). For the results see the section on Characteristics of young substance users. They were obtained using both the YoCo and ET datasets.

To address the second question, service engagement and retention patterns were compared for these groups and their outcomes (continued AOD use, further offending, health and welfare). To determine characteristics and predictors of treatment success, the study focused on the group of young participants whose treatment outcomes were successful in terms of substance use and offending behaviour. The results of this analysis are presented in the section 'Characteristics' and it was conducted using the YoCo data only.

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 219.

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 χ^2 test for categorical or ordinal data and ANOVA for linear data. Data were analysed using IBM SPSS Statistics version 22.

In-depth interviews

The study also involved interviews with clients of AOD services, AOD professionals and police employees from New South Wales and Victoria. This component used an interpretative qualitative research design (Ezzy 2001). Qualitative methods are ideally suited to explorations of meaning, particularly in relation to groups that are

difficult to access and provide complex understandings of how people's lives are mediated by environmental and social influences (McKeganey 1995; Sifaneck & Neaigus 2001).

Samples

Three groups participated in the in-depth interviews, which were conducted between February and September 2014.

Clients of specialist youth AOD services

Interviews were conducted with 23 clients of youth specialist AOD treatment services—referred to also as 'young people' (n=11 from New South Wales and n=12 from Victoria). Participants ranged in age from 16 to 21 years and were current clients of youth AOD treatment services. The median age was 18 (average 17.8 years) and the sample was predominantly male (n=18). See Table A1 for a summary of interview sample by age, gender and state.

Most of the sample (n=16) identified as Australian. Five participants identified as Aboriginal, one as North American, and one named Tonga as his country of origin; two participants were from Sudanese backgrounds, having entered Australia as humanitarian entrants (refugees) some 10 years earlier. Most had grown up in Australia (n=20). Participants are identified by interviewee number, gender (M=male, F=female), age and state of residence (Victoria or New South Wales). See Appendix D for information on how characteristics of interviewees are identified when using interview quotes.

Police employees

Interviews were conducted with 25 police employees (n=13 Victoria Police, n=12 from NSW Police Force; n=12 female, n=13 male). Employees with a wide range of years of experience and role types were recruited. Participants worked in three main types of roles: frontline (n=13), youth specialist roles as described in the Literature review section (n=7) and policy roles (n=5). All participants had experience of working in inner areas of Melbourne or Sydney or, in the case of policy roles, had direct input and knowledge of process in those areas. Also sampled were individuals with years of experience ranging from four to 34 years.

The study identifies the level of experience of participants in frontline and youth specialist roles who are quoted according to the following ('junior' = 5 years or less; 'mid' = 5–14 years; 'senior' = over 15 years). This did not always correspond with their professional title or age, as some police interviewees had pursued careers in other professions before becoming police employees. The study does not identify level of experience of those in policy roles, as the professional profiles of these individuals were mixed. Some were 'sworn', officers having the power to arrest and detain individuals along with other duties and powers and with experience of both frontline and policy work. Some were unsworn. See Table A2 for summary of sample by role type and state, and Appendix D for a key to characteristics of police interviewees in the study.

AOD service professionals

Interviews were conducted with 16 staff and managers from youth-specialist AOD treatment services (8 from each state, referred to as AOD professionals). The services selected were in inner-city areas of Melbourne and Sydney. Interviewees worked at service types, ranging from residential withdrawal program (short-stay of 1–2 weeks), residential rehabilitation program (up to 6 months), day program (non-residential program), and outreach services (non-residential, and otherwise known as 'case-finding'). These are divided into two broad categories: 'residential' and 'non-residential' services. See Appendix C for summary of sample by role, service and state.

Of the 16 AOD professionals spoken to, eight were managers (relevant quotes labelled 'manager'). The remaining professionals had roles that included outreach workers, youth workers, psychologists, counsellors, family workers and case managers. Quotes from these AOD service professionals are labelled as 'staff' (see Appendix D).

Eligibility criteria and recruitment

The researchers approached services and requested to interview managers and senior staff members to gain the perspective of professionals who had experience with a large number of clients and were familiar with the service system. Each AOD professional interviewee was also asked for their assistance with recruiting current clients of their service to the study. AOD professionals working at each service screened current clients for eligibility and invited them to participate in the study. Clients were excluded if they had no previous involvement with police.

Police were recruited to this study in each state through project reference group members who invited police staff from inner-city stations in Melbourne and Sydney to participate in the study. Researchers then followed up offers from individuals via email and organised times to visit stations to conduct the interviews.

Interview procedures

Interviews were carried out by two of the report authors in Melbourne and Sydney, respectively.

Theme sheets were developed to focus interviews with each of the three groups involved: young people, police and treatment providers. For example, the theme sheet for young people covered the following issues, with further questions and subtopics under each:

- demographics;
- drugs used by young people and the role of drugs in their lives;
- living arrangements and income;
- family and community;
- friends and social networks;
- experiences with police; and
- experiences of diversion programs.

Consent was given to digitally record and transcribe the interviews. Young people were reimbursed \$30 in cash or store vouchers for time spent participating in the study.

Analysis

Researchers 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. Some sections of the report include comments from only one or two groups of interviewees (ie young people and police). This is because the interviewees from the other group had little new to add, or because the issue considered was not relevant to them. This study indicates where particular divergence emerged between the attitudes and experiences of the groups participating in the study.

Ethical approval

The YoCo study was approved by the Human Research Ethic Committee (HREC) of the Department of Health, Victoria, Australia. The ET Study was approved by the HREC of the University of New South Wales.

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

Approval from Victoria Police and NSW Police Force for the study was also negotiated.

Research limitations

The surveys and qualitative studies involved samples accessed through agencies providing services for vulnerable young people (especially with AOD issues), and police stations in Melbourne and Sydney.

Young people were sampled who had experiences in the justice system and were in treatment. The study does not include the experiences of those in the justice system or who had never been in AOD treatment or did not have substance use issues.

As interviewees voluntarily consented to be involved, and as researchers sought to speak to only those with experience of diversion, the samples included are likely to be biased in particular ways. For example, many of the police included in the study were sympathetic to young people and probably agreed to participate because of this interest. The researchers also specifically sought to interview youth specialist officers because of their knowledge of youth-focused policy and practice. This sub-sample is likely to be sympathetic to, and exemplars of good practice with, young people. The study cannot be considered to represent the views of all police in Victoria or New South Wales. It does however, draw on a range of data to triangulate and support study findings.

This study focuses on pathways to diversion and care. While young people from various ethnic backgrounds, including Aboriginal youth, were included in the sample, insufficient numbers were interviewed to draw conclusions about how their experiences may have differed from those of other young people. Similarly, only a small number of young women were interviewed [n=5 of 23]. This reflects the predominantly male population involved in drug diversion.

Literature review

Young offenders in Australia

This review provides a background to understanding the association between drug use and offending, and the available programs in New South Wales and Victoria that are in place to respond to substance-using young offenders. The aim is to contextualise the focus of this study, which is on policing responses to young people, and treatment referral and diversion options that target vulnerable young people.

Research highlights an association between drug use and crime. Estimates based on data collected in the late 1990s placed the cost of drug-related crime to the Australian community per year at between just less than \$2 billion (Mayhew 2003) and more than \$4 billion (Collins & Lapsley 2002). It was estimated that, in 2004–05, alcohol misuse cost Australian society \$15.3 billion a year and illicit drug use \$8.2 billion (Collins et al. 2008: 51). The total costs of alcohol-related problems to the criminal justice system in 2010 were estimated to be almost \$3 billion, which is about 21 percent of all costs attributed to alcohol-related problems (Manning et al. 2013).

Research demonstrates that heavy alcohol and other drug use can be understood as both a symptom and a cause of difficulties for young people—particularly those who use and become dependent from very young ages. It is widely agreed that the high cost of both alcohol and drug-related crime, and of justice options to the community, requires attention to prevention, early intervention and diversion into therapeutic programs. In Australia, considerable effort has been made to gear the justice system so that it provides appropriate support to 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 option.

An Australian study reported that the rate of juvenile offending is usually twice that of adults (AIC 2009). While most young people ‘age out’ of offending, a small proportion goes on to become adult offenders. Prison systems struggle to manage the impact of recidivism. In Australia, the total number of prisoners in Australia increased 31 percent between 2002 and 2012 (ABS 2014).

Statistics published in 2009 showed that rates of juvenile offending in Australia increased annually since 2004 (AIC 2009). However, in more recent years (between 2010–11 and 2012–13), the number of young people under youth justice supervision has declined (AIHW 2014c). Youth justice statistics indicate that in 2012–13, a total of 12,880 young people aged between 10 and 17 years were under youth justice supervision at some point (AIHW 2014c: 1). One in every 420 young people aged between 10 and 17 years was under supervision on an average day in that year. Most (83%) were male and 79 percent were between 14 and 17 years of age. Males are even more strongly over-represented among the adult prison population, comprising 93 percent of all prisoners at June 2012 (ABS 2014).

Surveys conducted with juvenile offenders in Sydney in 2009–10 show that the majority are aged either 16 years (35%) or 17 years (31%) and that for almost 60 percent of male juvenile detainees the current episode of contact with police was not their first (Sweeney & Payne 2012). The main criminal charges for this group were violent offences (24%), followed by property offences (23%).

Aboriginal young people are over-represented in the youth justice population. While comprising less than five percent of the Australian population, in 2013, Aboriginal young people represented 39 percent of young people under youth justice supervision (AIHW 2014c). Young people from migrant backgrounds (variably termed culturally and linguistically diverse or ‘CaLD’, ‘newly arrived’ or ‘emerging communities’) are similarly over-represented in the justice system (AIHW 2014c).

The issues leading to and perpetuating the over-representation of some sub-population groups (especially Aboriginal young people and young people from CaLD backgrounds) in the justice system are beyond

the scope of this study. While this report discusses some of the alternative programs that are offered to Aboriginal offenders, it does not focus on population groups specifically. Instead it investigates the association between drug use and offending, as well as policing and referral practices generally. The study acknowledges that some groups have significantly greater vulnerabilities than others and therefore specific and targeted approaches to both prevention and justice responses are likely to be warranted, and are indeed in place in some instances.

This literature review explores the following: risk factors and life complexity of young offenders; the association between drug use and offending; and, youth justice responses in Australia.

Risk factors and life complexity among young offenders

There has been significant investigation into patterns of offending over the life course and the predictors of adult offending. In the 1990s, based on research conducted in the United States, Moffitt grouped offenders into two categories: 'life-course persistent' and 'adolescent limited' (1993: 676). She wrote:

...temporary, situational antisocial behaviour is quite common in the population, especially among adolescents. Persistent, stable antisocial behaviour is found among a relatively small number of males whose behaviour problems are also quite extreme (Moffitt 1993: 674).

Moffitt argued that theory must locate causal factors in the childhoods of the latter group. She drew on data to conclude that manifestations of antisocial behaviour (eg involvement in crime, aggressive behaviour) emerge very early in the life course—increasing sharply between age seven and 17 years.

More recently, Patterson and colleagues (2002) made similar findings based on longitudinal research. They concluded that delinquency typically follows one of two trajectories:

- persistent anti-social behaviour beginning in preschool years that progresses from early arrest, and chronic and violent offending in juvenile years, to career adult criminality; and
- transient and peer-related offending beginning in late adolescence and usually desisting in adulthood (cited in Kilgour 2013).

It is clear from both criminological and risk factor research that age of onset of offending behaviour is a predictor of whether an individual will become an adult offender. For example, Khron et al. (2001) found that early onset offenders are 40 times more likely to become chronic offenders than a late onset group.

An intersecting body of literature that has also contributed to the examination of offending patterns and behaviours among young people is risk and protective factor research (Hawkins et al. 1992). This work (arising from public health research) can be differentiated from the criminological approaches mentioned above because it considers factors that predict poor outcomes or 'risk' factors as well as those that bolster resilience—or 'protective' factors. This work supports a holistic representation of the overall vulnerability of young people who offend. It paints a picture of the inter-connectedness of issues across areas of a young person's life—ranging from substance use to involvement in the justice system, school dropout and family disruption—and factors that may offset these difficulties. While acknowledging the importance of identifying 'resilience' as well as 'vulnerability' or 'risk', the focus of this study is primarily on the latter.

Research in this area shows that presence of one risk factor predicts others (eg vulnerability in one area of life predicts that there may be vulnerability in other areas). It also highlights that overall vulnerability increases alongside an increasing number of risk factors (Hawkins et al. 1992). That is, risk factors have a cumulative impact.

Risk factors for later offending can be identified early in life, thus bolstering a case for early intervention as the optimal approach for crime prevention. Based on a meta-analysis of prospective and longitudinal studies, criminologists Leschied et al. (2008) found that both externalising behaviours (eg hyperactivity, aggression and conduct disorder) and internalising behaviours (eg depressive symptoms, anxiety) in childhood are predictors of later adult offending, and become stronger predictors in adolescence. Piquero et al. (2010) identify similar

individual-level factors among eight to 10 year olds that are early life risk factors for later offending. These include a risk-taking disposition and impulsivity. They also highlight the importance of family-level factors including parenting style, level of supervision and conflict in the family (see Table 1).

Table 1: Early life risk factors for offending (adapted from Ludbrook 2012)

Risk factor	
Individual	Environmental
Daring (risk-taking) disposition	Teen mother at birth of first child
Psychomotor impulsivity	Harsh attitude/discipline of parents
Lacks concentration/restless	Poor supervision
Troublesome	Behaviour problems of siblings
High extraversion boy	Criminal record of parent
High neuroticism boy	Delinquent older sibling
Nervous/withdrawn boy	Large family size
Dishonest	Parental disharmony
Low junior school attainment	Separated parents
Low non-verbal IQ	Neurotic/depressed mother or father
Unpopular	Low family income
Small height	Low socioeconomic status
	Poor housing
	High-delinquency rate at school

Andrews et al. (2004, in Fougere et al. 2012) found that the eight most well-validated factors that predict reoffending in both adults and adolescents (termed 'the big eight') are: history of antisocial behaviour, antisocial cognition, antisocial associates, antisocial personality pattern, problems in the domains of family and marital relationships, substance abuse, disengagement from education, and employment and recreation.

Numerous studies have highlighted the complexity of the life circumstances of recidivist young offenders. This sub-population group has a range of needs and is typically involved in numerous areas of the system. Many young people with substance use disorders are also often involved in the juvenile justice and mental health systems (Chassin 2008; Grisso & Underwood 2004; McClelland et al. 2004). Fougere et al. (2013) highlight the depth and breadth of issues experienced among a cohort of 75 young Victorian offenders (aged 16–30 years), including intellectual disability, mental health issues, substance use, financial, relational, and housing instability; few pro-social extracurricular activities; and major barriers in the areas of education and employment. In an analysis of the records of correction clients born in 1985 and 1989 in New Zealand, 83 percent of incarcerated teenagers and 69 percent of incarcerated adults had been involved the child protection system (CSRE and Department of Corrections 2010, cited in Kilgour 2013).

Association between drug use and offending

The relationship between alcohol and drug use, and offending patterns is multi-directional. While use of certain substances (especially alcohol and cannabis) among young people in the general population is not unusual, drug use at a young age is an indicator that the young person is experiencing difficulties in other areas, and it is also exacerbates their vulnerability (Hawkins et al. 1992). This is reflected in research with vulnerable populations. Numerous studies have found that, when compared with a general population of young people, Australian juvenile detainees use drugs more frequently, they use a wider range of drugs and begin using at an earlier age (Putnins 2001; Lennings et al. 2003 in Pritchard & Payne 2005).

A recent practitioner-completed survey of 1,000 young people (average age 18.9 years, range 8–27 years) who were registered clients of specialist youth AOD treatment services in Victoria at one time point in June 2013 indicated the high level of justice involvement of young people in AOD treatment. Forty-one percent of the sample had a current problem in criminal offending and 62 percent had a history of problems in the past (Kutin et al. 2014).

An earlier Victorian study also found that young people who regularly use AOD have high levels of involvement with police (MacLean et al. 2009, 2013). Among their cohort of 146 young people who were regular substance users, involvement with Youth Justice was significant. Sixty percent of the overall sample (n=72) had been charged with a crime during the past six months with just less than 50 percent (n=17) of those aged 13 to 15 years having been charged. Of 13 to 15 year olds, 40 percent (n=14) had served a community order and just over a third had been incarcerated at some point. Recent police contact was higher among the MacLean et al. (2009) cohort of 13 to 15 year olds than the proportions of older age groups (16–17 year olds, and 18–24 year olds) involved in the study.

Similarly, the recent NSW Young People in Custody Health Survey indicates that 89 percent of young offenders reported using illicit drugs, most commonly cannabis (87%), ecstasy (41%) and amphetamine (29%; Indig et al. 2011). Urinalysis screening of the juvenile detainees in Sydney found that 45 percent tested positive to at least one drug type with the most commonly detected being cannabis (44%), followed by benzodiazepines (5%), opiates (2%) and cocaine, amphetamines and heroin (1%; Sweeney & Payne 2012).

Australian statistics indicate that drug offences account for five percent of juvenile offences (Sweeney & Payne 2012 2012). However, this is not to say that the other crimes committed are not drug-related. One of the main reasons behind property crimes is the need to obtain money for drugs and alcohol (Freeman 1996). In a study of 371 juvenile offenders aged between 10 and 17 years and detained in centres around Australia, 48 percent said they were under the influence of drugs at the time of their last offence (Pritchard & Payne 2005).

The literature shows that drug type is related to the seriousness of offences among juveniles—with use of ‘hard drugs’ (eg heroin) related to property crimes (Hammersley et al. 2003; Killias & Ribeaud 1999) and escalation of offending (Killias & Ribeaud 1999; Johnson 2004). An Australian study surveying 400 adult methamphetamine users in Sydney (Torok et al. 2008) found that methamphetamine use is associated with violent offending with the risk of this increasing with heavier use. Violence is also associated with alcohol use, and pharmacological effects seem to play a role in the association with violence for both of these drug types (Bushman 1997; Exum 2002; Giancola et al. 2001).

American research using an experimental study design modelled change in 157 chronic drug-using offenders over 11 months and found that crimes related to substance use were more often for the purpose of generating money to purchase drugs (Gottfredson et al. 2008). There are three widely accepted causal links between drugs and crime (White & Gorman 2000, cited in Makkai & Payne 2003):

- drug use leads to crime because of pharmacological effects, need for money to acquire drugs and violence associated with the drug trade;
- crime leads to drug use because offenders are drawn into subcultures where drug use is the norm; and
- drug use and crime are not causally related, but are caused by the same factors. Factors that are commonly mentioned are childhood abuse, family problems or academic failure.

Albery et al. (2004) add that there could also be ‘a more complex interaction, whereby crime facilitates drug use, and drug use prompts other forms of crime’ (141).

Pritchard and Payne (2005) highlight that it is not clear how well these explanatory models (derived from research with adults) apply to juvenile crime and drug use. Some researchers suggest that subcultural associations (or peer groups) may play a larger role among young people than adults.

Overall, the literature exploring the links between drugs and crime strongly supports an approach that incorporates consideration of risk factors. Young people who use substances and offend, typically experience difficulties across a range of areas of their lives. It is important to address these difficulties from a young age to prevent involvement in, and escalation of substance use and/or offending.

Justice responses and young people in Victoria and New South Wales

In Australia, the state and territory governments are responsible for dealing with children and young people who are involved in crime. Although each state and territory has its own legislation, policies and practices, the general processes by which young people are charged and sentenced and the types of legal orders available to the courts are similar. In all states and territories, children and young people aged 10 years and older can be charged with a criminal offence. Separate jurisdictional justice systems exist for young people and adults, each with specific legislation.

In all Australian states and territories except Queensland, the upper age limit for consideration as a young person within the justice system, is 17 years (in Queensland, 16 years). Some young people continue supervision once they turn 18 if they committed an offence when they were aged 17 years or younger.

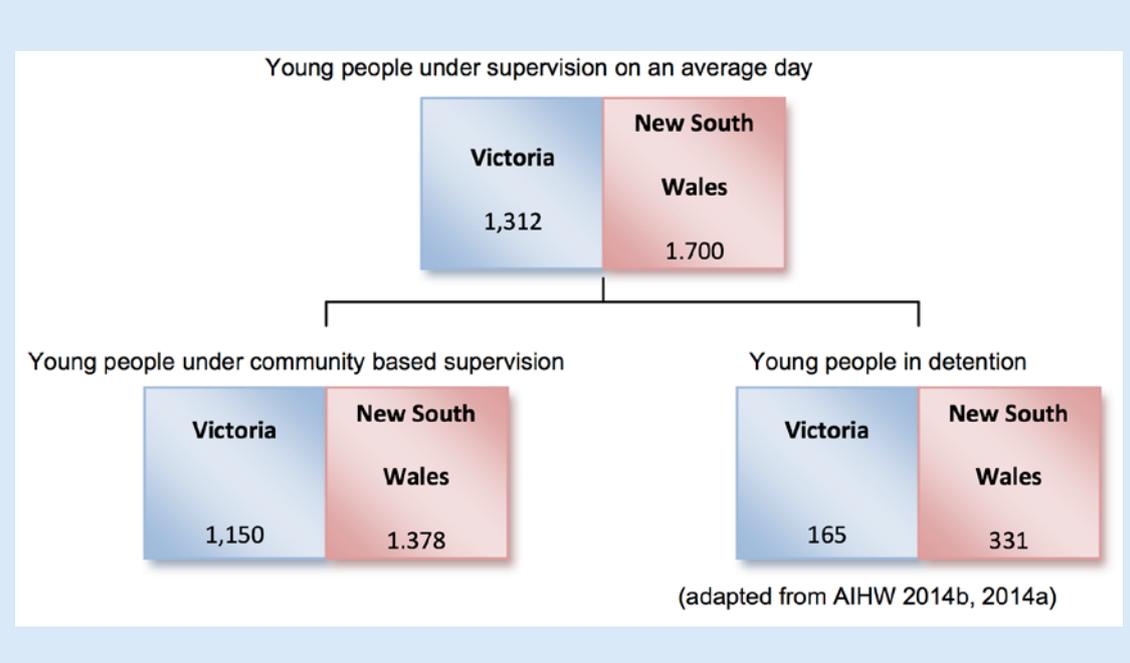
The primary difference between the system in Victoria compared with New South Wales (the two sites of the present study) is the 'dual track' sentencing system. Under Victorian legislation, young people aged 18 to 20 years may be sentenced to detention in a youth facility (separate from under 18 year olds) if it is deemed inappropriate for them to be housed in an adult facility. Considerations may be the individual's prospects for rehabilitation or vulnerabilities. However, both systems have in place mechanisms designed to take a more lenient approach to young people. In Victoria there is no upper age limit for youth justice involvement and in New South Wales this age limit is 21.5 years (SCRCSP 2015). All systems are designed to divert young people out of the justice system into treatment, with custodial sentences viewed as a last option (SCRCSP 2014: 16.3).

In Australia in recent years, one percent of young people aged 10–17 years had a case finalised in the children's court, 0.5 percent were supervised by a youth justice agency in the community, and less than 0.3 percent were subject to a custodial order (ABS 2012, 2013a, 2013b in AIHW 2014c). In 2012–13, 85 percent of young people under supervision on an average day were supervised in the community.

Despite having similarities, data suggests that the system potentially treats juvenile offenders (10–17 year olds) more leniently in Victoria than in New South Wales. In 2013, the rate of young people under supervision in Victoria was the lowest in Australia (AIHW 2014c: 1). In New South Wales the rate of community-based supervision of 10 to 17 year olds was 18.4 per 10,000 in 2012–13 compared with 14.9 per 10,000 in Victoria. Placing young people in detention occurs at far higher rates in New South Wales compared with Victoria where, in 2012–13 it was 3.8 per 10,000 compared with 1.2 per 10,000 (AIHW 2014b, 2014a).

New South Wales has a considerably larger correctional system than Victoria, and the largest in the country. The rate of imprisonment in Victoria in 2012–13 was 105 per 100,000 (5,120 individuals), which is the lowest in the country. In New South Wales the rate was 179 per 100,000 (or 9,808 individuals) (SCRCSP 2014: 8.40–8.41). Overall, numbers of young people aged 10 to 17 years in youth justice detention centres decreased from 862 to 819 between 2010–11 and 2011–12 (SCRCSP 2014: 16.6).

Figure 1: Young people under supervision on an average day(s) in Victoria and New South Wales by supervision type, 2012–13



Detention-based supervision is over 10 times more expensive than community-based supervision. On average in 2012–13, supervision of a young person in detention cost \$1,116.90 per day (\$1,240.11 in New South Wales and \$1,109.69 in Victoria; SCRCSP 2014: 16A.24). The cost per day, per young person subject to community-based supervision on an average day in 2012–13 (nationally), was \$98. This was higher in Victoria than in New South Wales (\$109.41 vs \$95.54; SCRCSP 2014: 16A.23). Community-based supervision includes both unsentenced orders, such as supervised or conditional bail and home detention bail, and sentenced orders, such as probation and similar, suspended detention, and parole or supervised release (AIHW 2014c: 4). Nationally in 2012–13, 80 percent of community-based orders (given to minors) were successfully completed (SCRCSP 2014: 16.35).

A strong argument exists for age-appropriate justice approaches. A review of correctional programming for young offenders emphasised that this population should not be treated as ‘miniature adults’ (Blom-Cooper 2003: 117, in Kilgour 2013: 28).

Diversion initiatives in New South Wales and Victoria

In an attempt to reduce formal contact of individuals with the justice system as well as to decrease recidivism, Australian drug law enforcement policy has adopted harm minimisation strategies involving the development and implementation of diversionary programs which channel offenders to educational and medical treatment services (Lynch et al. 2003). Drug crime diversionary interventions can occur at: pre-arrest; pre-trial; pre-sentence; post-conviction at sentencing; and pre-release from detention or jail (Spooner et al. 2001). See also Pritchard et al. (2007) for an illustration of the diversion processes in Australia. According to the SCRCSP 2014 Australian Government Report on Government Services, the options for diversion away from court include, ‘community conference, diversionary conference, formal cautioning by police, family conferences; and other diversionary programs (for example, to drug assessment/treatment)’ (6.55). With the exception of warnings, diversion options require the individual to admit guilt, and they typically require consent. That is, the individual can choose to attend court and face charges as usual rather than participate in an alternative program(s).

There have been several reviews of Australian diversion initiatives (Hughes & Ritter 2008; Payne et al. 2008; Wundersitz 2007). Wundersitz (2007: 2–3) divides all initiatives into four groups (least formal to compulsory):

- police-based programs that offer drug education and assessment for individuals detected for minor possession offences about either cannabis and/or other illicit substances;
- court level, predominantly bail-based programs designed to provide assessment and short-term treatment for less serious offenders whose criminal behaviour is related to their illicit drug use;
- intensive pre- and post-sentencing drug court programs that offer long-term, intensive treatment for entrenched offenders whose drug dependency is a key contributor to their offending; and
- the New South Wales Compulsory Drug Treatment Correctional Centre, specialising in abstinence-based treatment and rehabilitation for offenders with ‘long term illicit drug dependency and an associated life of crime and constant imprisonment’ (NSW Wales Government 2007).

The four categories outlined by Wundersitz (2007) are relevant to the current systems in the two states. Police and court-based programs across Australia (except those in private/specialist prisons) are consistent with a national framework developed by the Ministerial Council on Drug Strategy in 1999, but are funded and administered at the state and territory level (Wundersitz 2007). The main characteristics of current programs in these two states using this framework are compared below. The programs targeting juveniles (under 18 years) are separated out because of the relevance to this study.

Young offenders and policing

Police training requirements are slightly different in each Australian jurisdiction. Police academy training in Victoria is conducted over 33 weeks, with further training undertaken within the first 83 weeks after they graduate as a constable. In NSW, training includes 28 weeks of study and an 80-hour placement, plus 14 weeks long-distance study as a probationary constable. In both New South Wales and Victoria, all sworn police members participate in youth modules during their academy training and are able to participate in top-up modules on youth-specific issues during time in service. They are guided by specific policy statements in each jurisdiction (Table 2).

Table 2: Youth-specific policing policy in New South Wales and Victoria

Youth Policy Statement (NSW)	Victoria Police Priority areas for 2009-13: Child and youth strategy*
<p>The NSW Police Force Youth Strategy Statement seeks to:</p> <ul style="list-style-type: none"> provide a framework of objectives and strategic directions for the policing of youth in NSW; enhance NSW Police Force's work in partnership with other government/non-government agencies, communities and youth; demonstrate transparency and accountability, making clear NSW Police Force's priorities and principles for policing youth. <p>The objectives of the NSW Police Force Youth Strategy 2013–2017 are:</p> <ul style="list-style-type: none"> improve police strategies addressing youth antisocial behaviour, crime and violence; enhance positive relationships between police and youth; develop policing approaches that increase youth safety; engage in early intervention and prevention initiatives to divert youth from the criminal justice system; continue to focus on the specific needs of Aboriginal youth; work effectively with culturally and linguistically diverse (CaLD) youth. <p>(NSW Police Force, 2013)</p>	<p>Reducing recidivism - to reduce the proportion of young people who repeatedly commit offences or are victims of crime</p> <p>Increasing effective diversion processes - to introduce effective systems that divert young people from entering the criminal justice system</p> <p>Reducing road trauma - to reduce the level of representation of young people in trauma on our roads</p> <p>Reducing violence and anti-social behaviour – to reduce the level of representation of young people involved in incidents of violent and anti-social behaviour</p> <p>Improving youth engagement – to work with young people within the community to develop effective partnerships related to the delivery of policing services</p> <p>(Victoria Police, nd: 7)</p>

*A current version of this document was not available at the time of writing this report

General police members also participate in community-oriented programs engaging young people in both states. Across Australia are a range of Police and Community Youth Clubs (PCYC) that focus on engaging young people primarily through sports and recreation. Within the Victoria and NSW organisations there are specially trained officers who are youth specialists.

In both forces, youth specialist officers are employed in proactive, capacity-building roles. The title of these roles and range of responsibilities vary between the states. In Victoria, youth specialist officers are called Youth Resource Officers (YROs). The program is described as follows:

The Youth Resource Officer program is a policing youth framework that increases the capacity of police to deal with police and youth issues; meeting the needs of modern policing, operational police, the local community and government. Youth Resource Officers are assigned to Local Government Areas (Victoria Police 2014).

In New South Wales three types of roles sit under a broad category of youth specialists. These are Youth Liaison Officers (YLOs), Specialist Youth Officers (SYOs) and School Liaison Police. The NSW website describes the YLO role as:

Youth Liaison Officers are the administrators of the Young Offenders Act for NSW Police. As part of their duties, they are responsible for delivering cautions and referring children and young people to youth justice conferences.

The Youth Liaison Officer role also involves implementing strategies to reduce juvenile crime including: crime prevention and safety talks at schools, juvenile crime reduction programs; and networking with other agencies. They are the primary point of contact between NSW Police and Juvenile Justice. There is a YLO at each of the 80 Local Area Commands across NSW (NSW Police Force 2014b).

The YLOs are supported by SYOs, who provide advice to police, young people and parents; make determinations for juvenile matters and verify juvenile charges in accordance with the Young Offenders Act. School Liaison Police also have a proactive role, working in high schools to reduce youth crime, violence and

antisocial behaviour through intervention strategies, educational programs and forming local relationships. They are a contact point on issues including security, intervention strategies and child protection (NSW Police Force 2014a).

Many justice responses applying to young people rely on police discretion and referral. One significant difference between New South Wales and Victoria is that Victoria has in place an e-referral system for all police. This system was formerly called 'SupportLink' but in the process of finalising this report, it was replaced by 'Victorian Police e-Referral' (VPeR). SupportLink (rolled out in Victoria in 2012–13) was an IT system designed to help connect individuals to services (Victoria Police 2014). Partnerships were established with local agencies. Tertiary-qualified referral coordinators triaged requests to the appropriate agencies.

The VPeR system was rolled out in October 2014. It is a similar IT system with the same primary function as SupportLink—to improve links between individuals (encompassing victims as well as offenders) and services. It is a consent-based, non-crisis, non-family violence referral service that provides referral options for 17 issue types that members encounter frequently during their daily duties. They include: gambling, alcohol and drug misuse, victim support, at-risk youth, child welfare, legal information and advice, grief support, mental health, aged support, disability, financial support, road trauma support, homelessness and dispute resolution/mediation. Referrals are made to specialised government-funded agencies. The types of support offered include counselling, access to treatment programs, legal information advice and court support.

The programs available to juveniles and adults in New South Wales and Victoria are summarised below.

Juvenile diversion initiatives

Across Australia there are provisions for juveniles in the justice system. Young people aged between 10 and 17 years are referred to as 'juveniles'; however, those aged 10 to 13 years are considered unable to adequately distinguish between right and wrong (or 'doli incapax') unless established otherwise by the prosecution in court (Richards 2011). Further, some young people aged over 17 years can be processed in the juvenile justice system. For example, in Victoria 18 to 21 year olds can be sentenced under the juvenile system and there are exceptions made for vulnerable young people in other states (AIHW 2015; SCRCO 2015).

A young person under the age of 10 years is considered to be a child and therefore subject to different legislation including child protection. The legislation regarding treatment of juveniles is similar in New South Wales and Victoria. According to the Steering Committee for the Review of Commonwealth/State Service Provision (SCRCO 2014), 'juvenile diversions' is defined as follows:

...juveniles who would otherwise be proceeded against (that is, taken to court) but who are diverted by police, as a proportion of all juvenile offenders formally dealt with by police. Offenders who would not normally be sent to court for the offence detected, and who are treated by police in a less formal manner (for example, those issued with infringement notices), are not included in this measure (6.53).

The least serious consequence for juvenile offenders is a warning. This may be given at any place and parents may be sent a letter or otherwise contacted by a police member.

A caution is also a diversionary option, particularly because cautions do not involve a monetary penalty, but are noted on the young person's record. In both states, parental/guardian consent is required and a parent/guardian must be present at the time of giving the caution. The young person must also admit to the offence and consent to being given a caution.

Considerations made when giving a caution include:

- the seriousness of the offence;
- the degree of violence involved in the offence;
- the harm caused to any victim;

- the number and nature of any previous offences (in New South Wales the maximum number of cautions that can be given for any offence is 3, in Victoria the limit is discretionary); and
- other matters the official thinks appropriate in the circumstances, including characteristics of the offender and victim (Victoria Police nd.b, NSW Police Force 2014a).

Available data indicates that in 2009–10 in Victoria, 25 percent of those young people processed for alleged offences received a caution (Sentencing Advisory Council 2012).

The measures regarding drug possession by juveniles are slightly different in New South Wales and Victoria. In New South Wales, juveniles are considered under the Young Offenders Act for many offences, including drug use, however, there are some drug offences where this is not an option. Under-18 year olds caught in possession of small amounts of cannabis leaf, heroin, amphetamines, cocaine or ecstasy can be issued a caution. New South Wales also has a specific program (Your Choice) aimed at underage people caught drinking in public. The individual must be aged under the age of 18 years and must be found in possession of, or consuming alcohol in a public place (NSW Police Force 2012). Diversion is at the discretion of the officer in charge and requires attendance at an education session.

In Victoria, police members also have the option of issuing the juvenile (aged 10 years and over) in possession of a small amount of illicit drugs excluding cannabis, a drug diversion caution, and for small amounts of cannabis, a general caution. Receiving this caution is potentially more serious for the juvenile as it requires them to attend two education sessions. Drug diversion cautions can be issued only twice. While cautions are available statewide in both jurisdictions, access to some early intervention and diversion programs is based on residence location.

At the time of writing this report, Victoria had one diversion scheme in place for young offenders—the Ropes Program. This program aims to bring first-time low-level offenders and police together to complete a short adventure program. A second program, the Moorabbin Right Step Program, was defunded during the course of this study. It was localised to the Moorabbin area only and provided case management and referrals to low to medium level young offenders.

Two other programs are also aimed at early intervention in Victoria. First-time young offenders who do not have case workers can be referred by police to the Youth Support Service (YSS), which is a DHS-funded early intervention program. It provides clients with general casework support and links to relevant services and programs. Youth Referral and Independent Person Program (YRIPP) is a partnership between community agencies and the Victoria Police. It is funded by the state government and is a partnership of the Centre for Multicultural Youth, the Youth Affairs Council of Victoria, Uniting Care and other agencies. It provides police with an independent person who will sit in on the police interview. The program refers young people to local health and welfare support services, again aimed to provide early intervention. Support is also offered to young offenders who reach the court system. Both states offer support for young people on bail who have pleaded guilty or where there has been a finding of guilt and the sentence deferred (Richards & Renshaw 2013). Victoria also has a Koori-specific bail support program (for Aboriginal offenders).

In 2010–11, a review was conducted of the management of young people in New South Wales at risk of entering the justice system. It found that, 'most government agencies don't become involved with a young offender until they receive a supervised order from the children's court'. It found that this was 'clearly too late'. Since this time, an early intervention program, Youth on Track, was launched in New South Wales to identify at-risk youth and make referrals to non-government service providers for intensive case management and one-on-one interventions. This program aims to provide support to prevent an escalation of offending. It was rolled out in three regions of New South Wales in 2013–14 and will be evaluated by the Bureau of Crime Statistics and Research.

Youth conferencing is offered in both New South Wales and Victoria. This takes a restorative justice approach—bringing consenting victims and the young person together in the same room to discuss the impact of the young person's actions and steps that they will take to change their behaviour. Referral is discretionary. Assessment of suitability is based on a number of subjective factors including the acceptance of responsibility, level of remorse, feelings towards the victim, interpersonal skills and other issues relating to

safety including substance abuse and cultural values (Larsen 2014: 6). Participation results in diversion away from court or can be taken into account during sentencing.

While both states have had court-based programs for young people, the New South Wales version (Youth Drug and Alcohol Court), was piloted for 12 years and ended in 2012, despite a positive evaluation of the program (Social Policy Research Centre 2003). In Victoria, a drug treatment program is run out of the children's court, offering support for young people who are not subject to other court orders (Children's Court of Victoria 2012). The Koori Youth Diversion Pilot and GRIPP programs are two others that are available in certain localities or to subsections of the youth population in Victoria (Bowles 2013). However, there is no statewide-legislated diversion program in the children's court in either state.

In Victoria, the *Severe Substance Dependence Treatment Act 2010* provides for detaining and treating a young person or adult (for up to 14 days) with severe substance dependence. This is only ordered in severe cases (detailed below, see compulsory treatment). Programs offered to adults in both states are summarised below.

Police diversion for adults

Police organisations play a central role in these drug diversion strategies by diverting minor, non-violent offenders when they are first encountered—as an alternative to laying a charge. Payne and Kwiatkowski et al. (2008) comprehensively outline all drug diversion initiatives in Australia as well as evidence for effectiveness (Wundersitz 2007).

New South Wales and Victorian policy differ in some ways. Both states have cautioning systems for possession of small amounts of cannabis (Cautioning Scheme in New South Wales and Cannabis Cautioning Program in Victoria). The eligibility criteria are similar in both states. The defendant must admit to the offence and must be 18 years or over. In both states they must consent to the caution and can be cautioned twice (including drug diversion in Victoria). The individual must not have concurrent offences in either state that cannot be dealt with via infringement (Victoria) or where an evidence brief must be submitted (New South Wales). The main difference is that there is no restriction for prior offences in Victoria (amended in 2002); whereas in New South Wales the defendant must not have prior convictions for drug or violent or sexual offences. Therefore, the eligibility for cannabis cautioning is harsher in New South Wales.

Victoria also has a cautioning system for possession of illicit drugs (Victoria Police nd.b: 4). This option is not available in New South Wales. The criteria for drug diversion cautions are:

- applies to use and/or possession of a small quantity of an illicit drug (other than cannabis and illicitly held pharmaceuticals) by persons of or over 10 years of age;
- must be for personal use only;
- offender must consent to the diversion, and participating in the drug diversion program;
- receive a drug diversion caution; and
- attend assessment and appropriate treatment with an approved service provider.

The exclusions are:

- no other offences involved unless they are to be immediately dealt with via police cautioning program or issue of an infringement notice; and
- offender must not have received more than one previous cannabis caution or drug diversion (prior convictions for any offence do not affect eligibility).

The diversion option is discretionary and some measures (eg what amount constitutes 'personal use') are subjective. Drug diversion cautions can be processed outside the police station in most cases (this is less likely for under 18 year olds, who require parental consent). The process aims to minimise burden on both police resources and the court system; however, the caution is dropped and charges proceed as usual if the offender fails to attend two education sessions. Engagement by a drug treatment agency during the education sessions is an opportunity to seek further support if needed.

Intermediate court-based diversion programs (adults)

Court-based drug diversions programs are designed to address the drugs/crime nexus. Therefore they also deal with offences relating to property, driving, fraud or good order offences (Wundersitz 2007: 11). Successful completion of the program is taken into account during sentencing.

The court programs in Victoria (Court Referral and Evaluation for Drug Intervention and Treatment/CREDIT) and New South Wales (Magistrates Early Referral into Treatment/MERIT) began as pilot programs in 1998 and 1999, respectively, and are similar. Both are voluntary pre-sentence programs for adults. Offenders are intensively case-managed and programs range in length from three to four months (usually exceeded in practice). Victoria merged the Bail Support Program with CREDIT in 2004 to intensify the level of support—and particularly to reduce the number of accused remanded due to lack of accommodation or treatment support.

Victoria has other court-based referral programs that aim to improve the level of support for offenders. These include Koori programs, an integrated support program (Court Integrated Services Program/CISP) and deferred sentencing where magistrates defer sentencing while the offender undergoes clinical drug assessment.

Drug courts (adults)

Drug courts in Australia are a modified version of American drug courts (Bull 2003; Crime Research Centre 2003; Lind et al. 2002, in Wundersitz, 2007). Wundersitz (2007) describes these as follows:

In all states, drug courts sit at the 'hard end' of the criminal justice continuum, offering support and treatment for serious, usually repeat offenders whose criminal behaviour is the direct result of long term drug dependency, particularly involving heroin and, more recently, amphetamine use (21).

Programs are typically at least 12-months long and provide intensive judicial supervision post-sentence. The defendant is serving a suspended sentence while participating in the program. They are required to appear before the same magistrate for regular reviews. An interdisciplinary team is appointed to manage treatment based on need. The model encourages collaboration between justice and the health care systems responsible for treatment and providing services. A graduated system of rewards and sanctions is put in place and participants are required to undergo frequent and random urinalysis for drug use. Results are fed back to the presiding officer (Wundersitz 2007: 21).

Compulsory drug treatment (adults)

Victoria and New South Wales both make provisions for compulsory treatment of serious drug users who offend. However, Victoria provides compulsory treatment under a health act—the *Severe Substance Dependence Treatment Act 2010*. This was formerly covered under the *Alcoholics and Drug-Dependent Person's Act* (Victoria), which was repealed in 2009. New South Wales offers compulsory treatment under the *Drug and Alcohol Treatment Act 2007*. This Act amends certain sections of the *Drug Court Act 1998*, *Crimes (Sentencing Procedure) Act 1999* (C(SP)Act) and the *Crimes (Administration of Sentences) Act 1999* (Crimes (A of S) Act). New South Wales established Australia's first and only specialist correctional facility for drug-dependent male offenders in 2006 (Wundersitz 2007: 26). This targets dependent, chronic reoffending males who have been through Drug Courts programs. Processes are outlined in Birgden (2008). The program was evaluated by Dekker et al. (2010).

Impact of diversion measures and barriers

In Australia, there appears to be good evidence for continuing to use cautions by police as a mechanism for diverting young people away from the courts (in relation to minor offences committed by first time offenders). The Sentencing Advisory Council (2012) reported that, in 2009–10 almost half of cautions were issued for

drug offences. Of all cautions issued, one year following the offence, 80 percent had not reoffended and after three years, 65 percent had not reoffended.

The outcomes of more intensive programs that are designed to rehabilitate young offenders (as alternatives to incarceration) are more difficult to determine and have been mixed. A meta-analysis of experimental studies of diversion programs for young offenders where the outcome measure most commonly used is recidivism, shows no significant effect on offending (Schwalbe et al. 2012). However, impacts on criminal offending and substance use are observed in the short-term (Hall & Lucke 2010). It has been argued that this limited impact may be related to: access to and quality of treatment (Wild 2006), and possible net-widening, which may lead to inappropriate inclusions, and exposure of young people to other young offenders through the programs themselves (Schwalbe et al. 2012).

An evaluation of the first two years of the NSW Youth Drug Court had many limitations but indicated that, in the short term, 35 percent of participants were not recorded as having offended after they left or completed the program, and graduates were less likely to re-offend than those who did not complete the program (Social Policy Research Centre 2003). There was also a decrease in drug use among participants and graduates of the program were more motivated to reduce their drug use than those who terminated from the program. The evaluation recommended expanding the program (Social Policy Research Centre 2003: v).

Literature is limited, and findings contradictory in addressing what works in providing substance use interventions for young offenders. Latimer (2001) found that for family-focused interventions younger participants reported the greatest benefits (particularly those under the age of 15 years). Dowden and Latimer (2006) concluded that some programs can be effective with this population—and that this is likely to occur where the intervention and the population are matched; where co-morbid psychopathology is also addressed; where motivation is addressed at an early stage, possibly through reinforcement strategies; where the community is the locus of delivery; where treatment focuses on strengths and protective factors; and where relapse prevention is built into the program design.

Previous studies suggest that engagement and motivation might be reasons for modest diversion and intervention outcomes for substance-using juvenile offenders. In a recent analysis of 232 young people (86 percent with a substance use disorder) involved with the Victorian youth justice system, the Centre for Forensics Behavioural Science (CFBS 2012) reported while the young people typically reported strong associations between their substance use and offending, treatment was frequently viewed as ineffective, and desire for help typically reported as low (35 percent of males and 41 percent of females). This is a problem in terms of effective treatment delivery and for beneficial outcomes related to drug diversion strategies.

Group conferencing is available in all Australian states and is a relatively new approach to justice in Australia. While evaluations have been mixed, a meta-analysis of 22 studies examining the effectiveness of 35 programs, conducted by Latimer et al. (2005) found restorative justice to be more effective than traditional criminal justice approaches, leading to reduced reoffending. Sherman and Strang (2007) also reported positive results based on a meta-analysis. However, several limitations of evaluations of such programs have been discussed, including reliance on outcomes relating to reoffending (Larsen 2014: 22).

Other sources identify that there may be challenges limiting the impact of diversion initiatives that are the result of systemic issues and the discretionary nature of police decision-making.

Youthlaw, a community-based organisation providing legal advice to young people in Victoria, identifies the following challenges in that state (summarised here):

- Current diversion programs are either limited in their eligibility, catchment or do not have ongoing government funding. That is, some young people do not have a diversion option available in their area and thus end up with a criminal record.
- Police decisions in relation to the cautioning of young offenders, at times, have been uneven and inconsistent between individual officers, between stations and regions and, similarly, some police do not use their discretion to refer young people to an appropriate diversion program.

- Diversion is already legislated for in the adult system requiring adults to be diverted for assessment and to services. No such legislation exists for young people (Smart Justice for Young People 2014: 5).

Jordan and Farrell (2013) similarly argue that the Victorian juvenile justice system must develop a more robust youth diversion scheme for young Victorians, noting that there is limited investment in diversionary programs and an over-reliance on discretionary police cautions.

Police also have discretion in relation to whether they refer young people to diversion programs, including the early intervention programs available in New South Wales and Victoria (YSS and Youth on Track, respectively).

The impact of discretionary decisions in relation to the pathways of vulnerable young people's trajectories through the system is an area worthy of further investigation. There is little research in this area, or examination of how jurisdictional differences impact on experiences of young offenders. In particular, it is unclear what factors police take into account when they assess a young person's eligibility on matters where they have discretion, and what support is provided, for example resources and training. It is also unclear to what extent police are encouraged, informed and provided with necessary infrastructure to manage the burden of making referrals.

This study will explore experiences of vulnerable young people who have police contact, and difficulties in engaging in diversion and treatment programs. It will outline implications that may be taken into consideration by policymakers and police organisations, as well as future planning.

Key points

- Risk factors for later offending can be identified early in life, bolstering a case for emphasising early intervention as the optimal approach for crime prevention.
- Numerous studies have highlighted the complexity of the life circumstances of recidivist young offenders. Many young people with substance use disorders are also often involved in the juvenile justice, child protection and mental health systems.
- Young people who use substances and offend typically experience difficulties across a range of areas of their lives. It is important to address these difficulties from a young age to prevent involvement in, and escalation of substance use and/or offending.
- Inconsistency exists between states on the range of diversion options and referral processes.
- Despite having similarities, data suggests that the system potentially places more emphasis on diverting juvenile offenders (10 to 17 year olds) away from incarceration in Victoria than in New South Wales.
- Diversion of young people is not legislated in either state, and young people have different programs available depending on their location. There are also indications that there is a shift towards processes that rely on police decision-making and follow through on referral.
- Australia is lacking qualitative data that explores the facilitators and blockers to engaging young offenders in therapeutic services that aim to divert them out of the justice system and prevent escalation of risky, anti-social and criminal activities.

Characteristics

This section draws on a secondary analysis of existing datasets. It addresses the first objective of the study, which is to identify the characteristics of young AOD users who offend. It also compares retention patterns and outcomes of those young people who were referred to treatment by the criminal justice system. Using existing datasets collected in Victoria and New South Wales during a similar period in 2009–11 it identifies the specific characteristics and needs of the high-risk subpopulation of young people who come into contact with police and/or are charged with a crime. The method used for this component of the study was described in the *Research design* section.

Type and character of criminal justice contact

The data presented in this section aim to briefly characterise the criminal justice histories of respondents in the two existing datasets. Overall, most respondents reported some recent contact with the criminal justice system, and this more commonly took the form of incarceration rather than community-based contact. About 82 percent of the New South Wales sample and close to 60 percent of the Victorian sample said they had some contact with police, courts or juvenile justice and prison settings in the last year (Table 3), with the most commonly reported experience being incarceration rather than being interviewed by police or receiving a caution or warning. The most common type of crimes committed (measured only in the Victorian sample) were acquisitive—property and dealing illicit drugs. Many (25%) were also perpetrators of violent crime (Table 4).

The mean age of first incarceration (measured only in the Victorian sample) was 15.9 years (Table 3). Other data reported later in this section indicate that the mean age of first drug use is younger (13 years, measured only in the NSW sample, see Table 7) and that the mean age of first AOD treatment is older (16.3 years, measured only in the Victorian sample, see Table 8). This suggests that the average young person might be incarcerated before receiving AOD treatment, and that there is a narrow window of opportunity to redirect young people from incarceration to treatment.

Table 3: Criminal justice contact—type of contact, features of incarceration in Victoria and New South Wales

	Victoria n=150 %	NSW n=219 %
No criminal justice contact	43.3	17.8
Community contact only	12.7	38.4
Lifetime incarcerated	44.0	43.8
Type of community contact in last year		
Interviewed by police	NA	54.8
Received formal warning or caution	NA	43.8
On police or court curfew	NA	28.3
Fined by court	NA	32.4
On bond or probation	NA	31.1
Mean number of contact events (SD)	NA	1.9 (1.6)
Incarceration		
Age first incarceration	15.9	NA
Average length incarceration (months)	5.9	NA

Table 4: Criminal justice contact—type of crime committed and other measures, Victoria only

	Total n=150 %	No criminal justice n=65 %	Community only n=19 %	Lifetime incarcerated n=66 %	Chi or F, sig
Type of crime committed in previous month					
Property crime	49.0	47.7	31.6	55.4	NS
Dealing	35.1	32.3	42.1	35.9	NS
Fraud	9.4	4.6	21.0	10.8	NS
Violent crime	24.8	15.4	31.6	32.3	NS
Mean OTI crime index score	2.43	1.94	2.58	2.91	NS
Mean OTI risk score	7.54	6.6	9.0	8.07	NS

Characteristics and needs

The analyses presented in this section address the main aims of the project's quantitative component by identifying specific characteristics of young people in contact with the police to help identify diversion and treatment needs. The section is divided into four components—demographic profile, social and economic capital, substance use and AOD treatment, and social functioning. It examines how the characteristics in each component are associated with high rates of offending and contact with the police.

Overall, the following analyses show that the Victorian and NSW research participants reported a largely similar demographic and socioeconomic profile, suggesting that the two studies recruited similar target groups. Respondents in both states were, on average, aged 18 years and more commonly male, had generally poor access to economic and social capital, and reported high levels of substance use compared with the general population of Australian youth. For respondents in both datasets, increasing contact with the criminal justice system was accompanied by particular markers of social disadvantage (notably, homelessness) but also by increasing involvement with AOD treatment. This suggests that young people are receiving AOD treatment if they have contact with police, the courts or custodial settings. However, there were some notable differences in the experience of criminal justice contact for those in New South Wales compared with those in Victoria. Increasingly problematic use of drugs was associated with police and criminal justice contact in New South Wales, but did not have the same relationship in Victoria where young drug users were generally no more or less likely to report criminal justice contact.

Demographic profile

The demographic profile of respondents in each dataset was similar. The mean age was 18.5 years, about 60 percent of participants were male and roughly 20 percent identified as either Aboriginal or Torres Strait Islander (Table 5). Criminal justice contact was more common among male respondents in Victoria, but there was no significant related demographic profile in New South Wales.

Table 5: Demographic profile by type of criminal justice contact

	Total	No criminal justice	Community only	Lifetime incarcerated	Chi or F, sig
	%	%	%	%	
Victoria					
	n=150	n=65	n=19	n=66	
Age (mean)	18.5	18.55	18.58	18.42	NS
Female*	40.0	60.0	21.1	25.8	19.2, <0.005
ATSI*	17.6	20.3	10.5	16.9	NS
New South Wales					
	n=219	n=39	n=84	n=96	
Age (mean)	17.9	17.9	17.9	17.8	NS
Female	37.4	46.2	36.9	34.4	NS
ATSI	22.8	28.2	14.3	28.1	NS
Heterosexual*	86.8	84.6	88.1	86.5	NS

* The corollary of these variables are male, non-ATSI and non-heterosexual

Social and economic capital

Respondents in both states reported generally poor access to economic and social capital, with most being on government benefits (72% in Victoria and 48% in New South Wales), and most reporting either unstable accommodation (83% in Victoria) or homelessness (50% in New South Wales). Nevertheless, most respondents in the studies reported engaging in meaningful daily activities like work, school or some form of training (77% in Victoria and 67% in New South Wales). A considerable proportion in both studies reported a lack of social support, with about a quarter of Victorian respondents saying they did not have anyone to depend on in tough times, and about two-thirds (in Victoria) to half (in New South Wales) saying they did not currently live with their parents. Similarly, drug use was common in the peer networks of respondents in both states, with about a third to half of respondents saying many of their friends used or injected drugs (Table 6).

Poor social and economic capital was related to high rates of criminal justice contact in both datasets, although this was more pronounced in New South Wales. In both states, respondents with criminal justice contact more commonly reported unstable accommodation or homelessness.

In Victoria they also reported a higher number of lifetime contacts with service workers, which is potentially encouraging because it means that although they are involved with police, courts and incarceration settings, they are also in contact with other supportive services.

In New South Wales, respondents with community contact and incarceration histories were less commonly employed and were less likely to take part in other meaningful daily activities like education or training. They also reported that they felt less close to their main parent or caregiver, less support from friends, and that their peer networks had a higher proportion of drug users.

Overall, social and economic capital was in short supply among respondents in both states and, while this feature appeared to significantly shape whether they were or were not in contact with police in New South Wales, its relationship is less direct in Victoria.

Table 6: Economic and social capital by type of criminal justice contact

	Total	No criminal justice	Community only	Lifetime incarcerated	Chi or F, sig
		%	%	%	
Victoria					
	n=150	n=65	n=19	n=66	
Economic capital					
Main source of income is govt benefits	72.0	72.3	68.4	74.2	NS
Currently employed (F/T, P/T)	9.3	12.3	10.5	6.1	NS
Currently in education or training	92.6	90.1	89.5	95.5	NS
Engaging in meaningful activities (employment, education/training)	77.3	70.8	89.5	80.3	NS
Social capital					
Currently living with parents	33.3	35.4	26.3	33.3	NS
Living in unstable accommodations in last 6 months	83.3	84.6	84.2	81.8	NS
Mean number of unstable accommodations ever lived in	3.77	2.78	3.89	4.71	11.7, 0.005
In tough times, someone to depend on	75.3	76.9	73.7	74.2	NS
Mean number of non-AOD service/worker contacts (lifetime)	3.62	2.80	4.11	4.27	9.1, <0.005
Mean number of non-AOD service/worker contact (in the last month)	1.41	1.11	1.53	1.68	NS
Four or more close friends	43.3	36.9	57.9	45.5	NS
No close friends	6.7	10.8	0.0	4.5	NS
More than half of friends use illicit drugs	56.4	52.3	73.7	55.4	NS
Living with someone who uses illicit drugs at least some of the time	46.0	47.6	52.6	42.4	NS
New South Wales					
	n=219	n=39	n=84	n=96	
Economic capital					
Main source of income is govt benefits	47.9	48.7	45.2	50.0	NS
Currently employed (F/T, P/T)	26.9	43.6	31.0	16.7	11.3 (2) <0.003
Currently in education or training	66.7	79.5	70.2	58.3	6.4 (2) <0.041
Social capital					
Currently living with parents	45.7	61.5	57.1	29.2	19.0 (2) <0.001
Homeless in last 12 months	49.8	25.6	41.7	66.7	22.2(2) <0.001
Closeness to caregiver (out of 8)	6.4	7.4	6.7	5.6	7.2, <0.001
Connection to work (out of 24)	17.0	17.2	17.3	16.3	NS
Connection to school (out of 24)	17.4	18.1	17.1	17.2	NS
Social support from family (out of 5)	3.7	3.9	3.7	3.5	NS
Social support from significant other (out of 5)	4.1	4.4	4.2	3.9	NS
Social support from friends (out of 5)	4.1	4.5	4.2	3.9	6.2, <0.002
Some, many or all friends are injectors	36.5	12.8	34.5	47.9	15.0 (2) <0.001

Substance use and AOD treatment history

As expected, illicit drug use was high among respondents in both states; however, the Victorian sample reported higher rates of opioid and polydrug use (using more than one drug in a given time period) and a substantially higher prevalence of lifetime injecting (36.7% in Victoria compared with 13.8% in New South Wales; see Table 7). The potentially more problematic drug use of the Victorian cohort is likely due to the different inclusion criteria used for each study, which will be discussed later in this section, and the focus in Victoria on recruiting those with acute problematic drug use.

Those with a history of criminal justice contact reported some significantly different patterns of substance use compared with those with no contact, and these patterns were different in each state.

In New South Wales, young people in contact with the criminal justice system reported more problematic forms of drug use, saying they used drugs more frequently (76% of incarcerated use cannabis daily, vs 5.1% with no history), with more risky routes of administration (22.9% ever injected vs 2.6%), and using a greater variety of drugs in a given period (mean of 1.3 drugs used daily compared with 0.1). They more commonly reported daily use of particular drugs such as cannabis, ecstasy and methamphetamine, and said they were significantly younger when they first used drugs (12 years), compared with respondents with no criminal justice history (15.6 years).

In contrast, in the Victorian cohort, substance use was largely not associated with criminal justice history, and those respondents who reported contact were no more or less likely to report problematic drug use. However, there was a weak association between lifetime concern about heroin and having ever been incarcerated (Table 7).

Overall, high levels of substance use were common among respondents in both states, although the Victorian sample reports more problematic levels of use. Also, while substance use appears to characterise young people's criminal history in New South Wales, this is much less evident in Victoria.

Table :7 Substance use by criminal justice contact					
	Total	No criminal justice	Community only	Lifetime incarcerated	Chi or F, sig
	%	%	%	%	
Victoria					
	n=150	n=65	n=19	n=66	
Daily or almost daily use of:					
Cannabis	69.3	66.1	84.2	68.2	NS
Amphetamine type stimulants	7.3	9.2	0.0	7.6	NS
Opioids	10.7	7.7	5.2	15.2	NS
Mean number of illicit substances used daily or almost daily in past 3 months	1.42	1.38	1.52	1.44	NS
Mean number of illicit drugs used in the last 3 months	4.0	3.73	4.47	4.12	NS
Lifetime overdose	34.0	27.7	42.1	37.9	NS
Lifetime concern about alcohol	45.3	40.0	47.4	50.0	NS
Lifetime concern about heroin	17.3	15.4	0.0	24.2	6.355, <.042
Lifetime injected	36.7	30.8	36.8	42.4	NS
New South Wales					
	n=219	n=39	n=84	n=96	
Daily or almost daily use of:					
Cannabis	51.6	5.1	45.2	76.0	58.1 (2) <0.001
Ecstasy	8.2	2.6	4.8	13.5	6.6 (2)<0.037
Methamphetamine	11.4	2.6	3.6	21.9	18.5 (2) <0.001
Heroin	4.6	0.0	3.6	7.3	NS
Mean number of illicit substances used daily or almost daily in the last 12 months	0.8	0.1	0.6	1.3	28.6, <0.001
Mean number of illicit drugs used in the last 12 months	1.7	0.5	1.3	2.4	20.5, <0.001
Mean age of initiation of illicit drug use	13.3	15.6	14.1	12.1	24.4, <0.001
Lifetime injecting	13.8	2.6	8.3	22.9	12.8 (2) <0.002

The AOD treatment experiences are the key area where the New South Wales and Victorian data differ. This is because all Victorian respondents were recruited from youth-specific AOD treatment services, and so were much more likely to have significant acute substance use issues at the time of inclusion in the study. The bulk of Victorian respondents (53%) were receiving inpatient withdrawal therapy at the time they were recruited to the study. By contrast, only about a third of the NSW respondents had ever received AOD treatment, with the most common form being counselling over more formal therapies like rehabilitation, detoxification or pharmacotherapy (Table 8). Together these data suggest that the Victorian sample were more likely to have both acute and ongoing problems with substance use that required residential forms of treatment.

For respondents in both states, having previously been in AOD treatment was related to their criminal justice history. Those who had been incarcerated previously were also more likely to have ever been treated for substance use (in New South Wales) or have more episodes of previous treatments for their substance use (in Victoria; Table 8). This suggests that those young people with problematic substance use, who are in contact with the criminal justice system, are receiving treatment for their drug use.

Problematic substance use was common among respondents in both states. While problematic use appears to be related to criminal justice involvement in New South Wales, it does not have the same relationship in Victoria where young drug users were generally no more or less likely to report criminal justice contact. However, for respondents in both states, involvement in the criminal justice system was accompanied by involvement in AOD treatment. That is, it appears that young people were receiving AOD treatment if they had contact with police, the courts or custodial settings.

Table 8: Experience with AOD treatment by criminal justice contact					
	Total	No criminal justice	Community only	Lifetime incarcerated	Chi or F, sig
	%	%	%	%	
Victoria					
	n=150	n=65	n=19	n=66	
Current type of treatment					
Inpatient withdrawal	52.6	52.3	63.2	50.0	NS
Residential Rehabilitation	12.6	12.3	10.5	13.6	NS
AOD supported accommodation	6.0	6.2	5.3	6.1	NS
Outpatient	74.0	69.2	73.7	78.8	NS
Mean number of current treatment types	1.45	1.40	1.53	1.48	NS
Mean current treatment length (weeks)	31.0	26.65	25.8	36.73	NS
Treatment due to court order	18.0	6.2	15.8	60.3	13.0, <0.001
Mean SDS score for main substance of concern/in treatment for	9.28	9.89	10.83	8.26	NS
Past treatment					
Prior treatment	32.6	40.0	26.3	27.3	NS
Mean number of past treatments	1.65	1.22	1.42	2.14	6.2, <0.003
Age first entry to treatment	16.28	16.77	16.50	15.81	3.0, <0.054
Main reason for stopping:					
Legal problems—court case	9.3	1.5	5.3	18.2	11.2, <0.004
General/mental health	12.7	23.1	5.3	4.5	11.2, <0.004
Wanting to stop altogether	19.3	12.3	21.1	25.8	NS
New South Wales					
	n=219	n=39	n=84	n=96	
Ever been treated	36.7	18.4	32.1	47.9	11.4 (2) <0.003
Age of first entry to treatment	15.5	16.2	16.6	15.0	NS
Currently in treatment (n= 80)	60.6	50.0	57.1	63.0	NS
Ever received:					
Counselling	21.0	5.1	19.0	29.2	10.0 (2) <0.007
Res rehab	13.2	0.0	11.9	19.8	9.7 (2) <0.008
Res detox	11.4	0.0	8.3	18.8	10.9 (2) <0.004
NA	12.8	0.0	9.5	20.8	12.1 (2) <0.002
Pharmacotherapy	10.0	0.0	8.3	15.6	7.9 (2) <0.019
Other	13.7	12.8	13.1	14.6	NS

Social functioning

Mental health was generally poor among respondents in both states, with considerable proportions reporting that they had been diagnosed with mental health problems (55% in Victoria and 40% in New South Wales) and other distressful negative experiences (Table 7). Major clinical depression (27% in New South Wales) and suicidal ideation (54% in Victoria) were common.

Mental health and social functioning was generally no worse among those with criminal justice contact compared with those with no previous contact, although there were some notable differences (Table 9). In New South Wales, those with lifetime incarceration were much more likely to report negative and traumatic events in the previous year, such as witnessing or perpetrating violence, experiencing abuse or significant loss (of loved ones or a job). In Victoria the pattern was rather different with those with criminal justice histories reporting significantly less psychological distress than those with no history (mean Kessler score 26.4 vs 31.1; Table 9). Overall, however, increasing contact with the criminal justice system was not associated with some of the primary measures of mental health functioning such as having ever received a diagnosis, having major clinical depression or contemplating suicide.

Table 9: Various social functioning measures by criminal justice contact					
	Total	No criminal justice	Community only	Lifetime incarcerated	Chi or F, sig
	%	%	%	%	
Victoria					
	n=150	n=65	n=19	n=66	
Ever diagnosed with mental health problem	55.3	58.5	52.6	53.0	NS
Diagnosed or treated for schizophrenia	4.7	0.0	5.3	9.1	6.1, < .047
Ever thought about suicide	54.4	57.8	63.2	48.5	NS
Attempted suicide in the last 6 months (n=81 ie among those with suicidal ideation)	23.5	29.7	16.6	18.7	NS
Mean OTI social functioning score	18.9	19.4	19.3	18.29	NS
Mean Kessler 10 score	28.9	31.1	29.7	26.4	5.1, < .007
New South Wales					
	n=219	n=39	n=84	n=96	
Ever diagnosed with mental health problem	40.6	33.3	39.3	44.8	NS
Major depression (PHQ9)	27.0	21.1	27.2	29.3	NS
Mean resilience score (out of 7)	5.1	5.3	5.3	4.9	NS
Mean number of negative events in last 12 months (out of 14)	5.2	3.7	4.6	6.4	10.9, <0.01

Characteristics and needs of those in contact with criminal justice

Generally, the preceding analyses show that the Victorian and New South Wales cohorts reported a largely similar demographic and socioeconomic profile, and that the two studies recruited similar target groups: young people who were at risk of, or who were already in contact with the police and the criminal justice system. Respondents in both states were, on average, aged 18 years and reported high levels of substance use compared with the general population of Australian youth (although problematic substance use was more common in the Victorian sample). They possessed few financial and economic resources and were generally poorly connected to their families or others who might provide them with support.

Respondents in contact with the police displayed somewhat different characteristics in New South Wales compared with those in Victoria. In New South Wales, young people in contact with police were significantly more disadvantaged socially and economically compared with their non-offending peers, with weaker or no connections to family and peers, and weaker connections to places of education or employment. Also, they reported more problematic forms of substance use, by using drugs at a younger age, using them more frequently with riskier routes of administration, and using a greater variety of drugs. In Victoria, these features were less pronounced. Young people in contact with the police reported some degree of recent social disadvantage, notably homelessness, but generally reported the same deficiencies of social and economic capital as their non-offending peers. Also, respondents in contact with police were generally no more or less likely to report more problematic forms of substance use than their peers who were not in contact.

In both datasets, social and economic disadvantage (most notably homelessness) was more common among respondents in contact with the justice system. Those with justice contact in both states reported higher rates of previous involvement with AOD treatment (of ever being in treatment or having a higher number of previous treatments). This suggests that respondents were receiving AOD treatment during the same period that they had contact with the police and criminal justice settings. This is encouraging if it can be assumed that their contact with police resulted in their diversion to treatment. However, one of the significant shortcomings of cross-sectional data is that there is no way of knowing the direction of this relationship.

A number of possible reasons may explain why this analysis reveals different risk profiles for young offenders in New South Wales compared with Victoria. The most likely reason relates to the different inclusion criteria used in each study. In New South Wales participants were recruited from a range of venues including drug and alcohol treatment centres, drop-in and youth activity centres, emergency accommodation, and alternative schools. In Victoria all participants were recruited from drug and alcohol treatment centres so they report more uniform and high levels of substance use compared with the New South Wales sample.

Referrals through the criminal justice system

The following analyses use the Victorian YoCo study sample—a longitudinal study that followed a cohort of young people through 24 months of AOD treatment. Within this cohort was a group that had been referred through the criminal justice system. Analysis focussed on how well they were retained in treatment, and whether they achieved similar outcomes to those young people who were not referred by the criminal justice system, including whether they continued offending, their drug use and other health outcomes.

Of the 150 young people involved in the YoCo study, 41 (27%) were referred through criminal justice systems. At six months follow-up, 112 participants remained in the study with 24 of these being criminal justice referrals (21%), suggesting that the justice referrals were more likely to drop out of the study. Beyond the six-month follow-up point, the numbers of participants remaining in the study became too small to conduct quality analyses. The following analyses focus on the entry and six month points, but even for the six-month data the sample size is small with only n=24 referred from criminal justice.

At entry to drug and alcohol treatment, those referred from criminal justice were typically younger—17.6 years vs 18.9 years, $p<0.001$) and less likely to be female (20% vs 48%, $P<0.01$) than referrals from other sources, but there were no differences in ATSI status, engagement in meaningful activities, or stability of

accommodation. Compared with those referred from non-justice sources, participants from criminal justice referrals reported similar patterns of recent substance use (eg the same severity of dependence scores 8.6 vs 9.6, NS), but less psychiatric morbidity and lower psychological distress (K10 score 25.6 vs 30.1, $p<0.01$) than those referred from other sources. However, those referred from criminal justice systems were much more likely to report having been previously incarcerated (78% vs 31%, $p<0.001$). They were no more or less likely to report involvement in acquisitive crime or dealing, but were significantly more likely to have been involved in violent crime (10% vs 2%, $p<0.01$).

At six months, those referred from the criminal justice system were more likely to drop out of treatment—while 89 percent (88/99) of non-justice referrals were retained in the study at six months, only 59 percent (24/41) of justice referrals were retained. The remaining analysis focuses on those criminal justice referrals retained in the study ($n=24$). In addition to the problems raised by the small sample here, it is not known how well these 24 participants represent the set of baseline criminal justice referrals since this study has no data on the 17 who were not followed up.

Participants referred from criminal justice did not differ in their substance use or the associated risk profile at the follow-up interview. The main drug of concern did not differ significantly at the follow-up point—this was cannabis for 37.5 percent of the justice group and 40 percent of the non-justice group; alcohol for 20.8 percent of the justice group and 13.6 percent of the non-justice group; methamphetamine for 12.5 percent of the justice group and 11.4 percent of the non-justice group; heroin for 12.5 percent of the justice group and 8.0 percent of the non-justice group. Also, there were no differences in offending factors between justice and non-justice referrals at the six-month, follow-up point, and no differences in the likelihood of being engaged in meaningful activities. Overall, and as at the baseline point, the young people referred through criminal justice reported fewer mental health problems and less psychological distress than their non-justice referred peers.

Analyses of the changes experienced by the justice-referred participants while in their first six months of treatment are shown in Table 10. These show consistently positive improvements in measures of substance use and risk, offending, social functioning and psychological health. This is impressive given the small numbers involved, although there is a necessary caution about over-interpretation resulting from the higher attrition rate in the criminal justice population. It is possible that all of those who dropped out of the study have worse outcomes, but this cannot be verified.

Table 10: Criminal justice referred participants at six months—within sample changes in key indicators from baseline to 6 months

	Baseline ($n=41$) %	6 months ($n=24$) %	T, significance
Kessler K10	25.2	22.0	2.32, $p<0.05$
Global drug risk	106.5	88.7	2.40, $p<0.05$
Total number of drug types used	6.0	3.9	3.11, $p<0.001$
OTI risk score	11.7	1.3	11.71, $p<0.01$
OTI crime score	3.3	1.8	1.90, ns
OTI social functioning	17.1	13.5	2.78, $p<0.05$
Life satisfaction	5.1	6.0	1.34, ns
Health satisfaction	3.1	5.6	1.14, ns

Key points

The findings presented in this section contribute to a well-established literature on vulnerable young people in contact with the criminal justice system, but also make a number of unique contributions.

- Most young people in contact with the police and who use drugs engage in opportunistic and usually acquisitive types of crime from an early age. The data show that survey participants possessed few economic or material resources, but also had limited social support networks such as family, school and work. Further, the data also indicate that they had experienced many negative life events and that some had significant and ongoing problems with illicit drugs.
- Poor social and economic capital was related to high rates of criminal justice contact in both datasets, although more pronounced in New South Wales. In both states, respondents with criminal justice contact more commonly reported unstable accommodation or homelessness.
- For respondents in both datasets, increasing contact with the criminal justice system was accompanied by particular markers of social disadvantage (notably homelessness) but also by increasing involvement with AOD treatment. This suggests that young people are receiving AOD treatment if they have contact with police, the courts or custodial settings.
- In this sample, average age at first drug use and first incarceration were 13 and 15.9 years respectively. This suggests that some vulnerable young people become entrenched in the justice system at a young age.
- The secondary data analysis also indicates that although justice-involved young people were more likely to be engaged in AOD treatment than their non-justice involved peers, that treatment was often initiated too late, at an average age of 16.3 years.
- Even though retention in AOD treatment was poorer among those young people who are diverted from the criminal justice system, if they did stay in treatment, they displayed some marked positive outcomes in relation to their drug use, risk and social functioning.

Pathways

The qualitative data elicited from AOD professionals, young people and police highlight the complexity of issues that typically underpin offending behaviours.

Clients of specialist youth AOD services

As mentioned in the literature review, most young people participating in the study (n=17) were 18 years or younger at the time of the interview and 18 of 23 were male. This is consistent with justice statistics in New South Wales and Victoria, where most young people (more than 80%) in the justice system are male (AIHW 2014c). The sample members were largely early school leavers (typically leaving at or before Year 10, or around the age of 15 years) and none were involved in education or employment at the time of their interview.

Most of the young people interviewed had some involvement with child protection and had long-term housing issues. Experiences of neglect and abuse within the family environment were common, as was parental problematic drug and alcohol use. Three participants explained that they were also parents, although none had children in their care.

Substance use

The characteristics and meaning of substance use among this client group was discussed by the young people, AOD professionals and, to a lesser extent, by police interviewees. Views expressed on this were consistent between interview groups and between states.

While substance use was ubiquitous among this group (unsurprising given their recruitment from AOD treatment services), it was not typically understood by young people as the most significant issue, but rather one that was a symptom of problems that had a compounding effect, exacerbating problems. As identified in the literature review, one indicator of vulnerability is drug use from a young age. This was the case among this interview group. Involvement in drug use typically began from around the age of 12 years, with one report of drug use from age 10 years.

The primary drugs of concern for vulnerable young people listed by AOD professionals and young people themselves (in both states, in order of reported frequency) were cannabis, alcohol, methamphetamine and prescription medications. AOD professionals reported that heroin use is more common among older clients, but has been surpassed by the use of methamphetamine (or 'ice') in recent years. Involvement in crime typically began at around the same young age as their drug use. Based on this data alone, this interview group appears to resemble the category of young people that Moffitt (1993) describes as 'life-course persistent' offenders, that is, those characterised by the emergence of risky behaviours from a young age. Accordingly, it would follow that such a group is at a high risk of progressing into adult criminal offending.

Complex life issues and substance use

Some AOD professionals described the complexity of issues and multiple disadvantages that their clients had experienced, and continue to face:

It's a challenging group for a lot of reasons. What we're finding is not only the drug use itself but the trauma that young people have been through. So particularly our client group, what we find is most of them are pretty traumatised by a number of different factors. Either growing up in domestic violence or drug-using houses, sexual abuse, physical abuse, neglect and that sort of thing as well. So combine that

with quite an early age of onset [of drug use]. You know we get young people through here who started using say cannabis at maybe nine or 10. Some started drinking that early as well (AOD professional 12, manager, non-residential service, Victoria).

But for quite a lot of them there is either mental health stuff that's come up because of their drug use, or there was mental health stuff which led to the drug use, or there was past trauma, all that kind of stuff (AOD professional 15, manager, non-residential service, Victoria).

They stressed the high level of disadvantage experienced among their clients and a resultant lack of basic life skills and capacity to cope with social situations:

Some of the kids have never sat down at a table and had lunch. I remember a boy once who was 18 and I had salad and bread rolls out. He couldn't open a bread roll. He tried to open it, got annoyed and threw it at the wall and walked out. Seeing how disadvantaged some of them are, it's unbelievable (AOD professional 5, manager, residential service, New South Wales).

Young interviewees described lives dominated from their early teens onwards by drug use and crime. Most described growing up in chaotic and complex circumstances, where violence, abuse, criminality and drug use were commonplace among family members. Some young people were separated from their family; one mentioned living in care. Others moved between different locations and family members, with limited continuity in care or schooling. Five clients reported currently having limited or no family contact.

Most of the participants had been homeless at some point. Ten (of 23) reported having no fixed address at the time of the interview; two described time spent living 'on the streets'; while others had precarious forms of housing, for example, staying with friends 'on the couch'. One participant (young person 20, M, 18 years, Victoria) was homeless at age 12 and described 'living rough' in the city:

Like I said with the getting involved in all that stuff and then I was a bit homeless for a long time. I've been doing either—like I never dealt with (child protection)—even at 12, I had mates' houses to go to and then there was a lot of homelessness sleeping in parks. The longest time was four months when I was just in the city, just going about—just doing what I do. The only way I could really get by was by using. That was the only way I felt. Then it put my self-confidence up because if I wasn't using I'd just sit there and just dwell on how shit my life is, how shit of a person I am. That's sort of how I was.

The common theme reported by clients was disruption and neglect within the family environment; an issue that AOD professional participants described at length:

Since I started working with young people I can't help but be that person that always says it's the parents' fault. But I've never seen a situation where it's not (AOD professional 7, staff, non-residential service, New South Wales).

We're dealing with heavily traumatised kids. We're dealing with kids who—you know some young people we get in here have been abused for years on end from when they were three or four years old. So we're dealing with young people whose self-concept is completely based around that sort of thing (AOD professional 12, manager, non-residential service, Victoria).

The AOD professionals spoke of the importance of compassion and understanding regarding clients and their circumstances; recognising, for example, that their drug-use and crime patterns often related to family background and/or matters of 'survival'. Within their social world, this was considered 'normal':

With our guys [clients], if they're on the streets or they've had traumatic backgrounds and they're using drugs to hide the feelings so they don't have to deal with it anymore, a lot of the time the only way to get their drugs is to do crime. It's mainly all survival for our kids (AOD professional 5, manager, residential service, New South Wales).

The AOD professionals believed that many of their clients were developmentally impacted by their experiences and consequently struggled with aspects of self-management that are critical to their ability to cope during difficult situations (particularly with police), including emotional regulation:

So I suppose we're working by and large with a client group whose brain development isn't as it should be, or isn't like the rest of the population. So things like problem solving, forward planning, emotion regulation. So the ability to manage your moods, we find big struggles with that as well as their ability to kind of attach with other people and create, I suppose, positive friends and that sort of thing. So that's some of the challenges that we face (AOD professional 12, manager, non-residential service, Victoria).

The AOD professionals argued that developmental and hormonal changes typical of adolescence exacerbated their clients' social problems:

I think the other big thing is—it's quite simple really, they're adolescents. So apart from all the other crap in their lives, they're dealing with being an adolescent and all those hormones and everything else that goes along with it. So I think that just sort of compounds everything (AOD professional 1, manager, residential service, New South Wales).

The AOD professionals reported that the early involvement of institutions in clients' lives (child protection, police, the legal system, and so forth) typically resulted in distrust and wariness towards authority figures, while traumatic experiences meant that they were often distrusting of adults more generally. Furthermore, they reported that the absence of parental supervision historically meant that clients were often unused to having structure or boundaries in their lives.

Overall, police interviewees expressed similar views to AOD professionals regarding the aetiology of clients' drug use. Most had a multi-layered and sophisticated understanding of the issues that lead to young people's involvement in the justice system and recidivism. They viewed drug use as a symptom of a range of issues that often stemmed from troubled family environments:

A person gets onto drugs for a whole lot of different reasons, but it's not just one reason. Once they're taking a drug, I can see that it's easy to keep taking the drug, to want to keep taking it. There's that addiction side to it. Unfortunately with the kids that I'm dealing with, it's happening very early in their life, like 10 and 11, 12, so—and they're not going to school. They're not engaging. They don't have proper parenting. They don't have any kind of solid background...Some of those kids have really horrible things they're blocking out. I really despair for those kids...(police employee 15, specialist youth officer, New South Wales).

Yeah, but these kids don't get a chance to grow up because they just get thrown into the horrible mess of the adult world and...so they just survive and they survive in the best way that they can. I think you just have to be a bit more understanding about that sort of s*** (police employee 16, frontline, mid, New South Wales).

Many spoke about intergenerational cycles of social deprivation and offending:

They come from broken homes, low socioeconomic areas, homeless areas, and abusive homes, whatever, so they just get caught up in it. It just goes over and over again. They just stay in that cycle forever. So unless that cycle is completely broken it never changes, and it will never change (police employee 18, frontline, mid, New South Wales).

As with the AOD professionals, police spoke about the socially embedded nature of drug use and crime within young people's lives—that it was 'all that they know':

...and the thing is that's all they know, so they have nothing else really to go towards to. All their friends they're in that circle and all that. So if you were to take them out I'm not sure they would know where to go, what to do. I mean some of them you follow them as they grow up and still even like later they just say I don't know what else to do (police employee 19, frontline, junior, New South Wales).

Patterns of offending

Most AOD professionals spoke about how their clients had a history of offending and/or engagement with the justice system:

I suppose it depends on your definition of offend, because they all offend in some way or another, whether that be that they don't pay for a ticket on the train or smoke in areas they're not supposed to smoke in. Then obviously all the way up to serious crimes like break and enter and things like that. So potentially all of our kids offend. So 100 percent of my client load right now (AOD professional 7, staff, non-residential service, New South Wales).

They described how clients' offences were usually driven by basic matters of material need and survival:

In my experience it seems to be fairly small type of crime to get an immediate need met. So it might be, oh I need 500 bucks so I'll pinch a couple of handbags or I'll do a burg [burglary] and try and take it to Cash Converters and get some money. So not overly organised...(AOD professional 15, manager, residential service, Victoria).

Interviewees were asked to elaborate on the nature of the association between drug use and involvement in offending. The AOD professionals spoke about peer influence; about how young people sometimes simply 'go along with offences' within their peer groups:

So everybody's gone and smoked a couple of cones and let's go and do this B&E. You don't really want to but you're going to anyway. Especially with clients that might have brothers or cousins or uncles that have been in and out of juvie [juvenile detention facility] some of these kids have been doing break and enters or stealing cars since the age of eight, then the drugs kind of just find themselves in with that (AOD professional 4, staff, residential service, New South Wales).

The AOD professionals spoke about the influence of young people's drug-using networks on 'dealing', while others described the role of acquisitive crime being used to fund drug use:

From what I've seen it's [a link between drug use and offending] extremely common, because I find especially the kids that we see come through here that are from juvie, the reason why they've offended is because of drugs. They've gone out and committed a crime, whether it be a break and enter, or stealing a car, or dealing drugs because they need more money for drugs (AOD professional 4, staff, residential service, New South Wales).

It was clear that this group attracts a disproportionate amount of police attention. The AOD professionals widely articulated that this sub-population was perceived as a 'problem' within the community. Young people also reflected this view, particularly when talking about how they perceived that they were 'targeted'.

Street-based young people are highly visible simply because they do not have access to private spaces where they can spend time and socialise discretely. The AOD professionals discussed how clients were often intoxicated in public, and noted how factors like impulsive activity and group behaviour regularly attracted police attention.

Young people similarly spoke about doing 'stupid stuff', such as stealing a car on the spur of the moment or just for a thrill. Many reflected that this occurred more commonly when they were younger and first began offending—often when intoxicated. As one young Sudanese participant explained:

Criminal activity and all that...So most of this—I know this for sure—most of the Sudanese do crimes they don't even know why they're doing it. Mostly it's just they get drunk and they're like 'fuck the police, fuck this' yeah, and then mostly it's like 'okay I remember when they did this to me or they did this to me...I'm going to give them something to keep them busy'. Someone who is just randomly drunk will break the window of a car and just keep walking (young person 18, M, 20 years, Victoria).

While rebelliousness can be considered a characteristic of many young people, among this group, rebellious activities (such as property damage) also seemed to be fuelled by anger towards the police. Young people

regularly reported being unfairly targeted by police and reacting to this (a point discussed in subsequent sections). Police often have a different experience of these encounters as they are often called to situations where a potential crime is occurring and need to respond to protect the community and uphold the law.

The AOD professionals were particularly concerned that some clients had amassed thousands of dollars' worth of fines for relatively minor offences, such as drinking in public, smoking cigarettes in banned places, and fare evasion. They explained that young people often committed such minor offences when they had no other option or place to go, for example using a train as a place to sleep, or drinking in public when homeless:

Sometimes you're pulling your hair out; you're like just do it, you don't deserve to go to jail for years, just go, but they function differently; it's all about survival. They don't always think about the consequences. One of the things that I'm—speaking of fines, they can do work development orders by coming here. So some of the kids will come here with \$8,000 of fines because if they're homeless, they sleep on the trains so they're warm, they've got somewhere to lie. They'll travel to Dubbo and back or something on a train and they just cop fine after fine after fine (AOD professional 14, staff, residential service, Victoria).

In this context, the multiple unpaid fines that many clients amassed were both a symptom and an aggravating feature of their vulnerability. The issue of unpaid fines was of particular concern raised among AOD professionals who identified that it was a pathway for their clients into the court system—particularly as young people usually did not have the means to pay.

All three interview groups described the tense relationship between vulnerable young people and police. Police and AOD professionals spoke about how young people from this sub-population group can react dramatically and sometimes violently—particularly when they are in situations with authority figures or they feel that they are being treated unfairly. Police and young people alike described how benign situations often escalated quickly into violence. Many young participants reported that they had received assault charges against police.

As noted earlier, AOD professionals understood their clients' tendency to find it difficult to manage interactions with police calmly as they were influenced by a broad range of issues, including developmental factors, past trauma, and drug use.

The professionals noted that young people's involvement in the justice system often escalated quickly. They spoke about how their clients were often disorganised and missed appointments and this ultimately exacerbated their issues:

We've got a lot of kids that just do lots and lots of petty crime and then are on bail and they just always breach their bail because they're not structured in their head so they're not going to all their appointments (AOD professional 5, manager, residential service, New South Wales).

It is apparent that while drug use is not always the main factor associated with young people's involvement in crime, it clearly exacerbates the situation:

When the drug use doesn't stop, and they continue on, it builds up. They've got charge after charge, and of course they're seen then as this problem to society, as a problem in the community, out of control. The other sad stuff is the mental health stuff. Young people with mental health issues, that are using ice, and young people that are using ice that develop mental health issues (AOD professional 15, staff, non-residential service, Victoria).

This section discussed how criminal charges against young people frequently build up and lead to a pattern of involvement in the justice system that is difficult to break. Later, this study will look at how systemic issues such as waiting times for court dates and housing shortage, can further compound this situation.

Incarceration vs treatment

Police, AOD professionals and young people all described the negative effects of incarceration. Police interviewees indicated that incarcerating young people should be a 'last resort', with one identifying that it turns young people into 'better criminals'. The AOD professional participants argued that prison is ineffective and unlikely to bring about personal change or give young people the opportunities they need to change. Many spoke about how young people become 'institutionalised' and described the challenges of working therapeutically with them once they had spent time in detention/prison:

It's really hard to crack some of these kids that have been in and out of juvie since they were 13 and now they're 17. Then they come to us and they don't give two shits about what you've got to say...It takes almost the three months to crack them and get them to open up just even a little bit (AOD professional 4, staff, residential service, New South Wales).

The AOD professionals spoke often about the increased chances of a young person reoffending as a consequence of imprisonment—in part because of the consolidation of their identity as discredited or 'on the margins':

I'm seeing kids go to prison and come out so much worse than when they went in there. They come out scared and they also learn so much. Some of the kids think that that's where they belong because they get made to believe that's where they belong because they're no good to society so we'll just lock them away. When they're living in that environment and come out to it, the chances of reoffending are so high because that's just where they belong, to them. We want to give them a sense of belonging in the community where they deserve to be (AOD professional 5, manager, residential service, New South Wales).

The AOD professionals noted that the transition from detention/prison into residential treatment was particularly challenging for young people:

We get young people who come in saying I've spent more time inside in the last three years than I have outside. So that's a tough set of behaviours to get at as well because custody works very, very differently to how things work in here (AOD professional 2, manager, residential service, New South Wales).

Some of the young interviewees reported that they had been in detention and/or remand for extended periods. They described using drugs daily during this time, observing how easily they were to obtain. As one young Victorian participant (young person 11, M, 16 years) explained:

There's more drugs in jail than here [rehab]—yeah I was using every day. I was locked up with my co-offenders and they were getting stuff brought in and I was getting stuff brought in as well. We were using heroin, bup [buprenorphine], ice [methamphetamine] every day. Every day...

The young man then goes on to explain the exacerbating effect of systemic issues, such as the lack of availability of places in residential services:

...and I mean for places at Malmsbury where people are young and some of them are trying to do the right thing they stay in this toxic environment there where everyone just talks about crime and glorifies their crime and their drug usage and constantly talks about violence and bashing people, slowly it seeps in.

Another young person describes the effect of systemic issues such as the lack of availability of places in residential services:

I mean we don't have enough treatment services, we really don't. There's long waiting lists. If you're in jail it sucks if you have to wait a few months to get into a rehab, you don't want that. Jail is not a nice place. You can get stabbed and you get just get on drugs in jail, that's the reality (young person 22, M, 20 years, Victoria).

The AOD professionals reflected on the pathways of their clients and reported on the importance of young people spending time in therapeutic services rather than in custody:

I think there are better ways to—we need to start educating instead of punishing our kids, because this is the problem that I've seen with a few clients that we've had that have gone to juvie, come to [service] and then come out the other side at 18 and reoffended. Juvie doesn't work, it doesn't set them up for knowing what life's going to be like on the outside...Community service would be better, volunteer work would be better, teaching them to take ownership over their own actions instead of locking them away for six to 12 months (AOD professional 4, staff, residential service, New South Wales).

Young people were very positive about their experiences in treatment/rehabilitation services. Their comparisons focused on a sense that they were better respected in treatment services compared with detention:

They respect you more. Because in lock-up, they don't really respect you as much because you're a criminal and you've been doing crime. That's why you're in there. I feel as if it's judged unfairly because you're in a centre—in a juvenile centre or lock-up centre or whatever it is. You get treated unfairly towards what you will do if you were at rehab (young person 3, M, 17 years, New South Wales)

You get to go everywhere and in there you're just trapped behind bars and stuff. You've got to—basically they treat you like dogs in there (young person 2, M, 16 years, New South Wales).

The sense from these stories and others is that, for young people, being 'locked up'—whether in juvenile detention or adult prison—sends the message that the community has 'lost faith' in them. One AOD professional spoke about the different philosophy underpinning therapeutic services:

...all our staff have the mindset where everyone's set up for healing and treatment in here (AOD professional 2, manager, residential service, New South Wales).

Young participants spoke about the numerous benefits of treatment compared with incarceration. One young person from New South Wales described how a treatment service helped him to work on his drug and alcohol issues:

As I see it, in here, we have groups and we talk about stuff and what the go with drug issues are and how drugs are bad for you. In detention they try to say detention centre's better than rehab but it's really not. We get visits in there and stuff, yeah, but we get strip searched after visits but that doesn't mean that people can't still get drugs in there. They don't randomly urine test people in there. In here at least they do that. They give the two, three chances of lapsing but after that there's no point being in here. You know, if you lapse why are you here in the first place...(young person 1, M, 17 years, New South Wales).

Another explained how a treatment service assisted him to break the pattern of drug use and offending:

Facilitator: Do you think these programs stop you wanting to commit crime?

Interviewee: Yes, I reckon because it stops me—stops us from doing drugs and most times I've been doing crimes is when I was on drugs but I can't blame the drugs and then it's my fault (young person 3, M, 17 years, New South Wales).

Another client recalled working on his anger management issues:

I guess I'm learning how to deal with it [anger] whilst being here. It's good...But since I've been here—actually being here has helped me with my anger and my care worker who's put an anger management plan in place for me...Like my first few weeks—I've been here six and a half weeks now. My first few weeks I was pretty close to getting myself exited but the last two weeks really have been awesome for me. I've pretty much—I've still got the anger but I know how to go about it and control it better. So being here is actually really doing me a lot (young person 20, M, 18 years, Victoria).

Others spoke about the benefits of receiving practical assistance alongside working on AOD issues:

They've already helped me get my Ls, like going to get my Ls and they're really—they've got good programs for like relapse prevention, so good strategies to build up slowly and slowly and work group, which you go out and work on a property which is like work experience (young person 22, M, 18 years, Victoria).

Nonetheless, AOD professionals explained the difficulties of finding appropriate support for their clients. The inadequacies of the available service system to respond to young people's needs are discussed further in the section on systemic issues.

Both AOD professionals and police strongly supported restorative justice approaches such as group conferencing. The AOD professionals commonly supported this option because (as one explained) conferences help to 'connect the dots' for the young person and give them a chance to learn by explaining the link between their actions and consequences (including victim impact). Police supported group conferencing programs because they felt that they had a 'meaningful' impact on both offender and victim. One police interviewee spoke about how the offender has to 'face' what they have done when they participate in group conferencing.

The overall theme to emerge from analysis is that incarceration should be the last option. Far more effective is a system that helps young people to address issues that underlie offending. This study will later draw on this data to explore effective approaches with vulnerable young people.

Key points

- Consistent with the literature, the young people in this client group typically had numerous 'risk factors' in their lives associated with their substance use and offending.
- They often received multiple charges and thus became entrenched in the justice system very quickly.
- Fines issued by police and other agencies often became a serious issue because they accumulated and young people had no means by which to pay.
- Three types of offences related to substance use were described:
 - acquisitive crime (minor theft such as handbags, home burglary, shoplifting) which was usually to meet needs or to fund drug use;
 - spur of the moment offences including thrill crimes (property damage, car theft, graffiti) and violence while intoxicated; and
 - dealing drugs (both for profit and to support their own use).
- Substance use and involvement in crime is linked to peer networks. Many young people reported being 'dragged along' with peers into situations and living in houses where there was drug dealing.
- While incarceration is sometimes the only appropriate option, both AOD professionals and police saw it as a 'last resort' due to its harmful effects on young people. However, several AOD professionals described how some justice clients were 'institutionalised' by the age of 17 years.
- Engagement in treatment before incarceration is critically important.

Challenges and barriers

This section focuses on the challenges in policing vulnerable young people and the barriers to diversion. It first explores the challenges identified by police participants in their encounters with vulnerable young people and the barriers to diverting them away from the justice system. Drawing from interview data with young people and AOD professionals, it then explores young people's views about their experiences with police.

Boundaries of the police role

The role of police is undoubtedly complex. Police interviewees commonly spoke about 'balancing' different considerations and needs of various interest groups—the victim, the community and the offender—and, of working under time pressures. Although this is a complicated area, the study discusses some of the pertinent factors that appear to impact on young people's pathways. Some of the issues touched on here are elaborated on in the section focussing on structural issues.

The most common challenge raised by interviewees relating to policing young people was being time poor:

The job has to get done. You've got another job, you've got six piling up, so you've got to go in, get it done, you haven't got time, and it's just a bit of a handball scenario (police employee 5, youth specialist, senior, Victoria).

So it's there, it's just whether—it's competing for priorities and whether they've actually got the time to actually either go through and read it, source it. Yeah it's probably—they're very time poor frontline police members (officers). So that's probably what it—it really is a barrier (police employee 10, policy, senior, Victoria).

While they acknowledged some of the challenges experienced by vulnerable young people, police interviewees explained that it is not usually possible for frontline officers to develop a thorough understanding of the needs of young offenders:

How can a police officer ever be in a position to be able to sit down and extract—get down to that nitty gritty to determine...what the person really needs (police employee 18, frontline, mid, New South Wales)?

Many stressed the primary importance of protecting the safety of the public. This meant prioritising the needs of the victim rather than of the offender:

Our primary role as police is to protect the public. If the young people are causing—if they're committing crime and causing fear in the community, our role is to stop it. So that's first and foremost to us. So rather than protecting the youth who are committing the crimes, we're protecting the other people who are the victims of the crimes (police employee 24, frontline, junior, New South Wales).

Others spoke about how referral was not considered a priority compared with tasks like preparing bail forms for court:

Some people forgot to do the SupportLink because it's not a major thing that's going to bite you on the bum I suppose. It will as a process later on. Someone will say 'mate you forgot to do SupportLink'. But it's not as dramatic as you haven't put your bail forms into court so court hasn't got a list and they don't know he's on bail (police employee 13, frontline, mid, Victoria).

Furthermore, it was apparent that not all police officers believed that being a source of help is within the scope of their role:

That's where another person who is not police, where they can have a rapport with away from that. I don't think it's our role. Unless you're a police officer or you're unsworn or you're not in uniform and you have a distance from the police criminal side of it, they're not ultimately going to trust you (police employee 7, frontline, senior Victoria).

Police interviewees also commonly reflected that they were not youth or AOD specialists:

I'm not a psychologist. I process people who commit crime. I go, 'right are you going to get bail or are you going to jail—are you eligible because the legislation says so?' Police sort of stick to a set of rules. We're not doctors, specialists—we don't have 11 years of psychology experience (police employee 18, frontline, mid, New South Wales).

I don't know anything about mental health, only what we get trained to do. I'm not all over the drug thing. I know what a lot of drugs are, but the behaviours and what triggers those behaviours and those sort of things, that should be more for a person who's done a university degree [in that area] (police employee 7, frontline, senior, Victoria).

Overall, there were indications from police interviewees that there may have been cultural changes in the police force in both states away from what police interviewees described as 'old' harsh, authoritarian, and 'lock them up' approaches. However, while police must take into account various factors when making decisions about how to process the young offender (and may indeed have few options), some young people appeared to be subject to harsher treatment than others.

Negative aspects of police work

Interviewers asked police to comment on the challenges of their roles. While responses were balanced by comments about the attractive aspects of their work and how much they enjoyed their jobs generally, police interviewees also commonly mentioned they continually encounter people at the most desperate and traumatic times of their lives:

People don't come up and engage with police to say they're having a wonderful time, it's usually because people are in crisis or something terrible has happened (police employee 25, youth specialist, mid, New South Wales).

Police interviewees spoke about how experiences of encountering individuals who are traumatised had an impact on them over time:

They're being worn down by these guys [young people]. So the trauma [young people's] is being transferred. The hurt is being transferred to these frontline police (police employee 8, youth specialist, senior, Victoria).

Interviewees spoke about how police officers work in unpredictable situations and can often be the victims of violence themselves. One interviewee spoke about a colleague who had been assaulted or injured on the job many times. One of these involved a young woman:

I know his communication skills are terrific but to be honest there was nothing he could do to avoid that confrontation and then I think they ended up handcuffing her eventually but she actually I think spat at him, he got kicked, he got scratched and it was a real mess. That wasn't even the incident why he got injured, unfortunately. He's had—he said he's been spat at numerous times (police employee 4, youth specialist, mid, Victoria).

The same interviewee described how such experiences could lead to police becoming on-guard and defensive, and potentially taking harsh approaches with young people:

So how does that impact on the perceptions for young people? Because they see police as this on-edge, hyper-vigilant person who comes over all authoritarian, because you've got to try and set the tone early with a young person. You don't know what is the likelihood of firing off. You have to plan for it in case they do (police employee 4, youth specialist, mid, Victoria).

The emotional toll of frontline work involving daily contact with traumatised individuals, and unpredictable and dangerous situations, was evident. Police officers commonly spoke about the importance of not letting the work ‘get to you’. Rotation to different areas was reportedly common in both states, with interviewees reporting that this was in place to help manage the toll of the work. However, it was foreseeable that continual exposure to reoffenders could lead to pessimistic or cynical attitudes about offenders and prospects for rehabilitation.

Many frontline police interviewees commented that they rarely received ‘good news’ stories regarding the outcomes of people that they encountered:

...unless I looked them up—unless I looked them up for whatever reason, I say ‘what’s happened with him?’ and I look him up, then I may see he hasn’t been in contact with police for that long, which could have a few different reasons but yeah, I don’t see if people turn around or that (police employee 19, frontline, junior, New South Wales).

A ‘cynical’ approach to policing is particularly harmful for the client group of vulnerable young people who, as reported by AOD professionals in the Pathways section, often require many ‘chances’ and a sympathetic approach.

Factors that impact on police decision-making

Police interviewees were asked about decision-making when dealing with young people. They emphasised that they processed young people in strict accordance with the law in relation to serious matters and where legislation stipulates a specific response. This included violent or sexual offences, possession of large quantities drugs with intention to sell, and where there were multiple offences. Options for diversion of juveniles exist in each state. For example, New South Wales has structured diversion options (ie warnings, cautions and youth conferences under the Young Offenders Act, Cannabis Cautioning scheme and MERIT), which aim to either replace charging, or make the charging process more constructive for the young person, as mentioned in the Literature review section.

Police do have some discretionary power in relation to minor incidents. Examples include public drinking, minor vandalism and non-violent offences. In these cases, warnings or cautions were potential options (though they varied by state). Referral to external services to address AOD use may occur alongside or, in some cases, as an alternative to some kind of legal process. Other helpful discretionary options that police mentioned included: making a phone call to refer the young person, organising conference meetings, or recommending diversion of the young person in court.

As mentioned in the Pathways section, police interviewees viewed it as very important to keep young people out of custody where possible. However, they also spoke about variation in approaches and values:

Every police officer determines things slightly different and that might depend on their own values and morals from growing up and how many opportunities they think that young person deserves. I guess that’s where it can be—there’s no one-size-fits-all approach in that sense (police employee 4, youth specialist, mid, Victoria).

The young person’s age was reported to be an important consideration when processing the individual. Police were more likely to take a more lenient approach with individuals who they regarded as ‘children’ (this was typically up to the age of around 14 years).

Police interviewees in New South Wales and Victoria unanimously supported diversionary measures including warnings and drug cautions. On the other hand, police seemed to feel that cautions were most useful when processing young people who were not likely to reoffend:

If we can keep those people out of the justice system until they get their head screwed on, their lives are still intact. As I said, I’m doing a youth caution on Thursday night for a guy who was using some recreational drugs. He’s going through [to complete his schooling]. He’s looking for a career—you

know, he's not a dropkick. He's not a troubled youth. He just got caught. That's exactly what the Young Offenders Act is designed for (police employee 6, youth specialist, mid, Victoria).

The above quote is consistent with an overall view that the purpose of cautions is to give 'mainstream' (eg school-engaged, with supportive families) young people a warning and keeping them away from the court system. It was common for police interviewees to say that an experienced officer can make a decision quickly about the 'type' of young person. The above comment was an example of how police clearly differentiated between young people who were first-time offenders and repeat offenders.

Police interviewees also commonly described how a young person's behaviour during their contact with them or other police members had a bearing on whether they made an effort to help the young person. If the young person was violent or aggressive towards them, interviewees appeared less likely to be sympathetic:

If the young person isn't consenting and they have a really poor attitude and approach to the whole scenario, well then the police officer might say forget it, they treated everyone like dirt throughout the whole process. They didn't really consent—they didn't admit to the offence so therefore they can't get a caution (police employee 4, youth specialist, mid, Victoria).

Whereas if they've come across them before, they're aggressive, violent, I think then they're likely to go 'we'll just charge and then throw it to the court system'. And then the court obviously can have the option to put him into that [diversion process] (police employee 22, frontline, mid, New South Wales).

Those who were interviewed expressed some sympathy towards young people with complex lives. Most had a good understanding of the factors that lead to offending lifestyles and problematic drug use, but they nevertheless commonly mentioned that they were frustrated when dealing with recidivist offenders:

So there'll be always an inherent frustration with police who are seeing these kids again and again and again (police employee 1, policy, Victoria).

I think it's—once someone has contact three, four or more times there's likelihood that they're going to just go on and continually have contact with police. So the frustration for police is what to do with them and how to deal with that? Because you are at a point there where caution—they're passed the cautioning stage unfortunately and often a lot of these young people don't have the supports at home. You're dealing with kids maybe in care and who aren't living at home (police employee 10, policy, Victoria).

Police interviewees mentioned that they maintained lists of 'known' offenders to reportedly assist them with managing the impact of recidivism.

Another common source of frustration expressed by police interviewees was the experience of giving 'chances' to or helping young people who they felt didn't take the law seriously, or who didn't appear to show any remorse or regret for their involvement in crime:

Unfortunately I also believe that it's also taken advantage of by people who know that 'I can get so many cautions and conferences before they'll actually charge me' and there are—and you can identify them fairly quickly (police employee 17, frontline, senior, New South Wales).

A willingness to want to change. Why would you bother, or how can anyone expect to be rehabilitated when they don't want to—they enjoy being on drugs or enjoy their existence (police employee 18, frontline, mid, New South Wales).

Young people's reoffending contributed to a perception held by some police that they did not want help:

But for me I work on the principle that you can't help someone if they don't want to be helped and most of the time they don't really want to be helped. Like they don't realise that what they're doing is wrong or that's all they know for some of them. So it's just a circle (police employee 19, frontline, junior, New South Wales).

Overall, police spoke about how they were more sympathetic and would spend more time with offenders where they feel that it's going to help put the young person on a different path—that is, their actions would have a 'meaningful' impact.

With recidivist offenders, police felt that giving cautions did not constitute a sufficient response or address the 'source' of problems. Most police observed that they would prefer the young person to attend a program; however, they also expressed a view that referring young people was not a good use of their time if the young person did not 'want to change'.

Some police interviewees mentioned that engaging parents or guardians fully when issuing cautions improved the meaningfulness of the process, although this was not possible for some young people. Strategies that engaged whole family units were also supported, but viewed as outside the scope of police roles. Similarly, they were generally supportive of restorative approaches such as group conferencing where young people had to 'face' what they had done.

Police concerns about their reputation with young people

In general, police interviewees were concerned that they had negative reputations with vulnerable young people. This was confirmed in interviews with AOD professionals and with young people, who frequently reported difficult relationships with police (as will be discussed later). Police interviewees felt this poor relationship contributed to the escalation of encounters into violence and, where this occurred, often resulted in more charges against the young person. All interview groups reported that this poor relationship was a major barrier to police providing help (such as referrals) to young people.

Police reported that many young people had an inherent mistrust and 'hatred of police'. Some spoke about how this could be passed down through generations—for example, in families with extensive justice involvement:

...they're pretty much suspicious of anything to do with the police because of their family and their community environment. That's what they've known. They may see it as the police sent mum or dad to jail, so we don't trust the police (police employee 16, frontline, mid, New South Wales).

Police were frustrated with pervasive negative stereotypes about them:

Because you walk past a mother in the street and they go: 'they'll lock you up, they'll get you'. You know you're sort of like, hang on a minute. We're not here to lock everybody up. We're here as a source of information and a source of help and also assistance (police employee 12, frontline, mid, Victoria).

This dynamic informed the view of most police that many vulnerable young people would not accept their help:

I think just based on my own knowledge of how you go about it, and the fact that a lot of the young people that I've dealt with, would I think—they'd be less likely to accept help from the police, as opposed to their—whoever—the youth workers. So I don't see how I could help them, when I don't think they'll accept help from me (police employee 25, youth specialist, mid, Victoria).

Police interviewees commented on the sensitive topic of the treatment of young offenders within police encounters. They argued that overall, police were fair and respectful; however, some acknowledged that negative incidents where police behave improperly did occur. Understandably the extent to which they were willing to discuss any specific incidents involving colleagues was restricted. It was the view of police interviewees that it was a small percentage of a police workforce who sometimes behaved inappropriately. One interviewee said:

There's 13,000 odd police officers out in the street. With 13,000 you're bound to get that one or two bad eggs at the station who are ruining it for the likes of proactives, but also all the other police...in

any job surely a percentage of that is going to be muppets...if you're an idiot before you join the police, you're probably going to be an idiot policeman (police employee 4, youth specialist, mid, Victoria).

Some mentioned that some police enter the job for the 'wrong reasons', but that these people often left fairly quickly:

Yep. A lot of kids come into the police for the wrong reasons and usually those people don't last very long. But the ones who are here to learn and develop as police officers generally mature (police employee 25, youth specialist, mid New South Wales).

Most commonly, police interviewees reported that poor or inappropriate policing by a minority of police have far-reaching effects on young people's perceptions of all officers:

In my opinion or in my view, a lot of that comes from their friends' experiences or what they've heard from so-and-so, it's not necessarily their direct own experience. In some cases it is but generally it's like 'oh no, my mate got belted up eight years ago' or whatever, so that just filters down (police employee 4, youth specialist, mid, Victoria).

Some interviewees spoke about how they were critical of colleagues' aggressive approaches with young people, believing this to be unhelpful to achieve effective police work. They reported that they were aware that being approached by police in uniform could be 'scary' and of how it could be used by some of their colleagues to intimidate young people. They spoke of colleagues who intentionally 'stand over' young people (also mentioned in the *Approaches* section).

Later in this section is a discussion of the common view among vulnerable young people that police approach them frequently, and often unnecessarily. One police interviewee discussed such an incident and reported challenging her partner's (police colleague) approach. The situation involved an intoxicated man who was walking home with a friend. The police interviewee emphasised that she knew the young men involved and they were close to home. She spoke about how the colleague '...gets out of the car, comes over and he's standing there, muscling up...then he went and it started—the verbal thing.' This is an example of what has been referred to elsewhere as the 'escalation' of the situation (ie 'and it started—the verbal thing').

The police interviewee explained how she tried to calm the situation down, 'I said his name and I said "get back in the car. It's all fine, get back in the car. Everything's fine."' The interviewee recounts the conversation that occurred after the incident:

I said, 'do you realise what just happened then?' My mate [colleague] says 'well I don't agree with what just happened.' I said 'well it's a pity, because do you see what just could have happened, and it needn't have happened?' He said 'you've got to show them who's boss'—was my partner's response. I said, 'what do you think was really going to happen just then? It would have been him come over, have a go at you, and there'd be a wrestle, and we'd be up at the station for resist arrest. He wasn't doing anything wrong when we came along. Don't you get it, that you are...you actually could have started something that was totally unnecessary?' (police employee 8, youth specialist, senior, Victoria).

Evident here is the police colleague's authoritarian approach—'you've got to show them who's boss'. The interviewee demonstrated an awareness that this approach leads to unnecessary involvement of young people in the justice system.

More common than discussing incidents where serious abuse of power occurs, police interviewees emphasised how their colleagues could improve their interactions with young people—or how they could 'do it differently'. One interviewee questioned whether the police institution dealt with 'rude' behaviour adequately:

I think the problem is that the police go—I don't want to go there because I'm going to admit that some of our cops are rude. So I don't think that we're ready to take that step but I'd like to take these steps so that they go, well you can't behave that way. At the moment we don't really deal with it. We're dealing with illegal police behaviour but just general poor customer service. We don't really deal with it really well (police employee 8, youth specialist, senior, Victoria).

Overall, the interviewees in this study agreed that policing approaches with vulnerable young people were sometimes inconsistent. The data suggest that this may be because there was an acceptance of different 'individual' styles within policing organisations. While an individual style of working was accepted by police interviewees, many were dismayed that treatment of young people by a minority of police continued to damage the reputation of police or 'the uniform' generally:

So unfortunately all of the amazing work that had been done was damaged by one negative incident... What's never shown unfortunately is all the fantastic work that was done by that police officer with all the young people and community there (police employee 4, youth specialist, mid, Victoria).

This section focused on subjective processes of decision-making when processing offending young people and related issues that may impact on young people's pathways. The following explores intersecting contextual and systemic issues including constraints on police time and characteristics of working in the inner city. It looks at the views of young people and their reported experiences of police encounters.

Young people's experiences with police

This section focuses on young people's experiences with police and draws predominantly on interview data from young people and AOD professionals. Vulnerable young people may come into contact with police because they are doing something that is unlawful or is perceived as antisocial. While this makes it more likely young people will report negative experiences of policing, young people's accounts make a critical contribution to understanding how their interactions with police can be improved.

Mistrust of adults and authority figures including police

One characteristic of the young people in this study is that their increasing involvement in the justice system correlates with a more severe dislike of police. Consistent with police data, comments by young people about not 'liking' and even 'hating' the police were relatively common. One feature of interviews is that young people spoke differently about officers in youth specialist roles. This is not surprising given that youth specialist police focus more on building relationships and community capacity rather than frontline policing. These roles are discussed in more detail in subsequent sections. As noted, participants expressed a significant mistrust of adults who were in positions of authority. The AOD professionals understood that this often stemmed from involvement with child protection services and other institutions, and adults in their families who had neglected and abused them. As one AOD professional put it:

Well, I suppose the biggest challenge is that they're highly suspicious and untrusting of adults. Their backgrounds, in terms of their early childhood development, have often led them to be quite suspicious of authority figures, and their interaction with police, transit police, authorised officers is very poor. So they often have no trust of any systems. A lot of them have had interactions with child protection...a lot of things have gone wrong through their life for them to end up in our service (AOD professional 11, manager, non-residential service, Victoria).

An AOD professional described an 'us-versus-them' thing:

If they're in treatment, they should be leaving them alone to give them a chance until they show otherwise...even when they're in here and they just go out on day leave and overnight leave they're getting pulled over three or four times and searched and just stupid things like that. Going to their houses all the time and, yeah...(AOD professional 3, staff, residential service, New South Wales).

One young man spoke about giving the police 'attitude' because of his experiences of being treated poorly by them:

Me personally, see I don't get along with the police. Police ask me for my name, I give them—I'll be honest, I give them attitude. I give them attitude back...I was walking the streets with my family, the police

come after me. Mr [name]—they'll have a smile on their face when they're saying it as well—they make sure they're being a smart arse because I've been a smart arse to them... Most of them try to abuse their power towards me, because I know I know my rights, they push my limits until I get angry and then I get locked up (young person 17, M, 18 years, Victoria).

His comments indicate that he was not hopeful of having a reasonable encounter with police, conveying that he expected to be targeted and for situations to lead to conflict. One client from a Sudanese background spoke about the process of declining relationships with police and escalation of violence:

They just do that and they became more and more and anger gets more and more. Before you know it that group that always fights like that, they start to hate the police—like really hate them (young person 19, M, 20 years, Victoria).

He described spending time in groups because he felt safer being with other young people than on his own; however he was also aware that police might perceive groups of young people as threatening 'gangs':

Police are corrupted and no-one will believe that unless you've actually been through it and actually experienced it...Once you've been assaulted like that it becomes like a safe group, you know what I mean, and you start to take care of each other. But they [the police] look at it as gangs.

While young people in this interview group expressed negative attitudes to police and authority figures, they also had a strong sense of justice.

Sense of fairness and justice

Young people's strong sense of what is fair is a major theme to arise from interview data. The AOD professionals and client data (and, to a lesser extent, police interview data) showed that this client group had clear views on what was 'right' and what was 'fair'. They acknowledged when they were wrong, and reflected frequently on what they believed to be fair. The AOD professionals often observed this:

What a lot of our young people say is 'well if I'm doing something wrong, that's fine, I don't mind. You know, if I'm stealing or hurting someone or breaking the law that's okay. But if I'm just sitting down talking to my friends and I get harassed and told to move on, why is that fair?' In terms of adolescent development young people have an incredible sense of right and wrong. When police abrogate their responsibility to police impartiality it plays right into that (AOD professional 11, manager, non-residential service, Victoria).

Like I've heard them say—'but then he got busted but fair enough, he was doing the wrong thing'. I've heard them say it. So it's not like they never see that they're doing something wrong (AOD professional 7, staff, non-residential service, New South Wales).

A related trait is that young people often judged themselves harshly. This was identified by AOD professionals, but was also evident in interview data from young people. For example, one young man who was in a residential rehabilitation service said:

If I had it my way I'd have three separate judges in the same courtroom and they could all talk. But the thing is there was a guy that I met there and he had one burglary that he did when he was psychotic on ice [methamphetamine], he'd never been charged before, he copped 14 months. I had heaps of charges, 60-odd charges, and I copped 18 months...Where's the justice in that? I think that's fucked...I got a great judge, she was very fair and she was really good at her job. I felt that I could have lot more time. I felt I probably deserved a little bit more time to be honest for my actions but I'm grateful that she didn't because I'm here now (young person 22, M, 20 years, Victoria).

Young people commonly spoke about accepting the consequences of their actions. Mirroring comments from AOD professionals, they frequently used the phrase [that was] 'fair enough' when they reflected on consequences that they received. Their belief in 'personal responsibility' (problematic as it may be, given the

reduced resources available to them) contradicted the impression police interviewees conveyed that this 'type' of young person typically lacked accountability.

Young people consistently reported that some police officers were unfair, unjust and that they misused their power. Examples that were given were choosing to search them based on their appearance, keeping them under arrest for long periods, and not providing them with water when they were under arrest:

Yeah, disrespected [by the police]. [It's] Just wrong. I think it's just wrong, because you get adults that go and do things that are just as bad as me and they don't end up locked up (young person 5, M, 16 years, New South Wales).

This quote illustrates the strong belief in the importance of fairness held by young people in this study, and the outrage they felt when they perceived adults in positions of power to be doing something 'wrong'. The section explores how this trait is also a 'strength' and how communication style and explaining the link between actions and consequences is important with young people.

Vulnerable young people's perceptions

The most common complaint expressed by young people about police was a perception that they were unfairly targeted and harassed:

It's like when I'm with my mates, the police—we have a big group and if my friends see the police coming, the police just walk straight through the room and they just stop at me, you know, 'what are you doing today?' Asking me all these questions. 'Nothing, just hanging with my mates' I said. 'Yeah, come over here, to the wall, put your hands on the wall, spread your legs'. They give me a search in the main street. It's like, shameful as, getting searched in the street in front of everyone. Yeah. But they found nothing on me, so pretty good (young person 2, M, 16 years, New South Wales).

I've been targeted by police before. Although they say they have legitimate reasons for pulling me over and stopping me, the fact is they don't a lot of the time. They think because I'm young and I'm a drug user that I'm not smart and I don't know my rights (young person 22, M, 20 years, Victoria).

The young people also recounted stories of violence and verbal abuse by some police officers. Some clients described being unfairly or randomly 'bashed', spat at, and 'stomped on' by groups of police:

I've been hit with a bat and pepper sprayed for no reason. They handcuffed me once, took me to [outer Melbourne suburb] about three o'clock in the morning made me walk back. They were supposed to take me to the police station. I had to walk from [outer suburb] back. I've got to go to court for assault and the police officer assaulted me. Multiple times (young person 17, M, 18 years, Vic).

Evident here was the young person's view about the 'fairness' of the situation. Similar to an interviewee quoted earlier (young person 5, M, 16 years, New South Wales), this young man was angry because he perceived that the police officer committed a crime (assault) but did not get punished for it.

Young people in Victoria most often raised significant concerns about being targeted and treated unfairly by Protective Service Officers. These Officers are employees of Victoria Police. They are employed to protect public safety by monitoring peak hour train services and having a visible presence at stations (Victoria Police 2014). They are armed and uniformed officers who have the power to apprehend, arrest, search and issue fines in particular areas, called 'designated places' (Victoria Legal Aid 2014). Multiple examples of alleged abuse of authority were reported by young people in relation to these staff.

The AOD professionals supported the view that their young clients were frequently over-policed and that this had cyclical and harmful effects on their behaviour. They believed that over-policing contributed to negative behaviour among young people (ie by inciting anger and rebellion).

This dynamic informed the commonly expressed view of young people that police are 'waiting' for them to do something wrong. It appears that police validate this view by fining them for small incidents or approaching them unnecessarily.

A metaphor that was used by police to describe the dynamic was of a 'cat and mouse' game (expressed similarly by young people as 'us-versus-them'). There was some suggestion that police also take this 'game' to another level by occasionally engaging in tactics that capitalise on their considerable power and discretion. One strategy mentioned by AOD professionals was that police deliberately held back charges:

Also what's really frustrating is the police will wait until they've finished rehab with us, get out in the community and then charge them for past crimes again. So instead of charging them whilst they're in there—do you know what I mean (AOD professional 3, staff, residential service, New South Wales)?

I've got a client at the moment who's nearing 18 and I have a gut feeling, and I'd probably assume that I'm correct, that they're holding off on executing certain warrants until he's 18 and then he'll be held at an adult remand rather than youth. That's—[I'm] trying to actually encourage the young person to go, there are issues for you, we need to get these sorted and we need to do it quickly (AOD professional 13, staff, non-residential service, Victoria).

You know, we hear it a lot and see it a lot where we'll see charges being held back, so when the kid gets out from in here, day one they pick them up and go oh [I'm charging you], because it keeps them off the street (AOD professional 1, manager, residential service, New South Wales).

In addition to holding back charges, AOD professionals spoke about how the police keep 'lists' of offenders (mentioned earlier in this report by police interviewees) that were used to justify their approaches to these young people. This reportedly exacerbated young people's perception of being 'targeted'.

Overall, young people want to be treated 'fairly'. One young man for example said:

I don't want to be better than you. Just do your job and don't abuse it, [just] do your job (young person 2, M, 18 years, Victoria).

Despite the negative experiences that young people narrated in their interviews, they appreciated times when police had helped them. Some young people reported that they had formed relationships with police who had gone out of their way to 'look out' for them or to offer assistance. Others reported touching examples of police making kind gestures. For example one young woman said:

I've had a police officer also take me to her mother's house and let me have dinner with them on my birthday (young person 15, F, 18 years, Victoria).

Another spoke about how he 'looked up to' one police officer who worked in his locality (young person 11, M, 16 years, New South Wales). These experiences provided a salient counterpoint to negative experiences for young people and led them to conclude that (as one young woman expressed) 'there are some good ones [police]' (young person 15, F, 18 years, Victoria).

Challenges identified by AOD professionals

The AOD professionals often presented views that reflected understandings of both the difficult role of the police, and the disadvantage and marginalisation of their clients. They identified concerns about consistency of policing and the impact that police decisions have on young people. They also reflected on their own relationships with police and the potential for more collaborative relationships.

Consistency of practice

In terms of referrals, some AOD professionals felt that many police decisions which had a profound and lasting impact on their clients were highly discretionary and based on the individual's knowledge, understanding and moral framework:

I think the concern amongst, I guess, the community sector—and some police too really—is that it's applied very inconsistently. So it's up to that individual officer whether they've got that developmental

understanding of the 11 year olds. Some of them might just say, 'look, the little bugger, I'm going to give them the works and this isn't a caution. This is like I'm going to charge them and they're going to go to court'. So there's no real framework around diversion in Victoria. There's no real kind of continuum of like here's what should happen to a first time offender and here's what should happen to a multiple offender who has higher needs and more complex needs. So there's no rationale or framework to guide police around what's an appropriate referral, or minimum anyway (AOD professional 10, manager, non-residential service, Victoria).

It's probably more an intuition rather than a clear assessment where they probably go, hang on, the way I'm interacting with these young people I'm getting a sense that I reckon I'm going to see them again. They're giving me a bit of lip, they're kind of—or they're particularly disengaged or they're particularly angry or disconnected, they're kind of pretty good at sort of sussing out, okay, yeah, this one is a live one. I reckon we are going to see them again (AOD professional 10, manager, non-residential service, Victoria).

While the exact circumstances of these events or the diversion options available to police are unknown, some AOD professionals argued that there was the lack of consistency in the way that young people were treated by police. The central tension identified was that police are not necessarily 'youth specialists', but that they regularly find themselves in situations where their decisions crucially affect young people's wellbeing.

Collaboration between AOD professionals and police

This study found an apparent lack of collaboration between police and AOD professionals in both states. While the e-referral system in Victoria made the process of making referrals easier, it seemed that there were ongoing communication barriers between AOD professionals and police. Some of this is a manifestation of their different roles. One AOD professional said:

I understand that the police have to have a different view on things than we do. I mean they've got a job to do and if someone's broken the law they've broken the law. It's a much more, I suppose, black and white kind of job than what we have here (AOD professional 2, manager, residential service, New South Wales).

The biggest concern of AOD professionals was that police sometimes over-stepped the boundaries of their role and judged young people unfairly or made inconsistent decisions.

It was clear that trust in police by AOD professionals to 'do the right thing' by their clients was tenuous. Further, AOD professionals were not confident that police would refer clients to them. The section on Effective approaches with vulnerable young people discusses the issue of collaboration between AOD professionals and police in more detail.

Conclusion

While this section has focused on attitudinal barriers and relationships between police and young people, many AOD and police professionals highlighted areas where the system could work more effectively to support young people. The section on Systematic issues and barriers discusses systemic issues.

Key points

- The data suggests that the difficult role of police can lead to cynicism about young people's prospects for change, and less lenient approaches when processing reoffending young people. Frontline police interviewed in this study argued that it was outside the scope of their role to provide social services or a specialist service to young people.

- Police have discretion in some areas such as when to approach young people, whether to charge them where matters are minor or in other specific circumstances, and whether to refer them to external agencies. They unanimously supported keeping ‘children’ out of the justice system. Police also spoke about making decisions based on assessment of characteristics of young people including the ‘prospects’ of the young person to change their behaviour, and their overall conduct and attitude, for example if they were remorseful or behaved aggressively.
- Police supported giving more lenient options (such as cautioning) to young people who were first-time offenders. They reported being frustrated by the reoffending of young people and the perceived lack of ‘meaningful’ (or effective) options available for recidivist individuals that could direct them away from offending lifestyles.
- The poor dynamic between vulnerable young people and police is a potential barrier to both diversion and referral of young people. Data suggests that some police believe that young people do not ‘want their help’.
- Young people in the study also emphasised that they do not trust police. The AOD professionals affirmed that their clients typically had a deep mistrust of adults generally, and particularly those in positions of authority.
- The young people spoke about many incidents of perceived mistreatment by police. Police asserted that such incidents were rare but nevertheless damaging to their reputation. Young people in Victoria emphasised that incidents were most commonly related to public transport staff (eg Protective Service Officers).
- Young people also demonstrated that they also have a strong sense of justice. They reflected on what they believed to be fair and appeared to judge themselves by the same criteria, thereby often making harsh assessments of themselves. They were particularly enraged when they perceived that police misused their power.
- The data suggest that the negative dynamic between young people and police aggravates young people’s involvement in the justice system. Perceptions of being over-policed and targeted appear to fuel dislike of police and an ‘us-versus-them’ dynamic that tends to incite rebellious acts and violent outbursts.
- Some AOD professionals were concerned that police made decisions that had a profound and lasting impact on their clients but usually had no youth specialist knowledge or knowledge of the clients’ backgrounds.
- The AOD professionals were also concerned about the consistency of police practice.

Systemic issues

This section draws primarily on interviews with police and AOD professional participants. It discusses system-level challenges affecting referrals, diversion and the coordination of responses to young offenders.

It explores issues associated with policing vulnerable young people. It also discusses the challenges of the policing role, focussing particularly on the impact that time-constraints and the nature of inner-city policing has on the likelihood of vulnerable young people receiving referrals to appropriate services.

This section looks at issues raised by interviewees regarding processing and coordination, as well as the availability and appropriateness of services in the system. It considers the level of collaboration between AOD professionals and police and how these issues affect vulnerable young people.

Policing young people: Systemic factors

Systemic factors made it difficult for police to divert young people from the justice system and to refer them to appropriate services. They included constraints of inner-city policing and their access to information about young people's needs and the service system.

Constraints of inner-city policing

Police interviewees spoke of the unique challenges associated with working in the inner city, particularly in relation to processing young people with complex needs. Responses from New South Wales and Victoria police interviewees were remarkably similar. Many emphasised the high volume and transient nature of vulnerable young people as a barrier to building constructive relationships with them:

It's a very transient population that come in. You might see a young person in particular once and they might do something really extreme or that's why they come to your attention and then you may never see them again. It's upwards of 80 percent that come into the city and commit offences but live in the outer suburbs (police employee 4, youth specialist, mid, Victoria).

They're not in our—we can't build a relationship with them...You might never see them again...and if you do see them then it's one o'clock in the morning and they're up to no good because they've caught the train and the bus in and there's no trains to get home so they're hanging around all night. That's the problem we have here (police employee 21, frontline, senior, New South Wales).

Interviewees compared the inner-city, 'high turnover' experience unfavourably with working in regional and rural areas, where police and the community are able to build longer-term relationships. This social familiarity reportedly helped police engage constructively with young people, and consolidate their knowledge of relevant local services:

I mean there are different—yeah, like certainly with kids, Aboriginal kids in rural areas, you—first of all you generally know their family and you generally know their history and all that sort of stuff. So you have a more personal relationship with the kids. They know your name, they know where you live, they know that you're going to give them a ticking off sort of thing. So your whole approach is more, I don't know if personal's the word, but certainly you know them, whereas in the city, it's a bit different because you're coming across lots of kids from lots of areas (police employee 16, frontline, mid, New South Wales)

Police knowledge and awareness of programs

Police interviewees acknowledged that some understanding of adolescent development was important when working with young people. Nonetheless, participants felt that further training was unnecessary because they did not see the provision of social services to young people as a substantive part of their role. Moreover, they believed that this was something best learned ‘on the job’.

Interviewees were asked whether, in the police academy, sufficient emphasis was placed on youth-specific policing. One police employee argued that they would benefit from training to help them understand youth development:

I would say there could certainly be more, but I also think that—I know that the training for police new recruits, it’s obviously very extensive, very focused on the law and procedures and so forth...but having a greater understanding of those huge differences between young people and adolescents developing through to adults and I guess differentiating [is important] (police employee 4, youth specialist, mid, Victoria).

Another reflected that there was enough training overall, but that the most comprehensive modules were delivered at the ‘wrong point’:

Look they do—they get a lot of this training in the academy, it’s probably at the wrong point. It’s right at the start when they’re very green and they’re very eager to learn and they probably are very open-minded. So I think it’s probably some of that training—it’s there but it’s probably at the wrong point the training. But it’s—we do do it. I suppose a lot of the police in dealing with young people—a lot of it’s the on the job training as well (police employee 10, policy, senior, Victoria).

Understandably, youth-specific issues and practice approaches comprised a small proportion of what must be covered during police training. While police members are required to complete refresher modules each year, this may or may not cover youth issues. Overall, interviewees felt that the most meaningful education occurs on the job, learning from more experienced members or through informal conversations with youth specialist police.

One of the barriers to referring young people into appropriate services reported by police interviewees was a lack of awareness of specific programs. Though potentially beneficial in relation to other aspects of the job (mentioned in the Challenges section), high rotation of police also means that members have a limited chance to build knowledge of available services in particular areas:

Again, the police in the city are probably just as transient as the population. So to be aware of the services again is completely unrealistic (police employee 4, youth specialist, mid, Victoria).

A youth specialist police employee in Victoria spoke about how it took a long time to build knowledge of the service landscape in a local area:

Yeah, I think it took me probably 12 months to get my head around all the agencies...general policing have to have their head around everything whereas I’m just dealing with young people all the time...(police employee 6, youth specialist, mid, Victoria).

As well as having limited knowledge of specific programs, many police interviewees were unclear about when referrals should occur in relation to other processes. One inexperienced interviewee wrongly believed that diversion had to happen through the courts. This section describes how referral appears to be easier for police in Victoria which has an e-referral system.

The Youth Referral and Independent Persons Program (YRIPP) in Victoria (described in the *Research design* section) was mentioned by most Victorian police participants and was highly valued by police in this state. Police appreciated assistance provided by the program in referring young people to services. Police participants commonly noted that YRIPP staff had knowledge of services that exceeded their own.

The AOD professionals' perspectives

As noted earlier, AOD professionals were concerned about the level of impact that police decisions had on their clients. They commonly expressed the view that police were not fully informed about available programs and services. One interviewee from Victoria reported that some young people were referred to their service without understanding why:

I did get the sense that it was often a formality that police had to tick that they'd done or attempted to do. So when we would ring the young person to say, 'oh hey, I'm from a drug and alcohol service, I got your referral details from police. I understand you had an interaction with police', and they're like, 'oh yeah, they asked me to sign some form about this, but I don't actually want support'. So it felt like sometimes it was just a generic tick-box situation (AOD professional 13, staff, non-residential service, Victoria).

Another AOD professional in Victoria spoke about how some young people didn't realise that they had been referred to a service:

So a police officer might have said, 'look, I'm going to make this referral' but they won't have explained what the service is and the fact that we'll be calling them back. So it's a surprise. So they'll be getting a call out of the blue basically and they'll be like, 'oh, I don't know who you guys are and no, I didn't want a youth worker' (AOD professional 10, manager, non-residential service, Victoria).

The interviewee commented that there were cases where informed consent for referral did not appear to have been secured by police. Police having limited awareness about the nature of the service could potentially be one of the reasons that inappropriate referrals were made.

Young offenders and the service system

It has been well established that vulnerable young people require timely and well-tailored responses. The importance of early intervention is similarly supported by a growing evidence base. Nonetheless, police interviewees and AOD professionals identified several challenges to achieving this.

Differences were also identified between the New South Wales and Victorian systems that had a significant bearing on the likelihood that police referred a young person to a service.

Referrals and coordination

Police identified many challenges associated with referral and service coordination. Some of these have been touched on in previous sections. Police said they were unlikely to have time to follow up on referrals if they were unable to contact service providers immediately. This was compounded by both the timing and geographic location of the intervention:

It often is really difficult to contact people who are in that diversion role, or in that care role or the support role. It might be late at night, you're a bit concerned for their welfare, you might identify some drug or alcohol or other issues, mental health, that maybe might require a referral, but then you'd have to catch up with their parents. So if it's late at night you can't call them then and there. Next time you're on shift—yeah, it's possible but I would imagine a lot of members are finding that very difficult (police employee 4, youth specialist, mid, Victoria).

Another interviewee spoke about how following up on referrals dropped off the list of priorities once they were unable to contact a provider.

One of the difficulties was in coordinating services for young people who commit offences outside their local area. So one of our challenges in regards to our role here specifically is that not a lot of young people live in this particular [area]; they live outside, but come into Melbourne to commit the crime. So

trying to work with those who are more known or recidivist offenders in Melbourne, it's hard, because they're residing outside our patch. So it's really just trying to bring those together (police employee 5, youth specialist, senior, Victoria).

So having that consistent array of young people is very difficult to actually manage because what agency they can be involved in when they live somewhere else is a little bit difficult (police employee 6, youth specialist, mid, Victoria).

A main point of difference between the states affecting referral outcomes appeared to be the existence of an e-referral system in Victoria. All police interviewees in that state knew about the e-referral system. They reported that it was easy to use and that their managers expected them to use the system. Participants in Victoria spoke about the SupportLink system, as the change to VPeR had not occurred at the time of interviewing. Victorian police interviewees were positive about the system. Within the e-referral system, clients were centrally triaged and police were not required to specify a particular service, only the broad nature of the issue; police were not required to follow-up and were sent a follow-up email once their request had been processed.

In New South Wales, by comparison, referrals reportedly occurred by phone or email directly to the service. This appeared to be a major barrier to referral, particularly because officers did not necessarily know about the young person's needs, which services to contact, and did not have time to follow up on the matter if they could not make contact with the service quickly.

Nevertheless, while the e-referral system was widely supported by Victorian police participants, some AOD professionals were unable to recall a time that they had received a referral from police:

We've attempted; we've gone to the police for referrals but I don't recall ever getting a referral from a police officer (AOD professional 5, manager, residential service, Victoria).

I don't have any referral. I don't have any phone calls from police. Usually, we call them. Not often, we've had to call the local police station, and they've been great. They're always good...I have never had a referral from the police. [Interviewer: Is there an avenue that they can do that through?] I think there may be. But I'm not aware of it. I think there is, I just can't remember what it is, because I don't have a lot to do [with them] (AOD professional 14, staff, residential service, Victoria).

Others spoke about how referrals for young people who offend tended to come from courts:

Yeah most of the, like the drug diversion comes either through the courts of Juvenile Justice, not through the police (AOD professional 1, manager, residential service, New South Wales).

On the other hand, an early intervention service, the Youth Support Service/YSS reported that they were heavily reliant on police referring through the e-referral system and that this system worked well.

Parental consent is needed to refer young people (under 18 year old) into programs in both states. Some AOD professionals argued that potential referrals did not occur because parental consent could not be obtained, particularly in non-English speaking and Aboriginal communities. Gaining consent from these individuals may require more work for police officers due to language barriers and other cultural considerations.

In summary, there seems to be a contradiction in the data: AOD professionals in both states generally reported that they received very few referrals—despite police participants indicating that they regularly made them. An exception here is the YSS in Victoria, which received referrals solely through police. It is possible that this finding could be a product of the services where interviewees were sourced. Furthermore, although AOD professionals said they wanted improved collaboration, this may not be what police consider to be their 'core' or 'appropriate' business.

Service appropriateness and availability

Interviewees reported that it was very difficult to coordinate the care of complex young people, and that the 'system' did not always cater to their needs. Police interviewees identified that the main gap in the system was availability of crisis services. They were frustrated when incarceration became the only option for young people with complex needs who were in crisis:

But there's really nowhere for young people. I've heard some of these kids I'm thinking of, they actually would—no, when they go to jail they say, 'no, jail's fine'. They're happy to go to jail because they get fed...They've got a roof over their head. They know what to do. They learn the ropes (police employee 15, youth specialist, senior, New South Wales).

So I can understand why they go through the revolving door back into jail. I had a guy turn up at the counter here once and he said to me, there's no refuges—it was three o'clock in the morning—there's no refuges open, 'it's freezing outside, I might just go and breach my AVO just so I can go back into jail to get a roof over my head'. I thought, oh you can't do that. Somebody had to ring around and find someone with some emergency accommodation and whatever. But people reach that stage. Okay, it's very different for someone in their 30s or 40s but for a kid who's 16, 17, 18 who's at that stage...(police employee 25, youth specialist, mid, New South Wales).

Police interviewees noted how young people became particularly street-present when the system failed them. One interviewee in New South Wales stated that it then falls to the police to 'supervise' them:

It's not for us to take—be supervising children on the street—but we have to because their parents aren't (AOD professional 16, frontline, mid, New South Wales).

The AOD professionals acknowledged similar challenges. An AOD professional in Victoria suggested that it would be ideal if late-night services were funded to accommodate young people in crisis and/or who were substance-affected:

I also think that if we had a program that was open until two or three in the morning, if the police pick up young people that are intoxicated they can actually drop them to us, not to the cells for them to sober up. But we could monitor their intoxication and get them home safely...I think that would—to be honest with you, a program like that I think would cost less than what it costs the taxpayer to have the cells for, you know (AOD professional 12, manager, non-residential service, Victoria).

Both AOD professionals and young people raised the lack of adequate and available housing. This fits with survey data examined in the section on Characteristics where housing problems emerged as a common issue for young people who use AOD. One young person who had recently been released from a juvenile detention centre in Victoria had particular insight into the justice system—while another client interviewee described living with drug-using peers when leaving AOD treatment services:

When I was at [juvenile detention centre] they have like these houses...you're only supposed to get them for six months when you get out and then you can leave...But because of the VCAL laws you can stay there for as long as you want as long as you're participating in the program and because of that no-one gets housing and you're stuck locked up. Some people are homeless and you're stuck locked up (young person 22, M, 20 years, Victoria).

I went to detox in March and went sober for three months after that but immediately after detox I went and lived in a house with really full-on users, like needles and...I met them at the day program. They were really full-on users. I was just renting a room off them, I wasn't using at all whilst I was in there, I was just going to the gym and doing really good. But then I couldn't deal with it anymore, waking up every morning to them doing what they were doing (young person 20, M, 18 years, Victoria).

The AOD professionals reported that many young people who left treatment fell back into similar lifestyles without appropriate ongoing support or aftercare:

[Aftercare is] unbelievably so important. It's great the work we do here...but the end is just even more important. Where to after this? This [service] is like a soft landing, then all of a sudden you're back out there and—it's like going overseas for six months. Then you come back and not much has changed here, everything's the same. There is the same—you know, the garden looks the same, the people are the same. You've had all these amazing experiences. Then you go back home, or you get back out there and boom (AOD professional 1, manager, residential service, New South Wales).

It appears that aftercare positions are sometimes considered as an 'add-on' rather than a fundamental component of treatment. Two managers of residential services (one from each state) commented that their service's aftercare worker had been defunded recently.

System delays

Interviewees frequently raised the issue of system delays. Police and AOD professionals believed that court appearances should occur more quickly after the time of offence. As one youth specialist officer explained:

So police members or Legal Aid will come and speak to us but as I said, that can be six to 12 months down the track afterwards (police employee 6, youth specialist, mid, Victoria).

Many interviewees spoke about how young people did not connect their actions with the eventual consequence if the process took too long:

I think once you start to get multiple kind of court dates and multiple adjournments that's when young people start to lose the connection between their offending and their issues and the consequences for them...Because it's just—it's that they have actually changed so much between the ages of 14 and 15 and you might have multiple adjournments and not get heard for a year. That can happen. Yeah, you're a different person from a young person. They developmentally have changed so much (AOD professional 10, manager, non-residential service, Victoria).

Police and AOD professionals both suggested that when legal matters take a long time to resolve, it affected young people's motivation to make positive changes:

I find the other thing is that they might have moved on. They might have done all the right things and gone, oh, I've stuffed up. I'll never do it again. They've got themselves a job. They're working hard, blah blah blah. So they've done everything right and, all of a sudden, they have to go to court...and psychologically it, I think, can drag them back down (police employee 7, frontline, senior, Victoria).

Both the AOD professionals and police were frustrated when young offenders did not receive support from services before going to court. They believed that referring young people quickly meant that services could help to prevent further offences and potentially also address underlying issues. One police interviewee spoke about the impact of delays from a legal perspective:

If you have some kind of action and detain them today we should be able to have someone talking to them today and start that ball rolling but there seems to be a delay. As soon as you put a delay, nine times out of 10 they reoffend in that period (police employee 21, frontline, senior, New South Wales).

Police interviewees also noted that successive charges that a young person accrued were heard simultaneously in court. This meant that young people who waited a long time for their matter to come to court had often built up numerous charges:

...if they're heading that way and I think that's probably why the frustrations with young people for me is when they're involved in some crimes and they continue—it will be adjourned and adjourned and adjourned because they'll hear them all together, they'll wait for the next brief and the next—so it could be—I had one that was adjourned for like 18 months, it kept getting adjourned (police employee 6, youth specialist, mid, Victoria).

The AOD professionals were also similarly frustrated by delays in the system and were concerned about the effect that it had on their clients' wellbeing. Like police, they mentioned how offending could escalate quickly among some young people. Referring to continuation of offending, one interviewee stated that quick referral maximised the opportunity to work with the young person to 'nip it in the bud' (staff 7, residential AOD service, Victoria).

The AOD professionals were also concerned that police systems were often slow and inefficient. They argued that this had consequences for clients who reportedly sometimes believed that matters had been forgotten, when it was simply the case that the system had not been updated:

So then the young person will literally turn around and say, well I got busted and they didn't bring up that warrant, so it mustn't exist...(AOD professional 13, staff, non-residential service, Victoria).

Complexities of the system

The AOD professionals spoke about how system complexities made the job of helping young people and guiding them through the situation particularly difficult:

You can talk to my client and they go, 'I've got no idea what I'm at court for today. I have no idea', because they've got so many charges and they're all being heard at different times with different severities of potential outcomes. They will say, 'I have no idea why I'm here'. So as a worker, that's quite difficult because what are you meant to be trying to talk to them about and how do you try and discourage further offending behaviour when you don't know what the offence is in the first place (AOD professional 13, staff, non-residential service, Victoria).

Some of the young interviewees appeared to have multiple and overlapping charges, adjourned cases and court dates. Another was implicated in both child and adult court systems simultaneously. Some police interviewees also spoke about how the legal system is jargonistic, complicated, and difficult for young people to navigate.

Interviewees also commented that changes in the system created confusion. One interviewee spoke about the change in the referral system in Victoria from SupportLink to VPeR:

We didn't get much information about it. We just got an email saying as of this date, SupportLink will disappear...Yeah, and I can't keep up with that stuff (AOD professional 13, staff, non-residential service, Victoria).

Neither police nor AOD professionals were able to speak about the implications of this change, as it had been too recent.

In New South Wales, AOD professionals noted a move towards denying applications for bail, which they could not explain:

We've noticed a shift this year in young people not being released. So in the past, generally if the crimes were really serious they might not get released but generally they come here, they do their assessment... More and more this year we're seeing people not get bail and they're getting sentenced so I don't know if...It doesn't happen all the time but it's probably increasing this year definitely. I'm not 100 percent sure why...(AOD professional 2, manager, residential service, New South Wales).

The most significant implication of the complexities and changes within the system was that AOD professionals were hampered in their ability to be as effective advocates as possible for their clients because they did not fully understand the options available to them. The AOD professionals noted that significant changes, such as the end of Youth Drug Courts program in New South Wales, had had a detrimental impact on clients.

Conclusion

This section has considered structural factors that impact on young people's pathways through the system. These included gaps in the system, potential barriers to referring young people, and process issues that were identified by interviewees. The next section focuses on effective approaches with vulnerable young people.

Key points

- Police discussed how working in the inner city presents specific challenges. It was commonly reported that the high turnover of both police and young people is a barrier to establishing rapport with vulnerable young people in the area. Police interviewees noted that they have limited time to spend with young offenders or to assist with referrals.
- With the exception of youth specialist officers, police knowledge and understanding of youth-specific services and the nature of AOD use and treatment, was limited.
- An important contradiction was identified. Police expressed the view that they best learn youth approaches 'on the job' and that it was not their role to provide a specialised service to vulnerable young people. Police reported a general reluctance among their colleagues to attend specialist youth training.
- On the other hand, AOD professionals noted that police made decisions that had a dramatic effect on their clients. They were concerned about considerable inconsistency in practice approaches. They believed that police would benefit from additional training in working with young people; an improved understanding of the issues they faced; and importantly, improved understanding of the services and links with services that could offer support.
- Police interviewees identified that the main gaps in the system were for crisis services and appropriate housing options. They were frustrated that incarceration was too often the only option for young people with complex needs. The AOD professionals commented that clients needed access to all-night services that could accommodate young people in crisis or who were substance-affected.
- Police and AOD professionals identified delays in many areas of the system, which had many implications including:
 - Delays of many months between police contact and court dates impacted (psychologically and practically) on young people who genuinely attempted to make positive changes (eg gaining employment).
 - Delays in legal processing often meant that young people did not connect their actions with consequences or wrongly believed that the matters had been forgotten.
 - Offending could escalate while young people were waiting for court. Magistrates often linked young people to services but it was reported that young people needed services sooner to help prevent offending from escalating.
 - The AOD professionals spoke often about the complexities of the system and about the implications for their young clients. System complexities made guiding young people very difficult. Some police interviewees also spoke critically about the jargonistic and complicated legal system, noting the challenges it presented for young people to navigate.

Effective approaches

Participants in the three interview groups suggested that interactions between vulnerable young people and police have a real impact on their progression through the system. This section discusses some key elements of effective approaches of police work with vulnerable young people identified by police, AOD professionals and client interviewees. Police and AOD professional interviewees believed that some approaches could have a positive impact on young people by improving links to services, and lessening their involvement in the justice system. These approaches may also improve police job satisfaction and wellbeing.

Policing strategies with vulnerable young people

As shown earlier, the interview data collected for this study indicates that a negative relationship exists between vulnerable young people and police and that this may result in adversarial encounters between them. The data highlights that such negative encounters mar the reputation of police among young people (as well as with AOD professionals); increase young people's involvement in the justice system; and appear to decrease the likelihood that police will refer them to support. The AOD professionals emphasised the need for consistency among police in their approach to young people. The data suggest that the following approaches are particularly important in effective police work with vulnerable young people:

- good communication skills particularly being calm and polite in dealing with aggression and reactions to authority;
- respect, fairness and sense of justice;
- accounting for developmental issues and the impacts of disadvantage; and
- understanding that change takes time: 'readiness' and cycles of dependence and addiction.

These are discussed below.

Authority, aggression and the importance of communication

As outlined previously, vulnerable young people can be particularly mistrusting of authority—stemming from a lifetime of intervention from institutions like child protection and police. Also discussed was a purported 'us-versus-them' mentality between young people and police—one that perpetuates mistrust and 'hatred' of the police. The AOD professional and police participants both noted the pitfalls of police appearing unnecessarily 'authoritarian'—that harsh or angry approaches from police were likely to prompt reciprocal aggression from young people. Conversely, being calm and polite was more likely to elicit a positive response.

Just from what I've seen when—we've had police come down and they just stand there and they just stand there with their arms crossed...That perpetuates that idea that they're against us and all that kind of stuff, for the young people. The police really have to try and think about their physical presence. They need to be—what's the word? When you can engage with someone openly...(AOD professional 8, staff, non-residential service, New South Wales).

Some police interviewees also described how approaching young people with an authoritarian style is unhelpful, and how aggression from police promotes aggression from young people. In contrast, being pleasant is more likely to solicit a positive response:

You certainly can't back off if somebody's being incredibly rude to you or disrespectful to you. You have to take a stand. But there's ways and means of doing that. I think with kids, I've seen a lot of great big young policeman standing over these little 12 year olds, it's like, well you know, what's the sense in that? You get more respect from a kid if you're stern but fair, I think (police employee 19, frontline, junior, New South Wales).

Yeah. You earn respect both ways...first impressions count for people. That's with criminals, victims, witnesses, everyone. I like to think how—you let that person dictate how they want to be treated. What I meant by that is I give them the opportunity to dictate the tone of the involvement or the response. So I generally don't go in heavy-handed. You go in with pleasantries for want of a better term, and let them dictate—my experience is if you go in aggressive, they come back more aggressive. If you start at a level where everything's calm, treat them with respect generally, you get respect back. It's a rare occasion—it happens, but there's rare occasions that people go on the attack [unclear] (police employee, 14, frontline, senior, New South Wales).

AOD professionals also suggested that avoiding rigid ('black and white') thinking and practising positive communication with young people is important. The interviewee quoted here emphasised using discretion and strategies for avoiding fining young people for minor incidents:

...but it really wouldn't take much for a cop to walk in there and go 'hey guys, you know you're not supposed to be here. I really don't want to have to do anything. I'm going to turn around, 10 minutes I want this all to be gone please' (AOD professional 7, staff, non-residential service, New South Wales).

The AOD professionals spoke about the need to approach problems in flexible and creative ways regarding the presence of young people in public spaces, for example giving young people chances, and taking the least interventionist approach possible. Police interviewees mentioned that showing their human side was important to break down barriers. Several interviewees reported trying to do this by being considerate of the young person:

With people who are using—just for a minor drug possession charge, generally cautions and things where you can sit down and chat about it, is an effective thing. They see the cops as the big bad enemy but when you come across as, 'hey I really want to look out for your health and future—you know, you've got a future in front of you'—that seems to work. I don't wield the big stick or anything like that; kids just rebel. You're just another adult (police employee 25, youth specialist, mid, New South Wales).

Yeah, mainly through them knowing me. I'll get out there and talk to them. I'll go up to them. I'll say, 'mate, what's going on? I'm not here to give you grief, but if you're doing the wrong thing, you know I'm going to come down on you'. I give them every opportunity to—they know where I stand. I give them a bit of myself in it. I think that works sometimes. But they do play the game a lot, because they think, oh, they're getting away with it, because this copper isn't going to catch me...(police employee 7, frontline, senior, Victoria).

I've seen with young members as well, and it's only because they're young members, that you might get a kid or someone will come up just to try and gauge you and have a bit of laugh with you and they're sort of oh, I've got to be policeman sort of thing. Instead of just actually being a bit human about it and having a joke with them and laugh—you're allowed to laugh in this job funnily enough and you're allowed to look as though you're having a bit of fun (police employee 13, frontline, mid, Victoria).

Some AOD professionals and police argued that respectful approaches with young people might also make police work easier as they may prevent situations escalating into aggression or violence.

Respect, fairness and sense of justice

All law enforcement jurisdictions rate fair, consistent and respectful policing as a priority in policing conduct. Nevertheless, both AOD professionals and police participants commonly raised this key principle reporting that young people responded more positively when they felt that policing was fair. This is consistent with findings in the section on *Challenges* where it was noted that young people insisted that they should be treated fairly (underpinned by their belief that they sometimes were not). Some AOD professionals pointed out that police could capitalise on this by appealing to this sense of fairness in their dealings with young offenders:

I think that sort of positive engagement where policing is fair and reasonable and respectful ...Where police do that—and there are lots of police that do that—it's a fantastic positive for this community and for the community generally and for these young people in particular (AOD professional 11, manager, non-residential service, Victoria).

A lot of the kids around here, they don't have any respect for police anyway, but they do have a sense of fairness, I think. So I just think that's the best way to deal with them (police employee 16, frontline, mid, New South Wales).

There's very few young people we've met that aren't aware when they're doing something wrong and aren't aware when they're being held to account unfairly. I think that's actually a strength police could work with (AOD professional 11, manager, non-residential service, Victoria).

Accounting for developmental issues and the impacts of disadvantage

The AOD professionals believed that 'developmental characteristics' and vulnerabilities of young people were not necessarily understood by all police—or accounted for in their decision-making. Some of their clients had a tendency to act impulsively and did not always fully consider the consequences of their actions.

One interviewee said explanations of the link between cause and consequence should be provided to young people when they were calm—particularly if the interaction was difficult:

Because they're young, like if you've got to go hands on with someone—they might have run off and you've tackled them to the ground and handcuffed them and it might have been a very dynamic situation. When you get back to the station and everything is cool explain to him why you've done it. 'Mate, you've run off on me. I didn't know whether you—you might have had a weapon you. That's why we go hard because we don't do things softly, softly and if I've got that fear that you might have something on you I want to make sure that I'm going to be safe and you're going to be safe...'. Nine times out of 10 young people will go, 'oh, yeah you know, yeah, I understand that now'. You go 'mate it's nothing personal. I just want to go home and I want to make sure that I don't have to do paperwork for you getting hurt as well' (police employee 13, frontline, mid, Victoria).

Some police interviewees spoke about the particular importance of maintaining a calm communication style when approaching groups of young people:

The youth, they tend to hang around in big groups. So they have this camaraderie where they like to show off in front of each other, especially if they're under the influence of drugs or alcohol. It makes it really difficult to talk to them and explain what's going on, and why things are happening. That's one of the main issues with the youth in the area that we deal with, is just trying to speak to them and—like normal people, without them thinking 'no, no, you guys are always harassing us' (police employee 19, frontline, junior, New South Wales).

Some police participants acknowledged that young people could over-react or become abusive when they saw their uniform. Some reported that they chose to avert this scenario by avoiding approaching groups of young people unless they felt that it was necessary (noting that they must balance broader concerns including law enforcement duties and the safety of the community). Nevertheless, young people consistently reported feeling 'harassed' or 'targeted' by police, particularly when they were in public spaces with groups of friends. Police encounters frequently resulted in charges being laid, further compounding the often-antagonistic relationship that existed between young people and police. It would seem sensible to continue to work towards finding ways, wherever possible, of circumventing this current impasse.

Understanding that change takes time

One previously identified barrier to referral is the view held by some police that young people do not want to change. The AOD professionals and young people concurred that there are times when young people are not ready to make changes or (for personal, emotional, circumstantial and other reasons) not able to make the most of opportunities that are given to them.

While AOD professionals implied that, eventually, most of their clients want to change, they nonetheless acknowledged that it was very difficult to 'force' change on anyone, including young people:

Look, one of the big ones [challenges]—the obvious ones are lack of engagement. They're coming to us via the criminal justice system or via police, so they're not necessarily wanting—they wouldn't normally be accessing a drug and alcohol service on their own. [They have] other motivating factors other than really wanting to be there themselves; but that's okay. We work with that. Sometimes that changes, and sometimes it doesn't (AOD professional 9, manager, non-residential service, Victoria).

This approach runs counter to the views espoused by some police that young people should be 'mandated' to attend programs.

Another related barrier to referring young people into treatment is the view held by some police that treatment is unlikely to be effective. The AOD professionals were frustrated about expectations from police that treatment was only successful if their clients quickly became drug free:

[Police might say] 'But you've been working with the kid for the three months, how come they're still using drugs?' I think there's a lot of...ignorance about what addiction cycles and dependencies...There are some that do but on the ground they have no idea. They are basically driven by crime statistics and by prosecution rates (AOD professional 11, manager, non-residential service, Victoria).

It was apparent to this AOD professional that some police may have limited understanding about cycles of dependence, addiction and recovery, see, for example, Prochaska and DiClemente's 'stages of change' (1986). Most police interviewees concurred that this was not an area where they had specialist knowledge. The AOD professionals emphasised that it was common for people who are trying to reduce or stop problematic substance use to need many attempts before they are successful (and sometimes they may not regard success as abstinence from all substance use). As one AOD professional described, part of their job is to improve motivation among their clients.

The AOD professionals are trained to re-engage young people even when they have relapsed. Another AOD professional highlighted that they were one service among many that the client may need, and that simply engaging with a service was an achievement for many:

...because I think at the end of the day what we do here, we sort of say it's a stepping stone. It's kind of like a process in amongst a bigger process...I think with this particular program there's no particular goals that determine success. The success is that they're engaging in this program and that they're making at least one step forward when they leave. That is the success. In the hope that other support services out there that we can link them up with or that they get linked up with can continue that process and hopefully get the holistic and care and eventually reaching where they want to be (AOD professional 6, staff, residential service, New South Wales).

Many AOD professionals regarded change for young people as incremental in nature or as 'stepping stones'. This was substantially different from police who were frequently frustrated by recidivist young people who did not appear to change.

The AOD professionals noted the damage of 'giving up' on young people. They emphasised that persistence was critical. Greater engagement with AOD professionals and an improved understanding of the AOD field could help police to feel less pessimistic about young people's motivation and capacity to change.

Strategies leading to improved policing practice

This study suggests that while there are many challenges to improving relationships between young people and police, and removing barriers that prevent young people from accessing support, there are some opportunities to enhance existing processes and structures. The following discusses how continued cultural change is important, and also the role of youth specialist police.

Leadership and the role of youth specialist police

While there were numerous examples of good policing, some police interviewees, along with AOD professionals, felt that consistency in practice could be improved. As mentioned earlier, police interviewees discussed how most of the learning about how to work with young people occurred ‘on the job’. They had mixed views on the usefulness of formal training for police.

The AOD professionals were particularly supportive of police receiving formal training, but police interviewees had misgivings—citing the lack of interest of some officers, and time constraints. Further, many police did not view youth specialist policing as a ‘part of the job’. Referring to the generally poor dynamic between vulnerable young people and police, one police interviewee said: ‘It’s not in our job description to break down the barriers’ (police employee 8, youth specialist, senior, Victoria).

Many police interviewees mentioned strong leadership and role modelling by more experienced police as being critical to ensuring continued positive cultural change. One police interviewee explained:

If your senior man does it right you’d hope that the junior member goes ‘yeah, I like the way he’s done that, I’ll take that on board’. Fortunately where I’ve come from we’ve seen that. Like the juniors will watch what’s going on and then you’ll a few months later watch how they approach people and they’ve taken things like that on board. So I think it’s an experience thing really. I mean you can tell someone to do something and they’ll do the complete opposite whether they’re on the job or not on the job (police employee 13, frontline, mid, Victoria).

Other participants reported similarly that police were likely to be more receptive to advice delivered informally within the workplace rather than formal training. As one youth specialist interviewee noted:

Yeah, like the police. They might say ‘oh can you come to a training day?’. So we come along and they’re not really listening. Our most effective internal work is, well (a) informing management, which we do regularly but (b) it’s just having a cup of coffee with the troops and just sitting down stairs and having lunch with them. What are you up to? Oh yeah, because they’ll talk about the little shits. I’ll say ‘yeah, well this is what his mum’s like, that’s what his dad’s like and that’s what happens in his life’...(police employee 8, youth specialist, senior, Victoria).

This interviewee also questioned the adequacy of relying on ‘learning on the job’ in relation to improving consistency of policing style.

Youth specialist officers were understood as having a key role in supporting police with vulnerable young people. These officers spoke about their role in guiding police members on good practice:

So we’re instructing them—in a lot of ways we—and the police—we’re trying to ask the police to have a little bit more restraint than normal—like to sit with that uncomfortable emotion for a while. We’re not formally training—it’s only in conversations that we have with management and with young people and with young police. We’re also speaking with those young people who we know personally to say that it’s not an effective strategy to become really emotive at that time if you can try to. There’s a lot of really intelligent young cops coming up and we’re saying that we’re trying to change these communities (police employee 8, youth specialist, senior, Victoria).

The AOD professional interviewees in both states had high regard for youth specialist officers in their areas. In the following quote, the YLO is a Youth Liaison Officer, the title given to the specialist youth police officers in New South Wales. The YRO is a Youth Resource Officer, the title given to specialist youth police officers in Victoria.

But the YLOs, the Youth Liaison Officers, are usually really good. We've had a few over the years who have worked out of various stations around [unclear] and they visit all the PCYCs. But they tend to be pretty good (AOD professional 2, manager, residential service, New South Wales).

The YROs that I've worked with are really passionate about young people and young people's safety. They kind of get the work and the role of youth workers where I think other members [police officers] may not see the purpose of youth workers and not fully understand the role of a youth worker (AOD professional 12, manager, non-residential service, Victoria).

They appear to be more of an advocate role...they'll often be a little bit more invested, which means really trying to follow through why the offending's potentially happened, or what's going on at home for them, rather than, okay you've offended, we've got to punish you. It doesn't have that feel. It feels more that they're acting as a liaison between Vic Pol, the client, the family. One of them in [suburb] does a lot of work with the Sudanese...(AOD professional 13, staff, non-residential service, Victoria).

While the role of youth specialist officers was particularly highly valued—by police and AOD professionals alike—one risk identified by interviewees is that young people could then see these officers as being 'different' to other police, thus maintaining a generally negative and mistrusting view of police. Youth specialist interviewees acknowledged that it was important to have a range of 'faces' involved in pro-active initiatives (such as programs run by youth specialist police). A youth specialist officer (Victoria) spoke about this in the context of a Victorian Early Intervention Program:

We're trying to introduce as many police over the time of that involvement in that program to put a few different faces to it. So they don't think 'he's fine' [while other police are not] (police employee 4, youth specialist, mid, Victoria).

This approach is concordant with the finding that consistency in policing is very important. An AOD professional commented on a similar issue:

I think there's a strong argument, YROs should not be seen as a replacement for community engagement, they don't do all that work...In fact, I think YROs should be a catalyst for other people getting involved. I mean unfortunately some YROs operate almost independently of the police force and so become marginalised in that role. So they actually lose any ability to impact or influence their colleagues in terms of developing a sense of understanding of circumstances of these young people (AOD professional 10, manager, non-residential service, Victoria).

Youth specialist interviewees and AOD professionals identified that youth specialists should work to build capacity among police more generally, to work in appropriate ways with young people.

Recognising the benefits of good practice

As suggested above, one of the challenges identified by police interviewees was police cynicism about the benefits of being lenient with re-offenders and offering assistance. Given the complexity and limitations of police work and the frustration that police have with recidivist young people, interviewees felt that strategies that made police work easier would be more readily accepted by police than those that prioritised the welfare of young offenders:

I suppose we'll always try and get the police members to understand that you've got your police process and that's fine, that's what you have to do and you can tick your boxes. But it's almost about trying to get the young person to—you've got to get a relationship with them because that actually might benefit

your investigation. So you can to some degree—the more positive that interaction is, the better it is for everyone (police employee 9, policy, Victoria).

As noted in the *Pathways* section, interviewees suggested that police were rarely made aware of the positive impact that they may have made on a young person's life. One AOD professional commented on this, suggesting that it may be useful to improve feedback mechanisms to police:

I think if there was a mechanism to give police some feedback that would be helpful as well. Currently there is a mechanism to do that but it's sort of anonymous. So we're online, we get the referral. We don't know who the referring officer is who's referring the young person. So [currently] we can send them a message but we actually don't know who they are. So if we were able just to give them that little bit of feedback, 'hey, that young person accepted the referral. Thanks a lot for the referral and look, let us know if they come into contact again with you and we'll add that to our assessment'. Those kind of interactions could be quite helpful and police have asked for that as well (AOD professional 10, manager, non-residential service, Victoria).

It is worth adding that gaining positive feedback may enhance job satisfaction and belief in the system. This is important given the pervasive view expressed by police that treatment often 'doesn't work' and that it was better to leave it to the courts to make decisions about young people.

The quote above also focuses on improving the relationship between AOD professionals and police.

Collaboration with youth services

Both police and AOD professionals identified disconnection between their respective roles, poor communication, and the lack of opportunities to collaborate. Nonetheless, some AOD professionals saw opportunities for improvement:

I would really like to build close relationships with the local police officers rather than it having to come from courts. It would be so good to be able to divert them to us before it got any further and give them a chance because once their name is on the books, they have to worry then about going to court and it's so much extra added stress on them and who knows what's going to happen in the meantime. Whereas if they came straight to us, they have a chance (AOD professional 5, manager, residential service, New South Wales).

Other AOD professionals highlighted the overlap in their respective roles, suggesting that AOD workers could benefit from a greater understanding and perspective of police work. The AOD professionals acknowledged that it was also their responsibility to try to establish more collaborative relationships:

I think it would be good for us to get the perspective of the police, because a lot of them they join the police force for the same reasons why I became a youth worker...But if we could get a bit more of a perspective of what it's like to be a police person out on the street and you know being intimidated by groups of young people that are substance affected (AOD professional 12, manager, non-residential service, Victoria).

I think it would be great to be doing much more with the police...introduce ourselves and just talk about what we do and develop a bit of a relationship with the local police station so that if any issues—they have an understanding of what we do? If any issues come up perhaps there's a way that they can refer young people our way, informally rather than through the SupportLink, or seeking a consult or even talking about future camps or whatever; just having that relationship. That would be great...(AOD professional 9, manager, non-residential service, Victoria).

Reflecting on their clients' situations, AOD professionals frequently spoke about how they wished that they were brought in earlier to engage and work with them before young people's difficulties and offending escalated.

All AOD professionals and police identified localities in Melbourne and Sydney where groups of young people are known to gather. These locations attract disproportionate police attention and sometimes are places

where violence escalates. The AOD professionals spoke of these 'hot spots' as places where police could initiate alternative approaches: forming relationships with youth outreach workers in the area who could then mediate; building and maintaining partnerships with local youth services, and so forth.

The AOD professionals emphasised a focus on improving collegiality. However, the pragmatic matter of managing workloads for both AOD professionals and police remains a significant obstacle, irrespective of the level of interest in working together more closely.

One AOD professional identified that some police units in their area have been unwilling to accept offers for training from AOD workers:

The community sector has got to be more open to helping the police in what they do. It's got to be a whole of community approach just to quote a cliché...I think the community sector has got to step up to the plate and say, 'Look, we want to help you with this, how can we help you? This is what we can do.' I've offered to do community drug education for free for local police for a decade in [area] and no one has ever taken me up. But surprisingly other stations around the state have taken me up (AOD professional 11, manager, non-residential service, Victoria).

It needs to be recognised that for some police, youth welfare is never going to be a primary interest. Engaging these officers in formal or 'on the job' training and finding viable ways for police and AOD professionals to work together more closely remain obvious challenges.

Conclusion

This section reflected on practice approaches with vulnerable young people, which have potential both to enhance outcomes for young people and also make the work of police easier. It has focused on relational aspects of working with young people. As discussed in the previous section, systemic factors also play a critical role, and the findings outlined here need to be considered within this broader framework.

Key points

- The AOD professionals and police agreed that consistency in policing approaches was important. They discussed how to improve current practice.
 - Young people have a strong sense of fairness and justice and respond better when they are treated with respect and decisions are explained to them in ways that appeal to their sense of right and wrong.
 - Young people in this group mistrust adults generally and particularly those who are in positions of authority. The initial approach by the police officer is particularly critical. Harsh or authoritarian approaches can lead to quick escalation of situations.
 - For developmental reasons, and because of their experiences of disadvantage, young people may have difficulty regulating their emotions. Reasonable, calm and humanistic approaches and good communication by police are important.
 - Young people often prefer to spend time in groups but nonetheless do not usually consider themselves as belonging to 'gangs'. Police approaching young people unnecessarily re-confirms the view that they are being harassed and targeted.
- The AOD professionals emphasised that vulnerable young people need many chances—reiterating the lasting damage of incarceration and 'giving up' on them. They emphasised that change takes time; that relapse is a well-established characteristic of attempting to give up problematic drug use; and that a critical aspect of their job is to empower and support young people as they move towards change. Thus, even where young people do not seem to be motivated to change, referral to services is worthwhile.

- Many police participants regarded continued focus on cultural change through strong leadership and role modelling by more experienced police as critical. They reported that the emphasis of the youth specialist role should be to build capacity among police to work with young people in consistently appropriate ways.
- Given the complexity and limitations of police work and the frustrations they have in working with recidivist young people, it is likely that strategies that make police work easier will be most readily accepted by police. For example, strategies that minimise the chance of being involved in violent altercations with young people may be particularly salient to police.
- Police rarely received positive feedback about their work. Providing information to them when young people have been successfully diverted to treatment after engaging with them may enhance job satisfaction and belief in the system.
- The AOD professionals saw significant opportunity for more collaborative approaches. This could be focused in 'identified' areas where young people attracted disproportionate police attention. These professionals expressed that they could also benefit from a better understanding about the work of police. Time and resourcing issues on both sides was a significant constraint to this

Conclusion

This study examines an issue with little previous research. It draws on interview data from police, AOD professionals and young people who are clients of AOD treatment services in inner Melbourne, Victoria, and Sydney, New South Wales. It also analyses two datasets from surveys with vulnerable young people. It focuses on vulnerable young people who are in police contact, to explore facilitators and barriers to their appropriate diversion from the criminal justice system and referral to therapeutic services. The findings are summarised below. One of the study's limitations is that the qualitative data are derived from a non-representative sample of interviewees—that is, it does not reflect the views or experiences of all police, AOD professionals or young people in the identified cohort. The findings, and the implications which flow from them, are also outlined in the Executive summary.

Characteristics of young 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

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 (although it was added that e-learning options were available should they choose to undertake independent learning).

Scope exists to continue to work towards improving 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 these could be practised more consistently by police. 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 was in use 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 be reliant 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 is 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.

Appendix A: Interviewees

Table A1: Clients of specialist AOD services interviewees (n=23) by age, gender and state				
Age (years)	Female	Male	New South Wales	Victoria
16	2	4	6	-
17	2	3	4	1
18	1	5	-	6
19	-	1	1	-
20	-	4	-	4
21	-	1	-	1
Subtotal	5	18	11	12

Table A2: Police interviewees (n=25) by role type, experience and state			
Role type and years of experience	New South Wales	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	
Subtotal	12	13	

Table A3: AOD professional interviewees (n=16) by role and service type and state				
Role type	Residential service	Non-residential service	New South Wales	Victoria
Manager	4	4	3	5
Staff	3	5	5	3
Subtotal	7	9	8	8

Appendix B: Key to interview sources

Police employee interviewees: (Police employee #, role type, experience level, state)

Police employee # = interview number

Role type:

- **Youth, specialist youth** = individuals employed as Youth Resource Officers/YROs in Victoria and Youth Liaison Officers/YLOs or Specialist Youth Officer/SYOs in New South Wales
- **Policy** = member has a policy role. While not currently involved in frontline policing, the individual may be a sworn or unsworn officer (ie may also have experience of frontline policing)
- **Frontline** = member is a sworn officer, currently serving

Experience level:

- **junior** = under five years experience in the police force
- **mid** = between five and 14 years experience in the police force
- **senior** = over 15 years experience in the police force

Client interviewees: (young person #, gender, age, state)

- **Young person #** = interview number

Note: The study does not identify the service type from which the client was recruited, as all interviewees had been clients of both residential and non-residential services.

AOD professional interviewees: (AOD professional #, role type, program type, state)

AOD professional # = interview number

Role type:

- **Manager** = service manager or director
- **Staff** = no reported management duties

Program type:

- **Residential** = encompasses residential withdrawal and residential rehabilitation programs (live-in programs)
- **Non-residential** = encompasses community-based programs including outreach and day programs (or drop-in programs)

References

All URLs correct at March 2015

ABS 2012. *Recorded crime-offenders, Australia 2011–12*. [online]. ABS cat. no. 4519.0. Canberra: ABS. <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4519.0/>

ABS 2013a. *Criminal courts, Australia, 2011–12*. [online]. ABS cat. no. 4513.0. Canberra: ABS. <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4513.0/>

ABS 2013b. Population by age and sex at 31 December 2012: unpublished estimates. Canberra: ABS.

ABS 2014. *Prisoners in Australia, 2012*. [online]. ABS cat. no. 4517.0. Canberra: ABS. <http://www.abs.gov.au/ausstats/abs@.nsf/mf/4517.0>

Australian Institute of Criminology (AIC) 2009. *Juvenile offenders*. Crime and criminal justice statistics. Canberra: AIC. <http://www.aic.gov.au/en/statistics/criminaljustice/juveniles.aspx>

Australian Institute of Health and Welfare (AIHW) 2014a. *New South Wales: Youth justice supervision in 2012–13*. Juvenile justice fact sheet no. 20. Canberra: AIHW.

AIHW 2014b. *Victoria: Youth justice supervision in 2012–13*. Juvenile justice fact sheet no. 24. Canberra: AIHW

AIHW 2014c. *Youth justice in Australia 2012–13*. Cat. no. AUS 179. Canberra: AIHW. <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129546897>

AIHW 2015. *Youth justice in Australia 2013–14*. Cat. no. AUS188. Canberra: AIHW. <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129550805>

Albery I, McSweeney T & Hough M 2004. Drug use and criminal behaviour: Indirect, direct or causal relationship? in Adlet J (ed), *Forensic psychology: Concepts, debates, and practice*. Devon: Willan Publishing

Andrews D, Bonta J & Wormith J 2004. *LS/CMI: The Level of Service/Case Management Inventory*. Toronto: Multi-Health Systems

Best D, Wilson A, Reed M, Harney A, Pahoki S, Kutin J et al. 2012. *Youth cohort study: Young people's pathways through AOD treatment services*. Melbourne: Turning Point, Eastern Health

Birgden A 2008. A compulsory drug treatment program for offenders in Australia: Therapeutic jurisprudence implications. *Thomas Jefferson Law Review* 30: 367–389

Blom-Cooper M 2003. Working with young offenders and juveniles, in Towl G (ed), *Psychology in prisons*. London: Blackwell Publishing

Bowles J 2013. *Sentencing in the Children's Court of Victoria*. State of Victoria

Bryant J, Ellard J, Fisher D & Treloar C 2012. *The exposure and transition study: Exposure to injecting and hepatitis C among young people at risk*. Sydney: National Centre in HIV Social Research, University of New South Wales

Bull M 2003. *Just treatment: a review of international programs for the diversion of drug related offenders from the criminal justice system*. Kelvin Grove: School of Justice Studies, Queensland University of Technology

Burt M 2002. Reasons to invest in adolescents. *Journal of Adolescent Health* 31: 136–152

Bushman B 1997. Effects of alcohol on human aggression: Validity of proposed explanations, in Galanter M (ed), *Recent developments in alcoholism, Volume 13: Alcohol and violence*. New York: Plenum Press

Centre for Behavioural Science (CFBS) 2012. *Monitoring and assessing the impact of use of alcohol and drugs by young people in the Victorian youth justice system*. Melbourne: Monash University

Centre for Social Research and Evaluation (CSRE) & Department of Corrections 2010. *Report to the Minister of Social Development and Employment. Flow rates from Child, Youth and Family to Corrections*. Auckland: CSRE

Chassin L 2008. Juvenile justice and substance use. *The Future of Children* 18: 165–183

Children's Court of Victoria 2012. The Children's Court Clinic. [online]. Melbourne: Victorian State Government. <http://www.childrenscourt.vic.gov.au/jurisdictions/child-protection/childrens-court-clinic>

Collins D & Lapsley H 2002. *Counting the cost: Estimates of the social costs of drug abuse in Australia in 1998–9*. Monograph series no. 49. Canberra: Department of Health and Ageing. http://drogfokuszpont.hu/wp-content/uploads/kokk_social_cost_australia_99.pdf

- Collins D, Lapsley H & University of New South Wales 2008. *The costs of tobacco, alcohol and illicit drug abuse to Australian society in 2004/05*. Canberra: Commonwealth Government. [http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/\\$File/mono64.pdf](http://www.health.gov.au/internet/drugstrategy/publishing.nsf/Content/34F55AF632F67B70CA2573F60005D42B/$File/mono64.pdf)
- Crime Research Centre 2003. Evaluation of the Perth Drug Court pilot project: Final report. Perth: Crime Research Centre, University of Western Australia
- Dekker J, O'Brien K & Smith N 2010. *An evaluation of the Compulsory Drug Treatment Program (CDTP)*. Sydney: NSW Bureau of Crime Statistics and Research, Department of Justice and Attorney General
- Department of Health Victoria 2010. *Severe Substance Dependence Treatment Act 2010*. <http://www.health.vic.gov.au/ssdta/application/>
- Dowden C & Latimer J 2006. Providing effective substance abuse treatment for young offender populations: What works. *Child and Adolescent Psychiatric Clinics of North America* 15: 517–37
- Exum M 2002. The application and robustness of the rational choice perspective in the study of intoxicated and angry intentions to aggress. *Criminology* 40(4): 933–966
- Ezzy D 2001. Are qualitative methods misunderstood? *Australian and New Zealand Journal of Public Health* 25: 294–297
- Fletcher A & Dao A 2012. Alternatives to imprisonment for vulnerable offenders. *Report for the Australian Government Attorney-General's Department, July 2012*. Monash University, Castan Centre for Human Rights Law
- Fougere A, Daffern M & Thomas S 2012. Toward an empirical conceptualisation of resilience in young adult offenders. *The Journal of Forensic Psychiatry & Psychology* 23: 706–721
- Fougere A, Thomas S & Daffern M 2013. A study of the multiple and complex needs of Australian young adult offenders. *Australian Psychologist* 48: 188–195
- Freeman, K. (1996). *Young people and crime*. Crime and Justice Bulletin no. 32. Sydney: NSW Bureau of Crime Statistics and Research.
- Giancola P, Helton E, Osborne A, Terry M, Fuss A & Westerfield J 2001. The effects of alcohol and provocation on aggressive behavior in men and women. *Journal of Studies on Alcohol* 63: 4–73
- Gottfredson D, Kearley B & Bushway S 2008. Substance use, drug treatment and crime: An examination of intra-individual variation in a drug court population. *Journal of Drug Issues* Spring: 601–630
- Grisso T & Underwood L 2004. *Screening and assessing mental health and substance use disorders among youth in the juvenile justice system*. Washington, DC: Department of Justice
- Hall W & Lucke J 2010. Legally coerced treatment for drug using offenders: Ethical and policy issues. *Crime and Justice Bulletin* 144: 12. New South Wales: NSW Bureau of Crime Statistics and Research. <http://www.bocsar.nsw.gov.au/Documents/CJB/cjb144.pdf>
- Hammersley R, Marsland L & Reid M 2003. Substance use by young offenders: The impact of the normalisation of drug use in the early years of the 21st century. *Home Office Research Study*.261. Essex: Development and Statistics Directorate. http://www.drugsandalcohol.ie/5336/1/Home_Office_Research_Study_261_Substance_use_by_young_offenders.pdf
- Hawkins J, Catalano R & Miller J 1992. Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood. *Psychological Bulletin* 122: 64–105
- Hawkins J, Herrenkohl T, Farrington D, Brewer D, Catalano R & Harachi T 1998. Serious and violent juvenile offenders: Risk factors and successful interventions, in Loeber R & Farrington D (eds) *A review of predictors of youth violence*. Thousand Oaks, California: Sage
- Huberman A & Miles M 1994. Data management and analysis methods, in Denzin N & Lincoln Y (eds), *Handbook of qualitative inquiry*. Thousand Oaks: Sage
- Hughes C & Ritter A 2008. *A summary of diversion programs for drug and drug-related offenders in Australia*. DPMP monograph series no. 16. Sydney: National Drug and Alcohol Research Centre
- Indig D, Vecchiato C, Haysom L, Beilby R, Carter J & Champion 2011. *2009 NSW Young People in Custody Health Survey: Full report*. Sydney: Justice Health and Juvenile Justice
- Johnson H 2004. *Drugs and crime: A study of incarcerated female offenders*. Research and public policy series no. 63. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/media_library/publications/rpp/63/rpp063.pdf
- Jordan L & Farrell J 2013. Juvenile justice diversion in Victoria: A blank canvas? *Current Issues in Criminal Justice* 24
- Khron M, Thornberry T, Rivera C & Leblanc M 2001. Later delinquency careers, in Loeber R & Farrington D (eds) *Child delinquents: Development intervention and service needs*. Thousand Oaks: Sage
- Kilgour G 2013. An introduction to offending by youth. *Practice—The New Zealand Corrections Journal* 1: 28–36

- Killias M & Ribeaud D 1999. Drug use and crime among juveniles: An international perspective. *Studies on Crime and Crime Prevention* 8:2 198–209
- Kutin J, Bruun A, Mitchell P, Daley K & Best D 2014. *Young people in Victorian youth alcohol and other drug services. Data and key findings. Results from the Statewide Youth Needs Census (SYNC)*. Technical report March 2014. Melbourne: Youth Support & Advocacy Service.
- Larsen J 2014. *Restorative justice in the Australian criminal justice system*. Research and public policy series no. 127. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/media_library/publications/rpp/rpp127.pdf
- Latimer J 2001. A meta-analytic examination of youth delinquency, family treatment and recidivism. *Canadian Journal of Criminology* 43: 237–54
- Latimer J, Dowden C & Muise D 2005. The effectiveness of restorative justice practices: A meta-analysis. *The Prison Journal of Adolescence* 85: 127–144
- Lennings C, Copeland J & Howard J 2003. Substance use patterns of young offenders and violent crime. *Aggressive behaviour* 29: 414–422
- Leschied A, Chiodo D, Nowicki E & Rodger S 2008. Childhood predictors of adult criminology: A meta-analysis drawn from the prospective longitudinal literature. *Canadian Journal of Criminology and Criminal Justice* 50: 435–467
- Lind B et al. 2002. *New South Wales Drug Court evaluation: cost-effectiveness*. Sydney: BOCSAR. [http://www.bocsar.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/L15.pdf/\\$file/L15.pdf](http://www.bocsar.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/vwFiles/L15.pdf/$file/L15.pdf)
- Ludbrook M 2012. *Youth Therapeutic Programme: A literature review*. Wellington, New Zealand: Psychological Services, Department of Corrections
- Lynch M, Buckman J & Krenske L 2003. Youth justice—Criminal Trajectories Research Project. *Trends and Issues in Crime and Criminal Justice* no. 265. Canberra, Australian Institute of Criminology. http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi265.pdf
- Maclean S, Bruun A, Mallett S & Green R 2009. *Social contexts of substance use for vulnerable 13–15 year olds in Melbourne*. Melbourne: Victorian Department of Health
- Maclean S, Kutin J, Best D, Bruun A & Green R 2013. Risk profiles for early adolescents who regularly use alcohol and other drugs compared with older youth. *Vulnerable Children and Youth Studies* 9: 17–27
- Makkai T & Payne J 2003 *Drugs and crime: a study of incarcerated male offenders*. Research and Public Policy Series, no. 52. Canberra: Australian Institute of Criminology
- Manning M, Smith S & Mazerolle L 2013. The societal costs of alcohol misuse in Australia. *Trends & Issues in Crime and Criminal Justice* no. 454. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi454.pdf
- Mayhew P 2003. Counting the costs of crime in Australia. *Trends & Issues in Crime and Criminal Justice* no. 247. Canberra, Australian Institute of Criminology. http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi247.pdf
- McClelland G, Elkington K, Teplin L & Abram K 2004. Multiple substance use disorders in juvenile detainees. *Journal of the American Academy of Child and Adolescent Psychiatry* 43: 1215–1224
- McKeganey N 1995. Quantitative and qualitative research in the addictions: An unhelpful divide. *Addiction* 90: 749–751
- Moffitt T 1993. Adolescence-limited and life course persistent antisocial behavior: A developmental taxonomy. *Psychological Review* 100: 674–701
- New South Wales Government 2007. *Compulsory Drug Treatment Correctional Centre*. http://www.druginfo.nsw.gov.au/law_justice/compulsory_drug_treatment/compulsory_drug_treatment_correctional_centre
- NSW Police Force 2012. *Your Choice*. Sydney: NSW Government. http://www.police.nsw.gov.au/community_issues/alcohol/your_choice
- NSW Police Force 2013. *Youth strategy 2013–2017*. New South Wales: NSW Police Force
- NSW Police Force 2014a. *NSW Police Force handbook*. New South Wales: NSW Police Force
- NSW Police Force 2014b. *Youth*. NSW Police Force. http://www.police.nsw.gov.au/community_issues/youth
- Patterson G & Yoerger K 2002. A developmental model for early- and late-onset delinquency, in Reid J, Patterson G & Snyder J (eds), *Antisocial behavior in children and adolescents: A developmental analysis and model for intervention*. Washington, DC: American Psychological Association
- Payne J, Kwiatkowski M & Wundersitz J 2008. *Police drug diversion: A study of criminal offending outcomes*. Research and public policy series no. 97. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/media_library/publications/rpp/97/rpp097.pdf

- Piquero A, Farrington D & Moffitt T 2010. Trajectories of offending and their relation to life failure in late middle age: Findings from the Cambridge study in delinquent development. *Journal of Research in Crime and Delinquency* 47: 151–173
- Pritchard E, Mugavin J & Swan A 2007. *Compulsory treatment in Australia: A discussion paper on the compulsory treatment of individuals dependent on alcohol and/or other drugs*. ANCD research paper no. 14. Canberra: Turning Point Alcohol and Drug Centre.
- Pritchard J & Payne J 2005. Key findings from the Drug Use Careers of Juvenile Offenders study. *Trends & Issues in Crime and Criminal Justice* no. 304. Canberra: Australian Institute of Criminology. http://aic.gov.au/media_library/publications/tandi_pdf/tandi304.pdf
- Prochaska J & Diclemente C 1986. Towards a comprehensive model of change. in Miller W & Heather N (eds) *Treating addictive behaviours*. New York: Plenum Press
- Putnins A 2001. *Substance use by South Australian young offenders*. Information bulletin no.19. South Australia: Office of Crime Statistics. http://www.ocsar.sa.gov.au/docs/information_bulletins/IB19.pdf
- Richards K 2011. What makes juvenile offenders different from adult offenders? *Trends & Issues in Crime and Criminal Justice* no. 409. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/media_library/publications/tandi_pdf/tandi409.pdf
- Richards K & Renshaw L 2013. *Bail and remand for young people in Australia: A national research project*. Research and public policy series no.125. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/media_library/publications/rpp/125/rpp125.pdf
- Schwalbe C, Gearing R, Mackenzie M, Brewer K & Ibrahim R 2012. A meta-analysis of experimental studies of diversion programs for juvenile offenders. *Clinical Psychology Review* 32: 26–33
- Sentencing Advisory Council 2012. *Sentencing young people and children in Victoria*. Victoria: State of Victoria
- Sherman L & Strang H 2007. *Restorative justice: The evidence*. London: The Smith Institute
- Sifaneck S & Neaigus A 2001. The ethnographic accessing, sampling and screening of hidden populations: Heroin sniffers in New York City. *Addiction Research and Theory* 9: 519–43
- Smart Justice for Young People 2014. *Safeguards against discriminatory policing*. Victoria: Youthlaw
- Social Policy Research Centre 2003. *Evaluation of the New South Wales Youth Drug Court Pilot Program*. Report for the NSW Attorney General's Department. Sydney: University of New South Wales
- Spooner C, Hall W & Mattick R 2001. An overview of diversion strategies for Australian drug-related offenders. *Drug and Alcohol Review* 20: 281–294
- Steering Committee for the Review of Commonwealth/State Service Provision (SCRCSSO) 2014. *Report on government services Volume C: Justice*. Melbourne: Productivity Commission. <http://www.pc.gov.au/research/ongoing/report-on-government-services/2014/justice/download-the-volume/rogs-2014-volumec-justice.pdf>
- SCRCSSO 2015. *Report on government services Volume F: Community Services*. Melbourne: Productivity Commission. <http://www.pc.gov.au/research/ongoing/report-on-government-services/2015/community-services/download-the-volume/government-services-2015-volumef-community-services.pdf>
- Statham J 2004. Effective services to support children in special circumstances. *Child: Care, Health & Development* 30: 589–598
- Sweeney J & Payne J 2012. *Drug use monitoring in Australia: 2009–10 report on drug use among police detainees*. Monitoring report no. 17. Canberra: Australian Institute of Criminology. http://aic.gov.au/media_library/publications/mr/mr17/mr17.pdf
- Torok M, Darke S, Kaye S, Ross J & McKetin R 2008. *Comparative rates of violent crime amongst methamphetamine and opioid users: Victimisation and offending*. Monograph series no. 32. Tasmania: National Drug Law Enforcement Fund, Commonwealth of Australia. <http://www.ndlerf.gov.au/sites/default/files/publication-documents/monographs/monograph32.pdf>
- Victoria Legal Aid 2014. *Protective services officers*. Melbourne. <https://www.legalaid.vic.gov.au/find-legal-answers/public-transport-offences/protective-services-officers>
- Victoria Police 2014. *Initiatives and programs*. Melbourne: State Government of Victoria. http://www.police.vic.gov.au/content.asp?Document_ID=29519
- Victoria Police nd.a. *Child and Youth Strategy: 2009–2013*. Melbourne: Victoria Police Youth Affairs Office
- Victoria Police nd.b. *Victoria Police Manual—Policy Rules*. Melbourne: Victoria Police
- White H & Gorman D 2000. Dynamics of the drug crime relationship in Lafree G (ed) *Criminal justice 2000: Volume 1: The nature of crime: Continuity and change*. National Institute of Justice, United States

Wild T 2006. Social control and coercion in addiction treatment: Towards evidence-based policy and practice. *Addiction* 101: 40–49

Wundersitz J 2007. *Criminal justice responses to drug and drug-related offending: Are they working?* Technical and background paper series no.25. Canberra: Australian Institute of Criminology. http://www.aic.gov.au/media_library/publications/tbp/tbp025/tbp025.pdf

