ISSUE 3. 2024

POLICY

FUTURES

A Reform Agenda

THE UNIVERSITY OF QUEENSLAND
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This publication was edited and produced under the direction of the
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Please cite articles in this work as follows: [Article author]. 2024. '[Article title]', in Yarnold, J., Davey, A., Coghlan, R., Brown, P., and Murphy, M. (Eds.), *Policy Futures: A Reform Agenda*, Issue 3. The University of Queensland and The Winston Churchill Memorial Trust.

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Date of publication: 15 June 2024

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Preface

Policy Futures: A Reform Agenda is the culmination of the Policy Impact Program – a partnership between The University of Queensland and The Winston Churchill Memorial Trust.

Every year, talented Australians from all walks of life are awarded Churchill Fellowships to travel overseas and investigate inspiring and best practices that could benefit Australian communities. Through their travels, Churchill Fellows access and exchange knowledge and experiences with industry and community leaders from around the world who have insights to offer in relation to the Fellows' areas of focus. They also explore, first hand, international policy development and implementation, reviewing what has been successfully achieved in other countries and most importantly how it might be applied within Australia. Policy practitioners and decision makers could benefit from drawing on such lessons and adapting them to the local context, as well as reducing the risk of unknown consequences when designing and implementing new policy for Australia.

Most Churchill Fellows, however, are not policy experts nor come from a background of public policy. With that in mind, the Policy Impact Program was developed by the Centre for Policy Futures at The University of Queensland and The Winston Churchill Memorial Trust with the intent to help Churchill Fellows draw upon their knowledge in such a way to best inform policy reform. The Policy Impact Program and its flagship publication, *Policy Futures: A Reform Agenda*, combines some of the best of the Churchill Fellows' ideas and insights with the policy and governance expertise of the Centre for Policy Futures. The Churchill Fellows accepted into the Policy Impact Program were chosen by a Selection Committee of highly esteemed members, following a rigorous application process. The articles featuring in this publication were written by the Fellows while participating in the program, and have been independently peer reviewed by academics, policymakers and/or expert practitioners in their relevant fields.

View this publication online, learn more about the Policy Impact Program, or request a presentation by our Fellows, at: churchilltrust.com.au/pip/

About The Winston Churchill Memorial Trust

The Winston Churchill Memorial Trust was formed in 1965 to honour Sir Winston Churchill's memory through the awarding of 'Churchill Fellowships'. The original funding for the Fellowships came from a highly successful national doorknock appeal shortly after Churchill's funeral, and generous contributions from Australian businesses and government. These funds, along with donations, bequests, sponsorships, and partnerships, provide Australians from all walks of life with the opportunity to travel overseas to investigate a topic they are passionate about, to gain skills and knowledge not readily available in Australia. They also reward leaders and potential leaders in their fields with further opportunities in pursuit of best practice for the enrichment of Australian society. No educational qualifications are required to apply for a Churchill Fellowship and the proposed project topic is limitless, provided a benefit to Australia and willingness to share project findings with the Australian community is displayed. To date, over 4,700 Australians have been awarded Churchill Fellowships.

Read more about our Churchill Fellows and their diverse range of projects at: churchilltrust.com.au

About Centre for Policy Futures, The University of Queensland

The University of Queensland's Centre for Policy Futures provides robust, rigorous research to help governments meet the policy challenges of tomorrow, today. The Centre's interdisciplinary team of researchers, affiliates and visiting fellows undertake independent, peer-reviewed research, as well as commissioned reports, discussion papers and policy briefs across its research themes. By working closely with governments, international bodies and not-for-profit organisations, and using the extraordinary wealth of knowledge from the academic community in Australia and abroad, the Centre aims to improve understanding of the complex policy challenges facing society and, most importantly, what might usefully be done to address them.

Read more about the Centre, our researchers and work at: policy-futures.centre.uq.edu.au

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Introduction

We are delighted to release our third edition of *Policy Futures: A Reform Agenda* – the flagship publication by The Winston Churchill Memorial Trust and The University of Queensland of contemporary policy articles written by a competitively selected group of Churchill Fellows. It showcases the best of the Churchill Fellows' ideas, and provides targeted, relevant policy advice.

The inaugural edition was launched at Parliament House in 2021 by the former Minister for Indigenous Australians, the Hon. Ken Wyatt AM. The second edition was announced at Parliament House in 2022 by the Hon. Malarndirri McCarthy, Assistant Minister for Indigenous Australians.

This edition continues to align with some of the most pressing issues facing modern Australia today. Record low vacancy rates and soaring rent prices are driving more people into homelessness and rough sleeping. Leanne Mitchell argues the case that local government and community groups are best placed to deliver well-funded, place-based programs to address this issue. Continuing on the housing and cost of living crisis, Victoria Cornell proposes alternative housing and funding models and options that could make housing affordable for older Australians.

A second emergent theme is the role of our emergency services. Who does one call if they suspect an elderly person in their neighbourhood is being abused? Or if someone is thinking of self-harm? Too often, the ambulance or police are called to respond to these types of situations, putting tremendous strain on public health and law enforcement. For vulnerable adults at-risk, John Chesterman argues the case for a dedicated protection agency, while Glen Blackwell focuses on the role of emergency call lines and why Australia is in need of other options beside fire, police and ambulance. Moreover, David Cowan makes the case that policing strategies should be based on best scientific evidence of what works when it comes to community safety.

In the realm of justice, Kate Bjur shows international examples of how leaves of absence for kids in detention is reducing reoffending by helping kids reconnect with their communities. Meanwhile, Matthew Wilson says that each year sees an incremental rise in the number of Australian children being removed from parental care and entering the out-of-home care system. He argues that introducing an Australian-first specialist Infant Court would introduce a proven, evidence-based innovation to a child protection sector crying out for reform.

Finally, as Australia looks to introduce a national Centre for Disease Control (CDC), Margie Danchin says its vital that behavioural data and communication expertise is embedded in the CDC, as the pandemic clearly demonstrated how a lack of understanding of the knowledge, attitudes and behaviours of different populations led to poor adherence to public health advice.

These issues affect many Australians. This publication highlights how Churchill Fellows are informing public policy at all levels of government as a result of their Fellowship research, which has taken them to many countries around the world. Their new knowledge shows evidence to policymakers and encourages them to consider partnership approaches in developing public policy for the betterment of Australian society.

Churchill Fellows represent Australians from all walks of life and, in sharing insights gained from research into and first-hand experiences of international practices, they offer unique perspectives of value for Australian policymakers. Fellows return with the aim of ensuring domestic policy is fit for purpose and can address the needs of Australia.

The future of policy is in good hands with these individuals. Their individual contributions – both in their industry and community – are making an impact, and they show great leadership in a desire to be part of future policy reform. We also anticipate the development of a variety of future industry collaborations and initiatives, professional and policy development opportunities and capacity building in policy and governance.

Dr Rachael Coghlan
Chief Executive Officer
The Winston Churchill Memorial Trust

Professor Greg Marston
Director, Centre for Policy Futures
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Acknowledgements

The Winston Churchill Memorial Trust and The University of Queensland acknowledge and pay respect to the past, present and future Traditional Custodians and Elders of this nation and the continuation of cultural, spiritual and educational practices of Aboriginal and Torres Strait Islander peoples.

This publication was produced under the direction of the Policy Impact Program Steering Committee with valuable guidance from the Editorial Committee. We would like to thank all of those involved in bringing the Policy Impact Program and this flagship publication to fruition. To the members of the Selection Committee for their time and efforts to review and shortlist the successful Churchill Fellows for the program – a non-trivial task given the number of high calibre applications received; and to the Policy Peer Reviewers for undertaking professional reviews and guidance in the drafting of the Fellows' articles. For their valuable input through this program, we would also like to extend our thanks to the staff at the UQ Centre for Policy Futures, and the team at The Winston Churchill Memorial Trust.

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Former Co-Commissioner of the Royal Commission into the Protection and Detention of Children in the Northern Territory

Policy Impact Program Fellows 2024

Leanne Mitchell CF (VIC, 2019)

The Jack Brockhoff Foundation Churchill Fellowship to investigate how councils respond to rough sleeping while balancing responsibilities to the wider community – Finland, UK, and USA.

Matthew Wilson CF (VIC, 2020)

To investigate innovative court-based approaches to infants in care and protection proceedings – UK and USA.

Kate Bjur CF (QLD, 2022)

The Donald Mackay Churchill Fellowship to investigate effective responses to youth gangs for use in youth detention centres – Canada, Denmark, Spain, UK, and USA.

Victoria Cornell CF (SA, 2019)

The AV Jennings Churchill Fellowship to investigate alternative, affordable models of housing that could help older Australians to age-in-place – Denmark, Germany, Japan, Singapore, and USA.

John Chesterman CF (VIC, 2012)

To investigate the abuse, exploitation and neglect of at-risk adults – Canada, UK, and USA.

Glen Blackwell CF (WA, 2020)

The Churchill Fellows Association of Western Australia Churchill Fellowship to establish diversionary practices for mentally and intellectually disabled persons engaging police – Canada, UK, and USA.

David Cowan CF (VIC, 2020)

To investigate the development of evidence-based policing across police agencies worldwide – Ireland, NZ, UK, and USA.

Margie Danchin CF (VIC, 2020)

The Bob and June Prickett Churchill Fellowship to improve vaccine and risk communication to optimise COVID and routine vaccine acceptance and uptake – Switzerland, and USA.

Image credit: Adobe Stock

Place-based homelessness prevention: a role for local government

By Leanne Mitchell
Churchill Fellow 2019

Key terms: homelessness, local government, prevention, collaboration, funding gaps

Homelessness is increasing around Australia and, in the absence of other support, communities are turning to their local councils, who have no mandate to act and little money to spend, to 'do something' about it. A new national housing and homelessness plan provides an opportunity to fund place-based local government homelessness prevention and early intervention activities.

Homelessness in Australia – in public places, cars, couch surfing, in places of insecure tenure and overcrowded facilities[1] – is getting worse. The 2021 Census[2] and other sources[3] show that it's no longer just capital cities experiencing the problem.[4] Outer ring suburbs and regional areas[5] are also feeling the pressure, and many local councils don't know what to do.[6]

The causes and manifestations of homelessness are complex. Individual and community experiences can be vastly different, and homelessness can't be 'fixed' in a simple way or solved by the actions of one group.[7]

Collaboration is key

While the Commonwealth, states and territories hold legislated responsibilities and contribute significant funds, local government response has been mixed. Australia's 537 councils are diverse in size, budgets and focus, with two-thirds in regional and rural areas. While many understand the role local government can play in influencing housing supply, fewer have experienced or know how to respond to homelessness in their local communities.[8]

Image credit: L. Mitchell

Image credit: L. Mitchell

In these circumstances, councils may turn to one of the only tools at their disposal to manage public space – compliance.[9]

Constituted by state and territory governments and managed under respective local government acts, roles and responsibilities differ across jurisdictions. With funding from federal, state and territory governments, local governments play a crucial role in communities, managing infrastructure, services and public spaces.[10]

It is within shared locations – on streets and parks, in libraries and family services – where homelessness and its associated risks become evident. Despite this, councils have a limited legislative mandate and funds to address homelessness comprehensively.

As the closest level of government to the community, local governments possess untapped expertise, resources and levers[11] to address homelessness proactively. Still, in many circumstances, councils' potential role is undervalued and overlooked.

Through my experience managing homelessness responses in local government and undertaking a Churchill Fellowship, I know first-hand that Australia's councils can have an essential role in ending our homelessness crisis.

Councils have:

- **Deep knowledge about the local homelessness situation.** Councils are well placed to gather data and create information sources to enable targeted, locally focused program design and interventions.
- **Connections into communities to recognise indications and triggers of homelessness.** Through programs and services, frontline council staff, like librarians, park rangers and family nurses, are well placed to identify triggers and, if appropriately trained, can provide referral pathways to people at risk of homelessness who may not be actively seeking assistance.
- **Established partnerships that can drive coordination between services.** Councils are trusted local partners,[12] able to collaborate with multiple stakeholders in delivering response efforts.[13]
- **An ability to lead the narrative.** Local government is well positioned to build community understanding regarding homelessness and housing response efforts.[14] Education can eliminate misinformation[15] that may lead to oppositional stances.[16, 17, 18]

While councils can make a significant contribution, it should be noted that response efforts should support, and in no way replace, the mandated roles and responsibilities held by state and territory governments. Additionally, with limited funding available, any efforts must be supported through dedicated funding streams.

Policy context and the homelessness landscape

Housing ends homelessness. With over 170,000 households[19] on social housing waiting lists, rental affordability dropping across the country[20] and home ownership out of reach for many, the shortage of affordable housing remains a significant national challenge. While commitments like the Housing Australia Future Fund (HAFF), the National Housing Accord (NHA) and the Social Housing Accelerator[21] are positive steps, delivery of 40,000 social and affordable homes will not meet demand.

Australian local governments have traditionally had a narrow range of responsibilities regarding homelessness. However, the increasing visibility of homelessness has seen communities demanding action[22] and prompted policy-level discussions about local councils' role in ending homelessness.[23]

Australia currently lacks a national plan to end homelessness, with responses funded through federal, state, and territory budgets.

The National Housing and Homelessness Agreement (NHHA), the primary funding mechanism between governments, distributed approximately $1.7 billion in 2022-23 to states and territories, with $146 million for homelessness services.

While states and territories are required to match Commonwealth funding for homelessness services and have housing and homelessness strategies, local governments operate under state/territory regulation, are not included in the NHHA and are not always included in the relevant national government forums.[24]

Two significant reviews, the 2021 Australian Government's parliamentary inquiry into homelessness[25] and the Productivity Commission's 2022 NHAA review,[26] recognised a role for local government but failed to articulate what councils could do to prevent and end homelessness.

Principal options for Australian policymakers

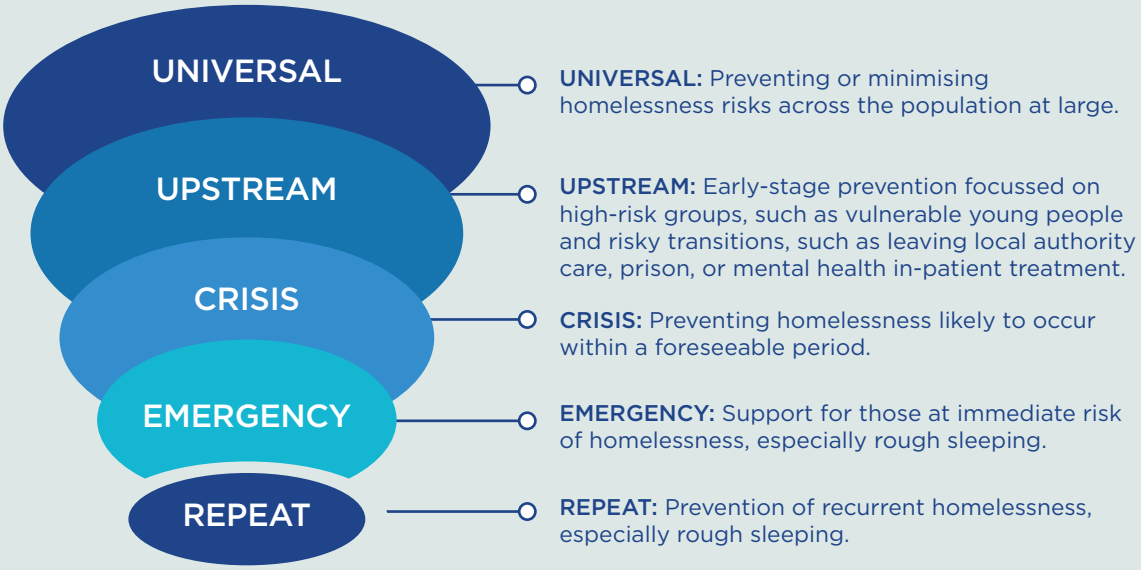
In 2022, Australia's Homelessness Monitor[27] noted that when responding to homelessness the role of local government remains 'unrecognised and undefined.' The authors said that 'to contribute towards national efforts to end homelessness, the role and opportunities for LGAs need to be explicit and more coherently integrated within national and jurisdiction-specific strategies'.

As Australia develops a National Housing and Homelessness Plan,[28] the time to articulate and support local government's role is now. Drawing on local knowledge, deep connections into community and a proven ability to drive collaboration, councils are well placed to initiate prevention and upstream interventions – and engage in crisis response when absolutely necessary.

Initiatives in the UK and US (**case studies 1 and 2**) demonstrate how local government can play a specialised role in prevention, collaboration and frontline efforts to end homelessness, which could be replicated in an Australian context.

A model developed by the UK voluntary sector offers a holistic view of prevention and early intervention that would extend thinking and benefit Australian efforts (**Figure 1**). Based on a five-stage typology,[29] it guides integrated responses at multiple points – from all of population efforts (like welfare) to prevention for people at immediate risk of losing housing or experiencing recurrent homelessness.

Figure 1. Prevention and early intervention framework



Source: Fitzgerald, et al., Advancing a Five-Stage Typology of Homelessness Prevention, 2021.

Case Study 1

Community connections prevent homelessness

Councils in the UK demonstrate the unique role local government can play in homelessness prevention and early intervention.

Newcastle City Council has adopted a broad approach to homelessness prevention and, through its Active Inclusion[30] program, demonstrates how locally led efforts to connect communities, utilise existing service systems and involve council staff can bring results.

Drawing on local knowledge and data, the response involves local partners to focus on the main causes of homelessness within the community – poverty and economic exclusion. The approach includes training council staff who are not homelessness or housing specialists to identify and connect individuals at risk into the right support services. Between 2014 and 2020, these efforts prevented more than 24,000 households from becoming homeless.[31]

Also in the UK, Manchester City Council has formed deep connections with its community, listening, learning and inviting local partners to work collaboratively. A homelessness charter unites the council and the local community, setting a joint vision, values and actions.[32]

A Partnership Board brings together key decision-makers and influencers from businesses, government, charities, volunteer organisations, alongside people with a lived experience of homelessness to connect frontline actions to strategic decision-making. The board works on systems change and removing barriers across the city. A number of action groups, formed around specific needs (including employment, mental health, prevention), and open to any member of the community, inform and work with the Partnership Board.[33]

In reviewing its last homelessness strategy (2018–23), Manchester recorded the highest number of homelessness applications in England but also a decrease in the number of people sleeping rough – from 123 in 2018 to 58 in 2022.[34]

These examples demonstrate that wicked problems, like homelessness, need multifaceted, collaborative responses. In Australia, the Commonwealth's Stronger Places Stronger People[35] program, is a collaborative place-based approach 'to disrupt disadvantage and create better futures for children and their families through locally tailored and evidence-driven solutions to local problems, in partnership with local people'.[36] It offers an established model to trial a multi-stakeholder, locally based homelessness prevention initiative, where local government can play an active role.

Stakeholder consultation

I consulted a mix of experts in homelessness and local government, working in the public sector, peak bodies and associations.

There was strong agreement that local government has a role to play within national homelessness response efforts, particularly in prevention – a role which, to date, has not been articulated or formally explored.

All agreed that the new National Housing and Homelessness Plan offers an opportunity to change the way all levels of government work together. How this role is defined is key.

Local government stakeholders noted that most councils are wary of taking on more work and responsibility and are highly concerned about cost shifting by state and territory governments. As such, they would support recognition of the role local government might play but not want it to be mandated. Further, any programs or initiatives would need to be backed up by direct funding.

Stakeholders familiar with the Stronger Places, Stronger People program agreed that a place-based approach was a possibility and an extension or adaptation of this could provide the base for a feasible pilot.

Case Study 2

Establishing community connection points in libraries

Image credit: L. Mitchell

Public libraries are often one of the only free, welcoming locations left in our modern communities. Social work programs in libraries, placing trained professionals to assist staff and customers at these service points, are proving to be extremely effective approaches to prevent and address homelessness.

Leah Esguerra has been San Francisco Library's in-house social worker since 2008.[37] She has mentored and trained people with a lived experience of homelessness to be in-house peer educators, connecting with visitors and offering assistance and referrals to support services.[38] The library backs this up with a number of programs and initiatives to build technical and life skills, including computer and job-ready courses.

Since the City of Melbourne established the country's first formal library social work program in 2019, similar efforts are gaining traction across Australia. Program evaluations indicate that homelessness outreach is often more successful in libraries than it is on the streets.[39]

Recognising the potential, a growing number of Australian councils in cities and regional areas are adopting this approach, with social workers, community development workers and social work students embedded in public libraries. A new Australian community of practice is now in place to improve skills and drive this work.[40]

Stakeholders consulted:

- Australian Local Government Association
- Brimbank City Council
- Council of Capital City Lord Mayors
- Department of Social Services, Government of Australia
- Homelessness Australia
- Homes Victoria, Department of Families, Fairness and Housing
- Local Government Association of Tasmania
- Municipal Association of Victoria
- National Shelter
- The University of Queensland
- Treasury, Government of Australia.

'As the closest level of government to the community, local governments possess untapped expertise, resources and levers to address homelessness proactively.'

Policy recommendations

The Australian Government can include local government by articulating its role in the National Housing and Homelessness Plan and establishing direct funding mechanisms.

1. Within a national homelessness and housing plan:
    a. Recognise local government as a key response partner, acknowledging the cumulative impact of three levels of government collaborating to end homelessness.
    b. Articulate local governments' role in place-based prevention and early intervention – noting the close connections between councils and local communities to help identify, inform and educate before homelessness hits crisis point, in addition to their ability to influence public perceptions.
    c. Identify ways to support local government in crises, including responding to rough sleeping in natural disaster response.[41]

1 **Recognise local government**
Articulate the role local government can play in the National Housing and Homelessness Plan

2 **Establish funding streams**
Initiate direct funding streams to support local government responses to homelessness

3 **Pilot a place-based approach**
Test place-based homelessness prevention initiatives involving councils and communities

2. In partnership with Australian councils (through ALGA and/or state-based municipal associations) initiate direct funding mechanisms to support local government responses to homelessness:
    a. In the short term: recognise and fund local government through existing channels, including the National Housing and Homelessness Agreement.
    b. In the medium term: pilot direct funding streams through a local government-specific grants program. This could be connected to housing funding advocated by ALGA.[42]
    c. In the longer term: include and fund local government in any future Commonwealth-funded homelessness prevention initiatives (such as a Prevention Transformation Fund, as recommended through the Productivity Commission[43] and advocated by Homelessness Australia[44]).

This funding will help councils' efforts to prevent and end homelessness, including:

- establishing nationally consistent data collection methodologies
- communication and education initiatives
- staffing and training to grow knowledge and build preventative capacity (including social work in libraries)
- service coordination activities to ensure a joined-up prevention and homelessness response
- assertive outreach.

3. Working with councils (through ALGA and/or state-based municipal associations), fund a pilot program testing place-based homelessness prevention initiatives, modelled off the Australian Government's Stronger Places, Stronger People program.

Acknowledgements

Thank you to Professor Cameron Parsell, University of Queensland, and Emma Greenhalgh, CEO of National Shelter, who provided invaluable expertise and insight through peer-reviewing this article. Any errors or omissions are my own.

Leanne Mitchell is a local government worker whose experience managing homelessness responses in inner city Melbourne exposed her to the many limitations that councils and communities face when crisis hits. Leanne is committed to educating local government colleagues about homelessness. Leanne advocates for more recognition and funds to support prevention efforts and collaborative responses that make homelessness everybody's business.

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Improving the lifelong trajectory of Australian infants in out-of-home care

An evidence-based case for a Specialist Infant Court

By Matthew Wilson
Churchill Fellow 2020

Key terms: out-of-home care, trauma, First Nations, Specialist Infant Court, early intervention

Infants are significantly over-represented in rates of entry into out-of-home care (OoHC) in every Australian care and protection jurisdiction. Furthermore, First Nations infants are 16 times more likely to enter OOHC than non-First Nations infants. Due to the critical neuro-developmental processes of infancy, where infants enter out-of-home care due to abuse and neglect, they are likely to experience developmental impacts, resulting in adverse longer term biopsychosocial outcomes extending throughout their life span. Australia needs specialist Infant Courts to provide a viable innovation for a sector crying out for reform.

The case for innovation

Child protection jurisdictions throughout Australia are perpetually described as being in a state of crisis. Each year sees an incremental rise in the number of Australian children being removed from parental care and entering the out-of-home care system.

First Nations children experience at least one out-of-home care placement or other supported placement at a significantly higher rate than non-First Nations children. In 2020–21, First Nations children experienced this trauma and disruption at a rate of 69.1 per thousand of population, compared with 10 per thousand for non-First Nations children. Over the ten years to 2020-21, this represents a 32.6% increase in this rate for First Nations children, compared with 18.9% for non-First Nations children (**Figure 1**).

For infants (children aged zero to three years), the situation is worse – both in terms of their over-representation in out-of-home care and the likely adverse lifetime trajectory associated with that entry at a time of critical neurodevelopmental processes. Infants are consistently over-represented in out-of-home care entry data in every Australian jurisdiction (**Figure 2**).[2]

First Nations infants enter out-of-home care at a greater rate than non-First Nations infants in all jurisdictions throughout Australia. In 2021-22, this over-representation was significantly higher in Victoria than in any other jurisdiction, where First Nations infants aged less than one year entered out-of-home care at a rate of 89 per thousand of population, compared with 5.6 per thousand of population for non-First Nations infants (**Figure 3**), with this disparity continuing, though reducing, as children age.[3] This is almost 16 times more First Nations babies removed than non-First Nations babies.

While infants enter out-of-home care at much higher rates than older children, their rates of discharge from out-of-home-care were among the lowest for infants and very young children when compared with children in other age groups.[4] National and international literature indicates that, of all age cohorts entering out-of-home care, infants experience the longest placement duration[5] and, where children enter out-of-home care in infancy, they will, on average, spend more of their childhood in care than children who first enter care at an older age.[6]

The significance of infants' entry into out-of-home care lies not only in their over-representation but in the fact that it can compound the harms associated with the adverse events responsible for that entry. National

Figure 1. Rate of children experiencing at least one out-of-home care placement or other supported placement during the year (Australia) by Indigenous status (per thousand population).[1]

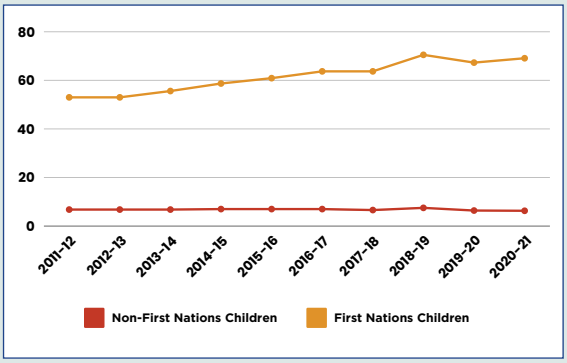


Figure 2. Rate of entry into out-of-home care by state/territory and age group in 2021–22 (per thousand population).

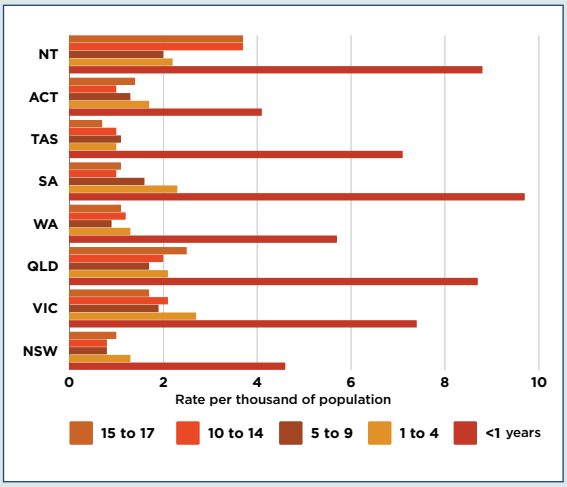
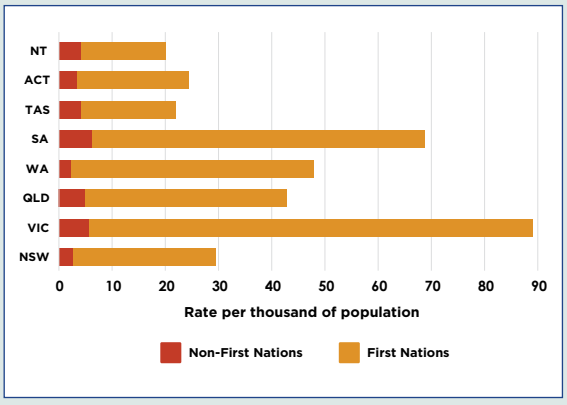


Figure 3. Rate of infants' entry into out-of-home care in 2021-22 by state/territory and Indigenous/ non-indigenous status (per thousand population).



and international literature indicates that infants in out-of-home care are more likely to experience developmental delays, adverse physical health, and attachment problems, and are more likely to experience adverse longer term outcomes than other children.[7] Chief amongst the impact of exposure to adverse childhood experiences in infancy is the deleterious impact on attachment formation. 'Attachment' refers to the unique relationship formed between infants and their caregiver/s that is foundational to healthy development, and it is the bedrock of positive infant mental health and adaptive development over the life span. Adversity during the first three years of life impacts on the development of three major neuro-biobehavioural systems – the stress response system, the development of emotional and behavioural regulation, and the capacity to make and sustain prosocial adaptive relationships. Where exposure to traumatic harm and to dysfunction and inconsistency in key attachment relationships occurs in infants, they are likely to develop adverse mental health conditions, impacting on psychological and social development, that have lasting negative impacts across their life span.[8]

For First Nations infants and their families, the deleterious impact of involvement in child protection processes, and particularly in relation to entry into out-of-home care or non-familial living arrangements, is significantly compounded by the reality of intergenerational familial trauma associated with racist Australian policies and practices leading to the Stolen Generations, whereby *'subsequent generations continue to suffer the effects of parents and grandparents having been forcibly removed, institutionalised, denied contact with their Aboriginality'*.[9] Loss of connection to culture as a result of removing First Nations children from parental or familial care has been *'multiple and profoundly disabling'*[10] with ongoing and lifelong impact on the overall wellbeing of First Nations children. The rates of removal have continued to increase since the release of the *Bringing Them Home* report, with 2020–21 seeing this rate at 69.1 per thousand of population for First Nations children compared with 10 per thousand of population for non-First Nations children.

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Policy context

All Australian state and territory governments are signatories to the Commonwealth Department of Social Services' *Safe and Supported: the National Framework for Protecting Australia's Children 2021-2031*, which was preceded by *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020.*

Driven by the principle of ensuring access to 'quality universal and targeted services designed to improve outcomes for children, young people and families,'[11] the National Framework commits Australian governments to identify children and young people who have experienced abuse or neglect, including those in out-of-home care, as a priority target for systemic reform. Most notably with respect to the out-of-home care cohort, early intervention and targeted support for children and families experiencing vulnerability, addressing the over-representation of First Nations children in child protection systems, and strengthening the capacity of the child and family sector are identified as specific focus areas.

The Safe and Supported framework explicitly supports the National Agreement on Closing the Gap, and specifically aims to support Closing the Gap's critical socio-economic target of reducing the rate of over-representation of First Nations children in out-of-home care by 45% by 2031. This urgent demand for systemic reform in the child and family welfare sector, particularly for First Nations children and their families and communities, has been given voice in Victoria through the 2023 Yoorrook Justice Commission – our first truth-telling process into the failings of the child protection and criminal justice systems with respect to First Nations families and communities. The Yoorrook Justice Commission has recommended urgent and transformative reformative change to improve outcomes for First Nations children and their families who interface with child protection jurisdictions.

Within this context of clamouring for reform, national expenditure on care services has continued to grow exponentially year on year, with a national spend of in excess of $5 billion in the 2021-22 financial year alone.[12] Despite years of increasing investment across every state and territory child protection system, out-of-home care metrics continue

to worsen. Notably, little innovation has been investigated, not least funded, with respect to the nation's children's courts, which are in a unique position to combine the exercise of judicial authority with evidence-based innovation, representing a shift away from traditional adversarial processes – the outcomes of which are at the heart of the urgent need for reform. The piloting of a Specialist Infant Court in an Australian jurisdictional context is one such innovation.

The potential of Specialist Infant Courts

Specialist Infant Courts (also known as Early Childhood Courts or Safe Babies Courts) had their origin in the 1990s in Miami, Florida, and today exist in over 100 jurisdictions throughout more than 36 states in the US. They arose from collaboration between infant mental health clinicians and judicial officers who observed existing systems failing infants and their families. Unfortunately, there is no such court in Australian care and protection jurisdictions.

Embedding infant mental health and early childhood development expertise into solution-focussed court processes, Specialist Infant Courts seek to understand and focus remediation attempts on the underlying causes of infants and their families appearing in these specialised dockets. Their focus is on preventing further trauma and its impact on child development and infant mental health, and healing the effects of past experiences. Such courts adopt a non-adversarial approach and employ the expertise of multidisciplinary teams, led by a court-employed Community Coordinator offering individualised, dyadic, evidence-based treatment approaches, to the familial issues and dynamics that have led to their involvement in abuse and neglect proceedings. In Specialist Infant Courts, therapeutic jurisprudence manifests itself in less adversarial court events that see more genuine engagement amongst parties, ensuring more accurately informed understandings of root problems, and consequently more accurately targeted and effective interventions.

Multiple evaluations[13] throughout the US indicate that Specialist Infant Courts achieve the following outcomes:

- infants exit out-of-home care up to three times faster than those in traditional justice approaches
- infants are five times less likely to re-enter out-of-home care than those in traditional adversarial approaches
- a reduction in future applications relating to abuse or neglect in participant families

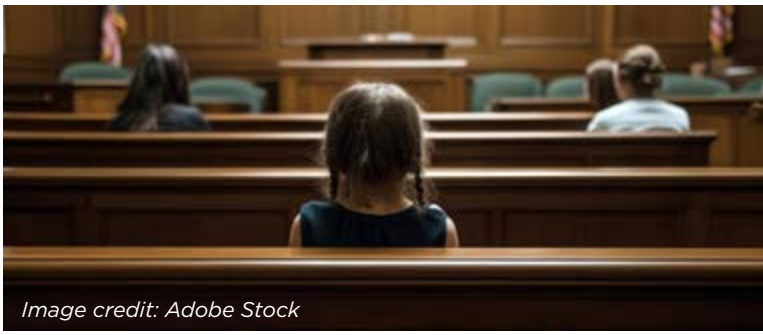

Image credit: Adobe Stock

- improved user experiences of Children's Court proceedings, with participants reporting feeling more respected and involved, and reporting improved life circumstances, greater understanding of early childhood development, and trauma and attachment as a consequence of their involvement
- greater relational stability and care for infants and children at higher rates, and in a shorter period of time than those in control groups.

Cost-benefit analyses of Specialist Infant Courts also found that 75% of Specialist Infant Court costs are mitigated by out-of-home care cost avoidance alone, and that further cost-benefit is achieved through disrupting lifelong, usually intergenerational, patterns of dysfunction and disadvantage.

Stakeholder consultation

An Australian-first Specialist Infant Court would introduce a proven, evidence-based innovation to a child protection sector crying out for reform in every Australian jurisdiction. The concept has been presented by the author at national and international conferences and forums and has received significant sector support. Submissions relating to the potential of a Specialist Infant Court have been made to Victoria's Yoorrook Justice Commission, as well as in response to the Australian Human Rights Commission's call for submissions relating to youth justice and child wellbeing reform. Enthusiastic support for an Australian-first model has been received by the Australian Chair of the Australian Association for Infant Mental Health, the President of the World Association for Infant Mental Health, and from sector professionals spanning the legal, social work, psychiatric and psychological fields.

While a Specialist Infant Court is not an exclusively First Nations focussed initiative, it does hold particular promise to address the significant over-representation of First Nations infants, their families and communities in child protection and out-of-home care systems.

The development of a First Nations focussed model that addresses the cultural and community support needs of First Nations participants needs to adopt a First Nations led and self-determined process. Engagement with First Nations sector leaders and organisations in Victoria in relation to this critical work has commenced.

Policy recommendations

It is recommended that Australia's care and protection jurisdictions invest in evidence-based, solution-focussed approaches such as a Specialist Infant Court over traditional adversarial approaches to jurisprudence which fail to contribute to urgent reform within the child protection and child and family welfare sectors.

Specifically, it is recommended that funding is provided by the Victorian Government to allow for a three-year pilot and evaluation in what is arguably already Australia's most innovative care and protection jurisdiction in the Children's Court of Victoria, building on the successful solution-focussed approaches currently underway in the Family Drug Treatment Court and Marram-Ngala Ganbu.

In designing a First Nations component of a Specialist Infant Court, it is recommended that ongoing consultation with the First Nations communities continue to occur with respect to the development of a model and approach that meets the needs of their families and communities. It is recommended that the design of the elements of a Specialist Infant Court model that address the cultural and community support needs of First Nations participants adopt a First Nations led and self-determined process at a community level.

Acknowledgements

I would like to acknowledge the Churchill Trust (Australia) for the opportunity, as a 2020 Fellow, to explore innovative court-based approaches for infants in care and protection jurisdictions throughout the USA and UK. I hope that my findings contribute to much-needed innovation in the child protection and children's court contexts, and to changing the life trajectories of some of Australia's most vulnerable children and their families. I would also like to acknowledge and thank Professor Rosemary Sheehan AM FASSA (Monash University's School of Medicine, Nursing and Health Sciences) and Professor Judy Cashmore AO (University of Sydney School of Education and Social Work) for their kind assistance in peer reviewing this article. Any errors or omissions are my own.

With an almost 30 year history of statutory, clinical, leadership and managerial roles across the Victorian child and family welfare sector, and most recently in the Children's Court of Victoria, Matthew Wilson has significant expertise in the complexity of need of vulnerable children and families. Matt's academic qualifications lie in social work, child, adolescent and family mental health, child and family practice leadership, and addiction science. His Churchill Fellowship, and the content and recommendations of it and of his Policy Futures article are his own views and do not represent any formal or informal position of the Children's Court of Victoria.

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School within a youth detention centre, Missouri USA. Image credit: Kate Bjur

Reconnecting young people with community

Evidence to reduce reoffending after release from youth detention

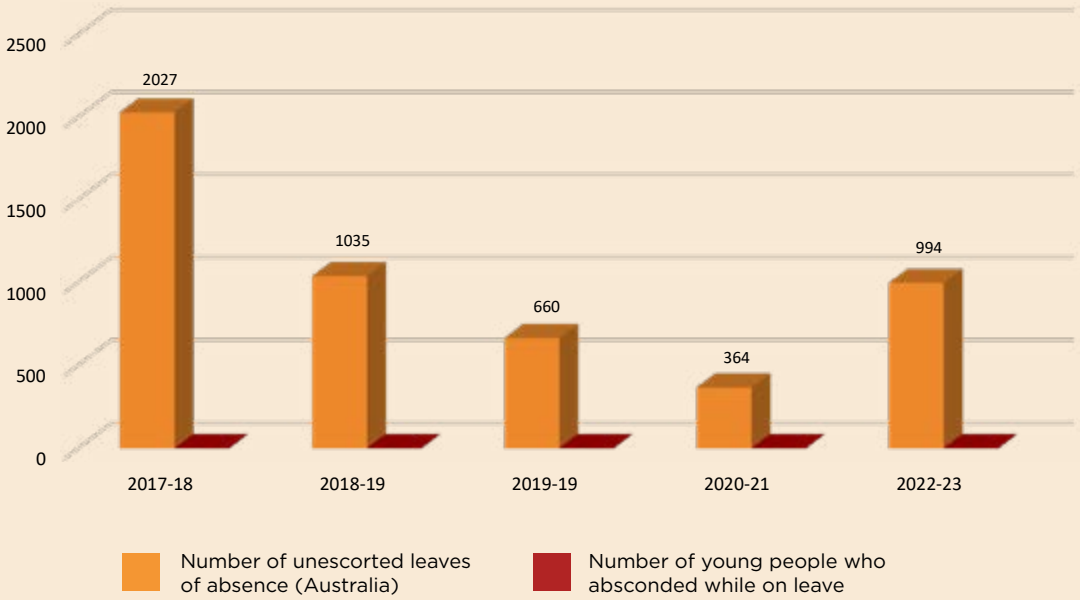
By Kate Bjur
Churchill Fellow 2022

Key terms: Reintegration, leaves of absence, youth detention, shared decision-making, remand

The current model of youth detention in Australia does not reduce the risk of offending after release for the majority of young people. Successful models in other parts of the world include allowing young people to leave detention centres on short 'leaves of absence' to reintegrate into their communities before release. Currently, leaves of absence are usually only provided to the small percentage of young people in Australia who are sentenced for their offences. Having a multidisciplinary group of stakeholders consider applications for leaves of absence will allow unsentenced young people to prepare for successful re-entry back into their communities, reducing their risk of reoffending.

Allowing young people in youth detention to reconnect with community by engaging in education, employment and time with their families increases the chances of their successful reintegration, with less offending when released. Opportunities to reconnect are provided to young people in a youth detention centre who have been sentenced by a court. The problem is, more than three in four young people (76%) in detention on an average day have not been sentenced by a court but are on remand in custody, awaiting the finalisation of their criminal charges[1]. When finally sentenced, they are often released immediately because the time served accounts for any appropriate sentence and usually without sufficient preparation for a crime-free life outside.

Figure 1. Unescorted leaves of absence and absconding 2018-23



In Queensland, half of the children sentenced in 2022-23 were not required to serve further time in custody. [2]

A common community perception that young people who have offended should not be allowed in the community constitutes a formidable barrier to young people's reintegration activities, including leaves of absence. There is a fear amounting to an expectation that young people may reoffend or not comply with the conditions of their leave. In fact, evidence shows that the risk of young people reoffending or absconding while on leave is very low; however, mechanisms for shared decision-making about leaves of absence that involve the detention centre and community stakeholders can reduce the risk even further by including more perspectives in the decision-making process.

Australia can learn from the shared decision-making models around the world, in which groups of stakeholders consider whether unsentenced young people are given the opportunity to engage in reintegration leaves of absence. In these models, the detention centre executive risk assesses and approves each instance the young person leaves the centre.

Consideration of the issues

Leaves of absence – sharing the low and manageable risks

The risk of young people running away or not returning to the detention centre when allowed to go out without staff is extremely low. In fact, of the 5,080 instances of young people leaving Australian detention centres unescorted by staff between 2018 and 2023, every young person returned to the detention centre. That is, none ran away (**Figure 1**).[3]

Long-term benefits can be gained using regular leaves of absence for unsentenced young people, but this will require long-term bipartisan support. Media narratives and broader community perception about the appropriate response to youth offending are important contributors to political willingness to engage in approaches that carry perceived risk. The problem with sensationalised media narratives on complex social issues, such as youth offending, is that they invariably lead to short-term problem solving.[4]

Why reintegration leaves of absence contribute to reduced offending

Research shows that the days immediately following release from youth detention are critical for young people to re-engage

with pro-social activities that connect them with their communities, such as education, employment and leisure.[5]

No matter how much internal work is done to support young people to think differently about crime and take responsibility for their actions, young people often reoffend when suddenly re-immersed into their old 'relational contexts' after being immersed in prison culture.[6] Even when plans have been put into place for the young person to commence education, employment or other pro-social activities after release, there may be feelings of shame, anxiety or mistrust of the people supporting them to engage in these activities following a long period of time in custody.[7]

Allowing young people in detention the opportunity to engage in education, employment and family reunification while they are supported by trusted adults in a familiar environment can significantly reduce the likelihood of reoffending (see **case study**).[8,9]

The promise of leaves of absence can have other benefits. During my international Churchill Fellowship travels, staff in detention centres where young people regularly worked towards leaves of absence told me young people were highly motivated to engage in therapeutic programs and 'earn' the right to leave the centre by displaying positive behaviour in the centre.

Policy context

Leaves of absence for the purpose of reintegration are already provided for in legislation and policy in Queensland and other Australian jurisdictions, although unsentenced young people are generally not eligible. Detention centres do not usually allow young people to be in the community after a court has determined the risk is too high and has refused bail. Further, there is currently no policy supporting up-to-date information for the court or other stakeholders to revisit reintegration release while the young person is unsentenced. Almost 90% of young people in Queensland's youth detention centres are not yet sentenced for their offences[10] with the country's average being 76%.[11] This is therefore a significant cohort of young people unable to test their capacity to rejoin their communities for pro-social activities via the leave of absence regime.

The use of reintegration leaves of absence in other countries

The Productivity Commission's Report on Government Services (2023)[12] found over 50% of youth offenders in Australia aged 10 to 16 at the time of their release from sentenced supervision in 2019–20 returned to youth detention within a year. In Queensland, approximately 90% of young people leaving youth detention in 2020–21 were alleged to have committed another offence within 12 months.[13]

Overseas models of youth detention with comparatively low recidivism rates include leaves of absence for the purpose of reintegration as part of their operating models (**Table 1**). While these models relate to sentenced young offenders, these examples do demonstrate the effectiveness of leaves of absence as part of an overall operating model.

Studies within the Australian context, comparing the reoffending of young people who were granted access to leaves of absence with those who were not, would contribute to the research in this area.

Case Study 1: Spain

A young man remanded in a youth detention centre in Spain spent three months demonstrating good behaviour, attending all therapeutic programs, engaging in family therapy and finishing his high school education. The youth detention centre provided a progress report to the court and together they decided the young man could start working at a business in the community two days per week, playing football with a local club one afternoon a week and spending weekends with his family, preparing to be home. When he went to court, he was sentenced to time served and was released from youth detention that day. He stayed in the job and football team and easily transitioned into living at home. He did not reoffend.

Table 1. Overseas models of youth detention

COUNTRY	MODEL	USE OF LEAVE OF ABSENCE	RECIDIVISM
Spain	Diagrama Model	Between 30 to 50% of young people leave Spanish youth detention centres every day for reintegration leaves of absence and in the lower-risk open centres, every young person spends time in the community every day, with or without a staff member	13.6% of young people had been placed back in custody within six years following release [14]
United Kingdom	Young Offender Institutes	Day release for young people in young offender institutes is considered for all young people after half of the custodial period has been served, or 24 months before the young person's release date	24.4% of offenders who were released from custody in England and Wales went on to reoffend within 12 months [15,16]
USA	Missouri Model	Most young people return home prior to their release for short-term stays to prepare for re-entry and identify and work through any potential problems	32.5% of young people reoffended within 12 months after release [17]
Denmark	Youth Custody	Leaves of absence are an expected part of a young person's time in custody and are part of a gradual progression towards autonomy, from closed to open facilities	32.3% of young people released from youth custody in Denmark in 2021 reoffended within 12 months following release [18]

A shared decision-making model

Currently, youth detention centres make the decision about leaves of absence on their own. A multidisciplinary team of stakeholders is better equipped than an individual youth detention centre to decide when a young person's individual risk level is lower than the potential reintegrative benefits of leaves of absence.

Figure 2. Potential stakeholders of a decision-making panel

There are several common elements within the models observed during my Churchill Fellowship that are working well in other parts of the world. Each state or territory should consult with parties such as those listed in the stakeholder consultation section of this document to determine the frequency, stakeholders and other details. A realisable shared decision-making model would include the steps in **Figure 3**.

Stakeholders that may form the decision-making panel could include (**Figure 2**):

- magistrates
- victims of crime or victim representatives
- police
- Aboriginal and/or Torres Strait Islander or other cultural community leaders as relevant
- the young person and their family members
- organisations involved in the proposed reintegration activities, e.g. employers, local non-government organisations, schools
- the relevant Youth Justice Service Centre, which is responsible for the case management of young people in the youth justice system while they are in the community.

Figure 2. Shared decision making model consisting of a multi-disciplinary team of stakeholders to assess the risks and benefits of a young person's leave of absence from youth detention

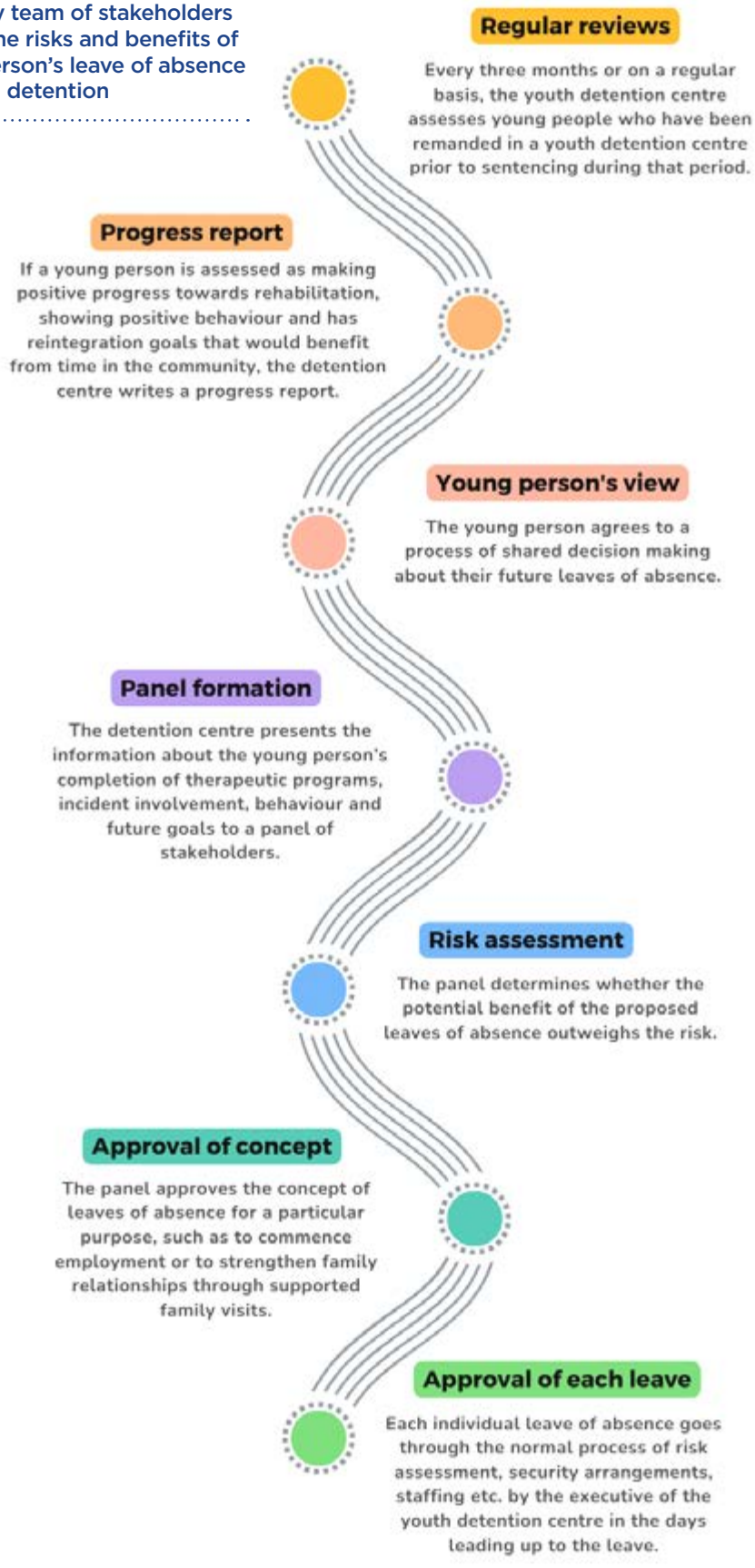


Image credit: Kate Bjur

While the stakeholders and processes may vary in different states and territories, the model should demonstrate shared decision-making about reintegration leaves of absence by networks of stakeholders with an interest in the outcomes for young people and the safety of the community. The resource implications are not insignificant but the longer term benefits, both economically and socially, including reduced crime, increased community safety, and meaningful participation as productive members of society, are calculatable and compelling.

Stakeholder consultation

Consultation about the shared decision-making model should include the following people and organisations, though this is not an exhaustive list:

- Australian Human Rights Commission
- Australasian Youth Justice Administrators
- Coalition of Peaks
- PeakCare Queensland
- Queensland Police Service
- Victims of Crime
- Youth Advocacy Centre.

Policy recommendations

1. That the Australian Government develops a national framework for shared decision making about leaves of absence from detention that incorporates elements of best practice from around the world, giving states and territories options for implementation at the local level.
2. That the Australian Institute of Health and Welfare and the Productivity Commission compare recidivism outcomes for young people who have been granted leaves of absence with those who have not, within the context of the overall operating model.
3. That the Australasian Youth Justice Administrators (AYJA) include reintegration leaves of absence, including day and weekend leave, work release and other forms of pro-social community involvement in the AYJA National Standards for Youth Justice in Australia 2023, if the results of the research in recommendation 1 demonstrate that leaves of absence support reduced reoffending.
4. That Australian state and territory government departments responsible for youth detention develop a local model that allows unsentenced young people to access leaves of absence for the purpose of reintegration by sharing the decision with stakeholders external to the youth detention centre.

Left: Young people in a Division of Youth Services Facility, Missouri USA. Right: Young person and his teacher at a Close to Home education facility, New York City USA. Image credits: Kate Bjur.

Acknowledgements

I would like to thank the Hon. Margaret White AO FAAL and Emeritus Professor Ross Homel AO, who provided invaluable expertise, advice and insight through their peer-reviewing of this article. Any errors or omissions are my own.

Kate Bjur has over 25 years' experience working with and on behalf of children and young people in Japan, Canada, England and Australia. Her experience includes youth detention senior leadership, restorative justice, youth justice strategy and legislation, youth advocacy and family work. Kate's 2022 Churchill Fellowship travels took her to 20 youth detention centres in six countries, investigating best practice in youth crime prevention, gang exit strategies and therapeutic models of youth detention.

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Image credit: courtesy of David Cowan.

Shifting the focus to evidence of what works in community safety

Institutional support for what works in delivering community safety outcomes and effective policing services

By David Cowan
Churchill Fellow 2020

Key terms: evidence based, science, what works, evaluation, community safety, innovation.

Without evidence, all policing strategies are doomed to succeed. Evidence-Based Policing (EBP) is based on the powerful idea that police strategies should be based on the best scientific evidence to determine what works in community safety. EBP is a strategic approach where police use their operational experience to lead innovation and test policing strategies using empirical methods, to better understand what works in delivering effective services. Combining policing experience and strategic intent with evidence, allows policing and the community to better establish what works in delivering policing services that actually make a difference.

EBP does not prescribe a singular evaluation method. It does however attempt to shift police thinking beyond reactive responses, to also include the application of science to assess policing strategies. EBP is not a new model of policing, but ultimately sees an environment where evidence of what works 'has a seat at the table' of police decision making. For EBP to advance in Australia, it requires a national approach to build supportive institutions incentivising police to undertake evidence-based trials, the specialist training of middle managers to undertake evidence-based work and a commitment to testing police strategies and knowledge sharing across the policing profession.

This article explores the evolution and implementation of EBP based on interviews with 80 police leaders and academic experts in the United Kingdom, United States, Scotland and New Zealand.

Introduction

Policing is often reactive, requiring police to quickly respond to crime trends and community safety issues. Within this context, the judgement and experience of police leaders is critical, but police services cannot rely solely on intuitive based responses to tackle increasingly complex challenges. Some strategies obviously work, yet other approaches may not make a difference, or worse, may be 'well intentioned cures that harm'. The reality is that much of policing remains untested, and relies on foundational activities of random patrol, rapid response to calls for assistance, and reactive investigations. Although there is emerging empirical evidence in some areas of policing, such as hot spots and problem-solving, overall there is not only a paucity of evidence, but often a lack of interest and advocacy for evidence. This is what could be referred to as the 'what works paradox';

Police agencies around the world are in a period of reform as they seek to enhance trust and confidence of the community, respond to emerging crime problems, and develop new ways to improve enhance officer wellbeing and safety.

where everyone wants to know what works, yet few are testing or evaluating strategies for effectiveness.

The Australian community allocates over $14 billion in funding for policing annually. Governments and communities will increasingly demand greater rigour in showing police effectiveness into the future. In a constrained fiscal environment, Governments will increasingly expect greater evidence of effectiveness to justify new investment in policing. As we are seeing a global discussion around trust in policing, evidence-based practices provide transparency and assurance that police are employing methods that deliver real outcomes and benefits to our communities.

According to many police leaders interviewed globally, it is inevitable that evidence-based responses will be demanded of policing and will ultimately be one of the pillars that transforms policing into the future.

'In this same vein, evidence-based approaches have been employed with great success in not only business and industry but many other professional services sectors such as medicine, law, business and marketing among many others. Evidence-based approaches, in whatever form, in the profession of policing is really in its infancy and there are many rewards to be gained as such approaches have revolutionized how goods and services are produced, distributed and consumed. The same will one day be said of EBP.'

– John Jarvis, Academic Dean FBI

Why is effective policing important and how can research pave the way?

Policing has shown its ability to adapt over the past 50 years with advances in technology, capabilities, and new ways of working. Police agencies around the world are in a period of reform as they seek to enhance trust and confidence of the community, respond to emerging crime problems, and develop new ways to improve officer well-being and safety. This adaptability has never been more important, as we face rapid technological changes that pose new potential criminal threats to the safety of our communities.

Despite the adaptability of policing, there are gaps that impede the acceptance and advancement of EBP within policing in Australia. Government and policy makers need to address this gap through a national plan to drive EBP including greater institutional support, funding to incentivise police, and specialist programs to equip police to lead this work.

There is an opportunity to learn from leading agencies globally in building EBP capability. New Zealand Police have established the Evidence Based Policing Centre, the first of its kind in the world, which drives a focus nationally for evidence and data insights. The College of Policing for England and Wales strongly embeds evidence in policing knowledge, learning and standards. In 2023, the US National Institute of Justice issued $USD10 million in police research grants on topics including recruitment and retention and gender diversity with a priority focus on evidence based scientific evaluations. In 2023 the UK Home Office has made £55 million available to 20 police agencies for violence reduction units and hot spot policing trials based on problem oriented, evidence-based approaches. This level of institutional support and funding is lacking in Australia.

Evidence is also generated through capability building within policing and equipping police with the skills to lead evidence-based work. In the US, NIJ funds the LEADS Scholars Program (Law Enforcement Advancing Data Science) for mid-ranking police nationally to support professional development and advancing the police profession through science. The Scottish Institute for Policing Research is a collaboration between 15 of Scotland's Universities and Police Scotland. It funds practitioner fellowships to support police to undertake research on policing priorities. Cambridge University, Institute of Criminology has trained over 500 mid-career police officers from 12 countries in applied criminology and evidence-based policing. There is currently no specific police program focussed on evidence-based policing nationally, which is a significant gap in policing capability.

Many of the police leaders and experts interviewed for the Churchill Fellowship provided insights into why more effective policing is important and how research can pave the way. Key themes included the need to demonstrate cause-and-effect to police decision-makers, and the growing need for accountability to communities in preventing harm. The following quote from the 2022 Global EBP Conference sheds light on how police leadership have come to see EBP capabilities within their agencies.

'Evidence based policing is about using scientific and robust research to guide best practice in policing. What separates an evidence-based approach to simply using our experience, is its unique ability to identify cause and effect. Combining our policing experience, strategic and operational intent with evidence, allows us to understand what works in delivering policing services that actually make a difference.'

– Shane Patton APM, Chief Commissioner, Victoria Police, Australia

US National Institute of Justice

US $10 million

in police research grants on topics including recruitment and retention and gender diversity with a priority focus on evidence based scientific evaluations.

UK Home Office

£55 million

made available to 20 police agencies for violence reduction units and hot spot policing trials based on problem oriented, evidence-based approaches.

What are the key features of EBP from a practical standpoint?

A major theme among police leaders was the need for research to be operationally relevant and driven by policing so that they are targeted to areas of greatest need or value. The best examples of EBP are police led trials that provide new knowledge in how police respond to crime. These include strategies that have improved victim responses for family violence and sexual offences, reducing recidivism in young offenders, tackling serious public violence, gang crime and hot spots policing approaches. These evidence-based initiatives share key features: they are police-led (often with assistance of academic partners); they demonstrate the effectiveness of new ways of working; and the knowledge gained is shared across policing jurisdictions.

For example, the London Metropolitan Police have adopted a program that provides support to parents and guardians, which shows promise in providing support and reducing reoffending among child offenders. In addition, Operation Turning Point, a diversion-based alternative to traditional court prosecution, has shown reductions in re-offending and improved victim outcomes. New Zealand Police have partnered with forensic experts to develop the hand-held 'LUMI' drug scan that equips police officers in the field with a tool to instantly analyse drugs on the street. All these examples are police led innovations that have used an evidence-based approach to show effectiveness.

A second theme among police experts was the conviction that police experience and craft alone 'won't cut it'. The fact that 'we have always done it that way' will not be enough in the future, nor will a reliance solely on experience be sufficient in addressing complex crimes. It is important to ask, how can police prevent crime rather than just respond to it after it occurs? How can police use limited resources in the most efficient ways? What can be done to enhance trust and confidence in policing? How can police be more responsive to victims while deterring offenders more effectively? These are all important strategic goals that cannot be demonstrated with traditional approaches and require evidence-based approaches that test the effectiveness of the police response. Fundamentally, EBP is not an academic exercise. It is a process where police use their judgement, experience and creativity to innovate and test new ways of responding to crime. Findings are used to change policy.

A third theme found in the Churchill interviews was that EBP advances policing as a profession because it increases analysis and data capabilities, attracts support from government, and engages with academia to generate and share knowledge. EBP tests long-held assumptions in policing, including what causes crime to increase and whether fundamental policing strategies actually work. Although this can create discomfort within the ranks, police must navigate how they integrate this function into frontline practices. The creation of new roles within agencies such as chief scientist and embedded criminologist will be part of this transformation. Partnerships with academia and specialist institutions will enable police to access and translate evidence into an operational context. Tools such as the newly developed Global Policing Database, drawn from over 300,000 documents, are an example of this collaboration and knowledge sharing.

A thought-provoking case study is the ongoing work conducted by the College of Policing England and Wales. The College supports the generation of new research evidence with UK grant funding to develop the evidence in areas such as knife crime, gangs, crimes that cross county lines, and child sexual exploitation. The College of Policing's What Works Centre for Crime Reduction provides tools that train officers to access, understand and use research evidence in practice. The toolkit generates over 10,000 hits per month. The College's creation of EBP guidelines brings together independent committees of practitioners and experts to collectively develop guidelines based on the most robust evidence and expertise.

'Our role across England and Wales is about knowledge, learning and standards in policing and embedding the evidence base across all three. We are focussed on creating and sharing knowledge in policing and evidence is at the core of what we do.'

– Rachel Tuffin, Director of Knowledge, Research & Education College of Policing

What are the barriers to uptake and how might they be overcome?

The policing environment requires officers to be highly responsive to crime and disorder problems. There is an expectation that police commanders first have knowledge of emerging crime issues and, second, are responding with appropriate operational strategies. The constant demands of the environment often mean that the evaluation of the strategy is not a priority beyond a simple 'before and after' comparison using incident data. As quickly as a crime problem emerges and is addressed, the next crime issue emerges. The 'elephant in the room' is that nobody knows why crimes went up or down, nor whether the police response improved the situation. A fundamental challenge for policing is, how does this ever-present reactive cycle take the profession forward?

Despite the barriers, there are examples of police leading evidence-based approaches. For example, consider Detective Sergeant Stacy Rothwell's development of rapid video response to domestic violence in Kent, England. Unlike most police operations, this strategy was designed as an evidence-based trial from the outset. Call takers agreed to be randomly assigned to business as usual (control group) or rapid video response (treatment group) to test the intervention. The trial results were noteworthy.

The analysis showed that the average response time declined from 1,969 minutes (32 hours) to three minutes. Her analysis also found a 50% increase in arrests and abuse victims also expressed more trust and confidence in Police compared to the control group. The outcome of this trial is now reshaping police response to domestic violence internationally. This real-world example illustrates the potential that individual officers have to lead evidence-based trials when provided with specialist training. It shows the value of collaboration with academia and demonstrates how an evidence-based approach using robust methods not only mitigates risk but provides innovative ways to resolve complex problems.

Other stakeholders noted the duty to invest in future police leaders through specialised education programs. Several EBP training programs now support middle-ranking police leaders with the skills to design rigorous trials in their own jurisdiction. The three main programs include the LEADS Scholars Program in the US, the Cambridge Police Executive Program in the UK, and the Scottish Institute of Police Research Practitioner Fellowships. The police graduates of these programs have produced an impressive body of research and created enduring capabilities within their agencies. There is a critical gap across Australian policing for such a program.

Societies of Evidence-Based Policing (SEBPs) around the world have been formed by police leaders with a common goal of using, sharing, and producing the best evidence in policing. Societies now exist in Australia, New Zealand, US, UK, Canada, and the Netherlands and have been the 'workhorse' of EBP, sharing innovation, data insights and evidence globally across policing.

Despite the work of Societies, at the strategic level, policing has not yet fully embraced EBP, yet the upward trajectory is clear. There is a strong appetite across agencies to increase their capabilities in the field, yet moving from strategic intent to on-the-ground implementation requires leadership and commitment at the highest levels within agencies and across government. EBP is not a new model of policing, but ultimately sees an environment 'where research has a seat at the table' of police decision making. It requires building supportive institutions, the development of capabilities in agencies, and sharing knowledge across law enforcement nationally.

Australian policing would benefit from a National Action Plan for EBP and the establishment of a National Policing Institute for Evidence and Innovation. The Action Plan will set out a clear agenda for investing in, promoting, and communicating evidence-based practice with a focus on what works.

'It's time for us all to build a data informed evidence based policing model that works in practice. Across the globe, we are all at different points in our journey with evidence-based policing. But we all have responsibility to be leaders, successfully steering the future of policing and criminology to be evidence based. Not only because it delivers the best policing results, but because the people we serve expect it, and that expectation will rightly grow.

– Sir Mark Rowley QPM, Commissioner Metropolitan Police, United Kingdom

Although policing in Australia exists across state, territory and Commonwealth levels, there are a range of examples where agencies work across boundaries including approaches to combat violence against women, cybercrime, child safety, countering violent extremism and organised crime. There is also opportunity to consider incorporating New Zealand into the broader approach which is consistent with the remit of ANZPAA as well as a range of existing Australasian policing structures.

There are a range of agencies who support policing and evaluation including the Australia and New Zealand Policing Advisory Agency (ANZPAA), the Australian institute of Criminology (AIC) and the Australian Centre for Evaluation (ACE). There is opportunity for these agencies to be involved in the development of the national plan as well as consideration for embedding the National Institute within existing institutional structures.

Recommendations

1. A national plan for EBP

It is recommended that the Australian Government take responsibility for the development and funding of a National Action Plan for Evidence Based Policing. Whilst the National Action Plan will be developed centrally with consultation from key policing institutions, all agencies will have responsibilities to support the delivery of the National Action Plan.

2. A national institute for evidence and innovation

Under the National Action Plan it is recommended that the Australian Government establish a National Policing Institute for Evidence and Innovation. Consideration will be given to establishing this Institute within an existing national agency that best supports the plan and engagement across police agencies.

Key pillars:

- Enabling frontline impact by developing solutions that support public facing service delivery
- A national approach to foster evidence-based practice and knowledge sharing
- Strengthening partnerships with academia and government that deliver outcomes
- Future focused and building understanding of emerging innovations in policing globally
- Increasing police capability for evaluation and field trials through programs and education
- Fostering a culture of innovation and experimentation

Key deliverables:

- Communicating policing evidence including establishing a What Works Centre for Crime Prevention drawing from the UK College of Policing and newly developed University of Queensland Global Policing Database
- Supporting what works impact evaluations through national funding grants
- A coordinated approach to develop and deliver training and education programs to police

3. Partnerships focus

National Partnerships

- The Australia and New Zealand Society of Evidence Based Policing along with affiliated Societies in the US, UK, Canada, Netherlands, and Denmark
- Australian Institute of Criminology
- Australian Centre for Evaluation
- The Centre for Evidence and Implementation
- Attorney General's Department, Department of Home Affairs, Department Social Services – overseeing national approaches to combat violence against women and children, cybercrime, child safety, countering violent extremism and organised crime.
- Prime Minister and Cabinet - Behavioural Economics Team for the Australian Government
- The Australian Institute of Police Management

International collaboration

- The New Zealand Police, Centre for Evidence Based Policing
- The College of Policing for England and Wales & The Scottish Institute for Policing Research
- The US National Institute for Justice & The US National Policing Institute
- The US Centre for Evidence Based Crime Policy

David Cowan is a Detective Superintendent at Victoria Police where he oversees the Organised Crime Division. David is the President of the Australia and New Zealand Society of Evidence Based Policing and is an advocate for communicating, using, and generating new evidence of what works in policing. He has implemented several field trials which have tested strategies in relation to police trust and confidence, reducing serious public violence, and tackling crime in community hot spots.

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Image credit: Age Without Limits Image Library

A culture shift towards better, affordable housing policy and development options for older Australians

By Victoria Cornell
Churchill Fellow 2019

Key terms: Housing, older people, accessibility, affordability, changing demands

Affordable housing models for older people (65 years and over) are largely absent from recent federal and state government commitments to improve housing affordability and availability. Holistic tenure-agnostic policy development and housing reform – across designs, demographics, and desires – is urgently required.

Australia's population is ageing. In 2021, the population aged 65 years and above was projected to nearly triple to 6.66 million[1] by 2041. Although modern older lives are diverse, older people are often homogenised as 'those over 65 years'. Housing is a case in point: statements regarding well-off older people owning large shares of the housing wealth are frequently cited.[2,3] While true for some older Australians, home ownership is gradually decreasing among those approaching retirement, falling from 80% to 72% for those aged 50-54 since 1996.[4]

On current trends, home ownership for over-65s will decline to 57% by 2056.[5] The age pension was designed to provide older people with enough to live on if they had low housing costs, such as outright home owners or social housing tenants.[6,7]

House prices in Australia have risen sharply in recent years, and older people are not immune from affordability issues; indeed, they are uniquely vulnerable to rising prices due to fixed incomes and the potential for increasing healthcare costs. For older Australians dependent on the age pension, the cost of their accommodation is a key determinant of their capacity to lead a decent life; research shows that older Australians on lower incomes who do not own their own homes are at increasing risk of housing stress and instability, not to mention associated health and social connection challenges.[8]

Renters face higher housing costs than home owners in retirement – an additional $6,900 per year for the median single, and $12,200 per year for the median couple.[9] Private rental housing costs have risen significantly in recent years, combined with a reduction in supply.[10] The 2020 Retirement Income Review found that almost one-quarter of retirees who rent privately are financially stressed, with high housing costs likely to be the primary driver of the financial stress. Increasing divorce rates at older ages[11] are impacting financial stability in later life – older divorced Australians have less household disposable income and fewer assets than same-age married couples.[12]

In 2019–20, over 225,000 older people were living in very low-income (Q1) and low-income (Q2) households and paying unaffordable rents in the private rental sector. Only 19% of very low-income households were paying an affordable rent of less than 30% of gross household income, and 40% were living in households paying a severely unaffordable rent of 50% or more of gross household income.[13] In 2021, there were over 14,000 people aged 55 years and above living in marginal housing, such as overcrowded dwellings (52%) and caravan parks (39%).[13]

Declining rates of home ownership, carriage of mortgage debt into retirement, restricted access to shrinking stocks of social housing, and lack of housing affordability in the private rental market have a particular impact on older people. This policy brief focuses on those in the private rental system or seeking an affordable alternative to staying in the family home, which may have become more expensive to maintain, and unsuitable for age-related changing needs.

Policy context

The Federal Government's establishment of the National Housing Accord, the Housing Australia Future Fund and the National Housing Supply and Affordability Council are welcomed, as is the late-2023 consultation on the National Housing and Homelessness Plan, and recent state government housing policy and funding initiatives. The National Housing and Homelessness Plan consultation acknowledged that states are 'required to address the needs of specific priority cohorts in their state homelessness plans', including older people.[14]

However, 'housing for older people' is largely missing from housing policy discussions to date, despite the limited options currently available for older Australians who do not own their own home, and affordable housing suitable for older people is in extremely short supply.[15] There has been a lack of investment in alternative affordable housing options, and while there are some niche housing models, such as home sharing and co-housing, they are not

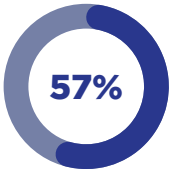
2020 Retirement Income Review[36]

'Almost one-quarter of retirees who rent privately are financially stressed, with high housing costs likely to be the primary driver of the financial stress.'

STATISTICS

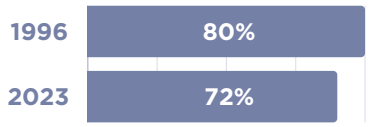
Homeownership is gradually decreasing among those approaching retirement.

OVER-65s HOMEOWNERSHIP



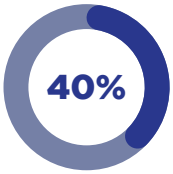
Decline to 57% by 2056

Falling from 80% to 72% for those aged 50-54 since 1996 (AIHW, 2023).



In 2019-20, over 225,000 older people were living in very-low (Q1) and low income (Q2) households.

paying an affordable rent of less than 30% of gross household income



living in households paying a severely unaffordable rent of 50% or more of gross household income

RENTERS

Renters face additional higher housing costs than homeowners in retirement.

$6,900P.A

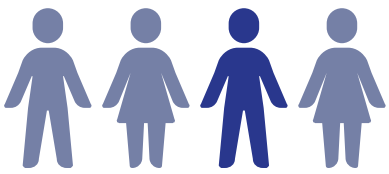
Median Single

$12,200P.A

Median Couple

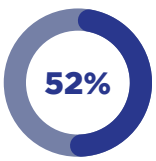
1 OUT OF 4

retirees who rent privately are financially stressed



14,000 PEOPLE

In 2021, there were over 14,000 people aged 55 years and above living in marginal housing



Overcrowded Dwellings

Caravan Parks

specifically tailored to older people, nor are they delivered at scale.[16] No transformation has been pursued in the modest output of new house building for older people delivered by the market, a point that nuances popular narratives of intergenerational conflict between young renters struggling to access home ownership and older, asset-rich home owners.[17] This issue is compounded by the division of housing-related powers between the federal and state governments, and a lack of leadership and coordination from the Federal Government.

Housing is not seen as a human right in Australia (unlike, for example, Canada) – housing has been market-driven rather than rights-driven. While changes have recently been introduced at state and territory levels, there has historically been a tradition of home ownership and light regulation of Australia's private rental sector[18] and reducing emphasis on affordable and social housing.[19]

Public discourse and policy regarding housing for older people has traditionally been conducted – and indeed legislated for – in the context of age-specific forms, for example, retirement villages and residential aged care. This results in segmentation of analysis of housing options for older people, with options being evaluated in isolation rather than components of a wider housing system.[17] However, not all older people want to live in a retirement village, and only 4.6% live in cared accommodation in 2018.[20]

While social housing has long been considered an appropriate option for older lower income households, demand far exceeds supply, the stock is inappropriate and inefficient, and there is an increasing complexity in the needs of tenants. Furthermore, a healthy older person is only able to get onto the priority list for social housing when they turn 80. Lack of availability means that older people who are not in a position to buy find themselves in private rental accommodation.[21]

Lower income older Australians have expressed clear preferences for shared equity home ownership models, co-operative housing models and transportable home models 'however, not only are there limited alternative housing options available, there is also limited information regarding such options, how to access them, legalities

Case Study 1

Singapore's flexibility within existing models

In Singapore, over 80% of the population lives in housing provided by the government.[28] Granted, most of this housing is available on a long lease arrangement, akin to purchase, but there are also rental homes for those on low incomes. The nature of the housing – primarily clusters of low- and high-rise modest-sized apartments, with corridors designed to be used as a vibrant social space for children and families – means that social connections are strong, as most residents conduct their lives outside of their home, meeting for meals and social events. One of the people I met with talked of housing as 'Singapore's most successful social policy'.

The Singaporean Government recognises the ageing of the population, and also that familial care is becoming less common, and has developed Community Care Apartments (CCAs), which measure around 35m^2 in size, can be leased for 15–35 years for residents aged 55 years and above and have additional optional services such as social day care and the provision of meals.[28] I visited one such housing complex with integrated care and community facilities. Apartments for older residents are on the upper floors, the middle floors comprise landscaped terraced gardens, medical facilities and childcare centres to facilitate intergenerational connections, and shops and food outlets are on the ground floor.

When considering incentives for landlords, Australia can build on the Commonwealth Rent Assistance (CRA) program and learn from a similar – but more flexible – system in the US. Nationally, there is a voucher program, administered by the Department of Housing and Urban Development, which provides two options: project-based vouchers, which are attached to an apartment owned by a community/state housing provider; or vouchers that follow the household, and the tenant must seek housing in the private sector. Although the US voucher is cash limited and only a quarter of the US households that meet program eligibility criteria receive the voucher,[29] the scale of assistance provided in the US is more generous than CRA.

and other information pertinent to decision making'.[22] Ensuring that policy and industry can deliver more diverse housing options is critical to improving the ability of older people to access such models, with tenure that provides the same stability and security of mainstream home ownership.[23]

Lessons from other jurisdictions and options for treatability

During my Churchill Fellowship, I met with housing and aged-care providers, governments at all levels, older people, and researchers, and visited several housing options in Asia (**case study 1**), Europe (**case studies 2 and 3**), and the United States. Culture underpinned three themes that drive the lack of productive discourse about housing for older people. 'Culture and housing tenure' included issues such as Australia's culture of home ownership versus renting, housing as a commodity rather than a necessity, and perceived socio-economic differences within tenure. 'Culture and welfare' broadly considered Australian societal attitude towards those receiving welfare, what comprises welfare, and who receives welfare. 'Culture of ageing-in-place' explored the different attitudes around the world, such as ageing-in-what-place (a formal facility or village, for example), ageing-in-what-environment (e.g., multigenerational or age segregated) and ageing-in-an-old-place (often an ageing family home that needs modifications to make it habitable as someone ages).

In Australia, the above three subthemes are firmly entrenched; generally, Australians have traditionally aimed for home ownership over rental, in the last 50 years or so have come to view welfare (i.e. social housing) as a last resort, and have aimed to age in their family home or move into a 'desirable' retirement village. Some of the countries that I visited (Austria, Denmark, Germany, and Singapore, for example) take a much more fluid approach to each of the cultural subthemes, and the housing available to older people was, as a result, more varied in design, investor and management models, tenure (including mixed tenure), location, and cost.

Case Study 2

EU social housing – a significant part of the housing system

In much of Europe cultural attitudes towards social housing are different from those prevailing in Australia. In Vienna, Austria, over 60% of residents live in 440,000 socially provided homes. These homes are not built only for those on low incomes – people earning up to €3,500 per month after tax (AU $5,400 at time of Fellowship) are eligible, meaning that 75% of Viennese are eligible. If someone moves into social housing and their income rises, they are not obliged to move out. These homes, therefore, are available for a person's entire life, with appropriate age-related modifications permitted if required.

Alterlaa social housing complex in Vienna houses 9,000 people in 3,200 apartments. Image credit: Adobe Stock.

At over 20% of the total housing stock[24] social housing is also a large sector in Denmark, founded on three pillars: being non-profit, which keeps rents low, having tenant democracies where the residents influence their own housing, and having a financial model where the state and municipalities support the construction of non-profit housing.[25]

Case study 3

Denmark's flexibility of funding and development options

Denmark has strong, and numerous, co-housing communities. Co-housing models can differ, but generally involve self-managing communities where residents have their own private, self-contained home, with communal facilities and spaces. Co-housing communities can be owner-developed and designed, or social housing provider designed, and age specific or multi-generational.

Funding flexibility (either corporate investment and private mortgages) and planning and design are key to their success, in Denmark and globally. For example, two co-housing communities that I visited in the United States (US) were established by the residents, and in both cases the residents were able to raise the money themselves, whereas obtaining a mortgage for such a venture in Australia can be problematic.[26] Institutional investment from impact investors (which seek social returns and often accept lower financial returns), community housing providers, member-based organisations (such as mutuals and co-operatives) and governments would speed up the process and possibilities for co-housing,[27] and give collective groups the help to create a new pathway to more affordable ownership and rental options.

A co-housing community in Jystrup, Denmark. Image credit: SEIER+SEIER/flickr

Principal options for Australian policymakers

Governments and stakeholders must become and remain engaged in leadership in shaping the direction of housing policy, inclusive of older people, and there is nothing in the Constitution that legally prohibits the Federal Government from taking a leadership role on policy, standards and coordination. All governments need to become more collaboratively proactive and strategic on housing[30] and distance themselves from the attitude that housing can be 'left to the market'. While there is a budget for tackling homelessness, within the housing system there has traditionally been a focus on first home owner grants, or tax subsidies for landlords. Effective reform requires a holistic approach to break down silos (e.g. between governments, construction, developers, retirement living), break down inherent cultural norms (about older people's socio-economic situation and their desires for appropriate housing in later life) and cease 'cookie cutter' developments of 'aged' housing.

Martin et al.[31] found that while there is no template for creating and maintaining a national approach to a policy area in the Australian federation, there are factors that can elevate and sustain efforts at reform, including:

- encompassing the core areas of social housing and homelessness
- bringing in the new core areas of housing assistance, tenancy law, residential building quality
- aligning housing-related taxation, finance, planning, and development with a strategy mission
- articulating with other relevant and interdependent policy areas.

Without government leadership at all levels, actions to address housing will continue to consider issues such as affordability, supply, financing, design, planning, and management of housing in silos. A national approach which focuses on the utility value of housing – that of providing a safe, affordable, and secure base from which to live – must be initiated.

Stakeholder consultation

Engaging respectfully with stakeholders party to major housing reform is challenging. Complex interconnections between housing policy, markets and provision, and wider political and economic processes [17] must be recognised, alongside the potentially conflicting desires of developers, architects, and governments. For example, in Copenhagen, the co-housing group driving the project was frequently offered (cheaper) land in another part of the city by the city government – an area that they had no connections to and did not want to move to – because land in their chosen suburb was worth more, financially, to private developers.

Preliminary consultation on the following recommendations should include:

- federal and state departments of ageing, and housing and social services; federal and state treasurers; ministers for local government; Housing Australia; Australian Tax Office
- Australian Local Government Association (and states)
- Age Discrimination Commissioner
- non-government housing and retirement living providers
- architects, planners, housing funders (corporate investors for large housing developments, e.g. superannuation funds and banks for more flexible options for individuals), property developers, construction industry
- mid-to-older people, carers, and families
- universities (e.g., architecture and building students)
- special interest groups such as Housing Action for the Aged; Australian Association of Gerontology; EveryAGE Counts; Council on the Ageing, Shelter, and Council of Social Service (national and state levels); Older Person Advocacy Network; National Seniors; Property Council Retirement Living Team; Council for Elders.

Policy recommendations

It is recommended that:

1. The National Housing and Homelessness Plan, and state and territory housing and homelessness strategies, incorporate explicit consideration of housing for older Australians and possible solutions to identified policy challenges
2. Federal Government convene a Senior Officers Group by the end of 2024 to develop policy options for consideration by National Cabinet, ensuring federal and state governments work together to undertake significant tenancy reform by, for example [32]:
    - establishing single points of ministerial accountability for all housing policy, funding, and delivery levers
    - bundling federal, state, and local incentives across the housing ecosystem to optimise attracting housing investment
    - implementing nationally comparable planning reforms
    - promoting and supporting alternative housing funding, design, and management models, for both corporate investors (bringing new investors, e.g. super funds to the discussion) and individuals, especially individuals older in years (who have traditionally not been eligible for home loans) and for options such as co-housing, build-to-rent and shared ownership
    - increasing the variety of living options that have been historically stifled, e.g. ‘granny flats’ and, where appropriate and well designed, tiny homes.
3. Federal Government convene an industry roundtable by the end of 2024 to develop alternative housing models, working with the departments of health and aged care, treasury, and human services, alongside state and local governments
4. Federal Government establish an innovative housing options fund by the first quarter of 2025 which provides grants to support partnerships between industry, local and state governments and gives housing and planning ministers, developers, and investors the power to deliver demonstration projects and pilots.

Acknowledgements

I would like to thank Professor Alan Morris and Professor Hal Pawson, who provided invaluable expertise, advice, and insight through their peer-reviewing of this article. Any errors or omissions are my own.

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Image credit: Adobe Stock

Supporting and safeguarding at-risk adults

By John Chesterman
Churchill Fellow 2012

Key terms: At-risk adults, elder abuse, adult safeguarding

Who should you contact if you suspect that an adult in your community is experiencing abuse, neglect or exploitation but does not appear to be in urgent need of medical attention and is not obviously a victim of a crime? In most of Australia's states and territories, the answer is unclear. The answer should be a government agency in each state or territory with the power to receive inquiries, investigate the circumstances, and support the rights and wellbeing of at-risk adults.

According to the Australian Institute of Family Studies, around 15% of older Australians experience elder abuse in any given year; just as alarmingly, two-thirds of victims do not report the abuse.[1] In 2023, the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability concluded its consideration of the many ways in which people with disability are subjected to harms which often go unaddressed. This adds to existing knowledge about people with disability being more likely than others to be victims of crime, and less likely to have those crimes result in proceedings against perpetrators.[2]

We know that there are adults who experience abuse and neglect, and that existing avenues for addressing this are inadequate. While we need to improve our existing institutional responses – which means, among other things, better criminal justice protections and outcomes for marginalised groups – there are people whose immediate needs will not be met by the involvement of existing government agencies. Put simply, their right to live free from abuse is not supported in practice.

What can be done to remedy this?

For more than a decade, numerous reports have called for the empowerment of adult safeguarding entities to fill the gap that continues to exist when it comes to investigating the wellbeing of at-risk adults. This includes the Victorian Law Reform Commission (2012), my Churchill Fellowship report (2013), the New South Wales Law Reform Commission (2018), and the Tasmania Law Reform Institute (2018).[3]

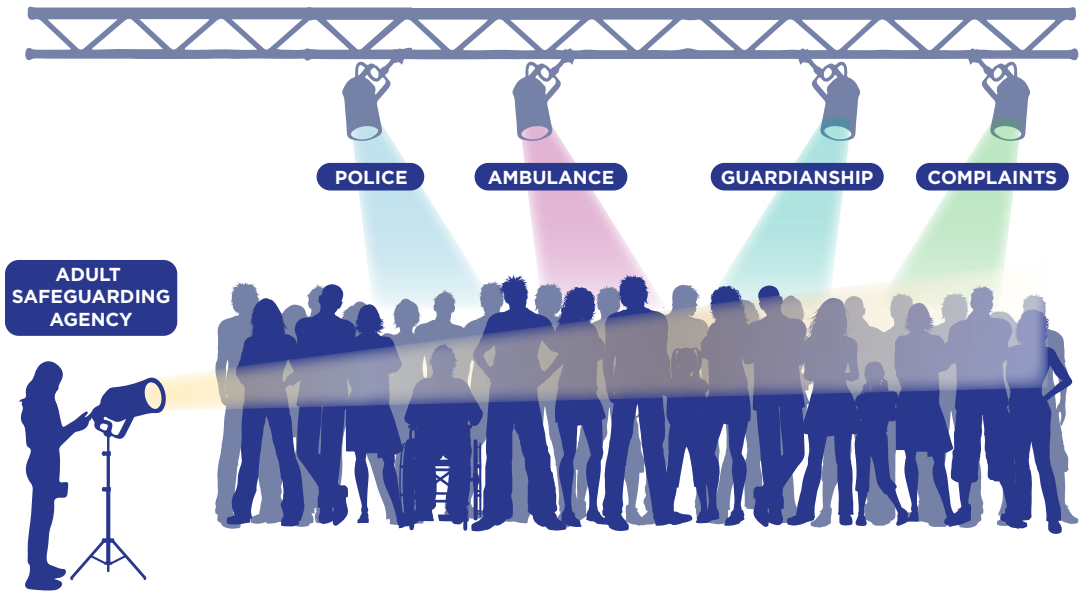
Most significantly, in 2017 the Australian Law Reform Commission (ALRC) report *Elder abuse – A national legal response* called for Australia's states and territories to enact 'adult safeguarding laws' that 'give adult safeguarding agencies the role of safeguarding and supporting "at-risk adults"'. That report defines 'at-risk adults' as adults with 'care and support needs' who 'are unable to protect themselves from abuse or neglect'.[4]

The *National Plan to Respond to the Abuse of Older Australians [Elder Abuse] 2019-2023,* endorsed by the Council of Attorneys-General, subsequently required states and territories to 'review state and territory legislation to identify gaps in safeguarding provisions'.[5]

An 'investigation gap' exists in most Australian jurisdictions when it comes to the ability of government agencies to investigate the wellbeing of adults who are at risk of harm.[6]

Consideration of the issues

In the absence of any other viable option, police and ambulance services are often called to attend such scenarios. While many jurisdictions have made significant improvements to the ability of their emergency services to respond to instances of domestic and family violence, and to improve their responses generally to marginalised groups, they will often have very constrained ability to take remedial action.



Addressing gaps in government agency responses to at-risk adults. Image credit: J. Chesterman / H. Hodgson.

Image credit: Adobe Stock

Imagine this situation occurring in any suburban Australian street. A person has not seen their older neighbour, Max, for some time, but they notice that Max's adult child, Steve, appears to have moved in with Max, and Steve can be heard frequently yelling at Max. Unusually for Max, he now rarely leaves the house, and the neighbours' attempts to speak to Max are discouraged by Steve.

What might the neighbours do here? Who might they call?

Oftentimes a person will clearly be at risk while neither being the obvious victim of a crime nor in need of urgent medical care.

If the adult is currently in receipt of poor quality support services, they can lodge a complaint about those services to regulatory agencies such as the NDIS Quality and Safeguards Commission or the Aged Care Quality and Safety Commission. But that option can be of limited utility to some at-risk adults as it requires the person to have the ability to conceptualise and lodge a complaint. Indeed, the person's predicament may not be the result of the poor provision of a current service and may instead be the result of the actions taken by a third party, such as a family or community member. Or the person may simply not be receiving sufficient services.

Where the adult concerned has a significant cognitive impairment, guardianship agencies can become involved, and any remedial action will typically involve a substitute decision-maker being appointed to make decisions on the person's behalf.

This can be a private or public guardian appointed to make decisions such as where the person lives, or a private or public administrator (financial manager) appointed to manage the person's finances.

This constitutes a significant intervention in the person's life, and one that sits uneasily alongside Australia's international human rights obligations, such as those arising from Australia's ratification in 2008 of the Convention on the Rights of Persons with Disabilities. Nor will it often make sense for a person's decision-making ability to be the central criterion that enlivens the taking of any remedial action.

A guardianship appointment may have been unnecessary had earlier and less restrictive interventions been made to address the wellbeing of the individual. It is now widely accepted – including by guardianship agencies – that adult guardianship is overused in Australia and that less interventionist measures are desirable, both for pragmatic as well as for human rights reasons.

Throughout Australia, typically around capital and larger cities, advocacy agencies, legal services, and carers groups negotiate gaps in their jurisdiction's adult safeguarding system and advocate for improvements to the circumstances of at-risk adults. That option is limited in rural and remote parts of Australia, which particularly affects remote First Nations communities.

So far, only two states have acted to address the safeguarding gap that has been identified by the ALRC and other reform agencies.

In 2019 New South Wales and South Australia each established new adult safeguarding entities. New South Wales opted to establish an independent office – the Ageing and Disability Commissioner – with a broad remit concerning 'adults with disability and older adults'.[7]

South Australia legislated to introduce a new departmental unit – the Adult Safeguarding Unit – which now has jurisdiction to investigate the situation of 'vulnerable adults', a term defined to refer to people whose 'age, ill health, disability, social isolation, dependence on others or other disadvantage' makes them 'vulnerable to abuse'.[8]

In 2022, as Queensland Public Advocate, I led the completion of a two-volume report on adult safeguarding in Queensland, which considered and drew on the ALRC's work in recommending the appointment of a state Adult Safeguarding Commissioner with power to investigate 'the situation of any at-risk adult'; and the establishment of regional Adult Safeguarding Networks.[9]

In the same year, the Victorian Office of the Public Advocate argued for its powers to be broadened so that it could perform 'a new, specialist adult safeguarding function'.[10]

In 2023, the Independent Review into the National Disability Insurance Scheme backed the ALRC's call, while the Disability Royal Commission called on states and territories to 'ensure adult safeguarding functions are operated by adequately resourced independent statutory bodies'.[11]

It is important to note that the optimal operation of an adult safeguarding body involves more than simply investigating and reporting on situations of risk. In my Churchill Fellowship travels, I wanted to know how safeguarding agencies in Canada, the United States, England and Scotland identified and sought to address situations where adults were at risk in the general community.

I saw a wide range of practices. These included, at one extreme, government 'protective services' agencies that provided quite clinical social assessments but that could do little to organise the provision of ameliorative services. At the other extreme, I saw active local councils that were able to identify the needs of local at-risk adults and orchestrate the delivery of relevant social care services to them.

From these travels I identified two key elements of any meaningful adult safeguarding response:

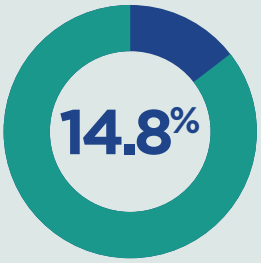
1. the investigating agency must be able to see the person in order to properly assess their wellbeing, and
2. the investigating agency must be oriented towards providing, and preferably orchestrating, supportive interventions where they are warranted (it is not enough simply to assess the person's needs); such interventions need to be driven, foremost, by what the person themselves wants to happen.

The challenge for me in writing my Churchill Fellowship report was to apply what I learned overseas to the Australian context, which differs considerably from some of the jurisdictions I visited. Here, states and territories play the central role in the protection of marginalised citizens, while the main areas of relevant service provision – namely, aged care and NDIS support – are regulated and funded at the federal level.

The design and optimal performance of any adult safeguarding system requires the negotiation of complex ethical and legal challenges, on topics ranging from the sharing of confidential information through to the recognition of a person's freedom to refuse offers of assistance. In a 2019 article in the *Australian Journal of Social Issues* I considered these design and operational challenges and identified ten key principles that should inform adult safeguarding reforms. These will need to be engaged in the development of adult safeguarding legislation and seek to ensure that a 'supportive intervention' approach can be enlivened to address situations of harm, while enabling the individual at the centre, wherever possible, to direct efforts to support them.[12]

In summary, the required reform is for every state and territory to identify one agency which can be contacted by anyone with concerns about adults who are at risk of harm. Such an agency needs to be rights based and person centred, meaning its focus must be the wellbeing of the at-risk individual. It needs to have the ability to take inquiries and reports, and be able to supportively investigate the person's situation and provide a remedial response. This could include connecting the person to services for which they are eligible, facilitating dispute resolution, or providing warm referrals to other regulatory or law enforcement agencies.

Australian Institute of Family Studies Australian elder-abuse prevalence study



'In the 12 months prior to being surveyed, 14.8% of the sample reported experiencing at least one form of elder abuse.'

Source: AIFS, National Elder Abuse Prevalence Study: Final Report, 2021, p. 32.

Image credit: Adobe Stock

In addition to benefitting the individuals concerned, the creation of such an agency in each jurisdiction has a potentially powerful community development impact. When citizens know how they can assist others, they are more likely to take an interest in the wellbeing of those around them. They are more likely to ask whether a person is all right, if they know what to do if the answer is 'no'. This elevates the most 'natural' safeguard that exists: people looking out for each other.

These state and territory-based agencies would enable better, and more targeted, use of government resources in fields including emergency services and adult guardianship. They would also contribute invaluable evidence for public policy responses at all levels of government, on topics including elder abuse, policing, and gaps in the provision of disability and aged-care support.

Stakeholder consultation

Key stakeholders in this field are already aware of current calls for adult safeguarding reforms as a result of the obligation on states and territories under the *National Plan to Respond to the Abuse of Older Australians [Elder Abuse]* to review adult safeguarding arrangements. They include state and territory attorneys-general and state and territory justice departments. They all remain integral to any reform activity, since they will drive the development of the reforming legislation that is required.

Additionally, state and territory ministers with responsibility for seniors and people with disability, and associated departments, are integral to this reform process, as are state and territory public advocates, public guardians and public trustees.

The design of any state or territory adult safeguarding system must involve consultation with the people who are the subject of such a system – at-risk adults – as well as families and carer groups, who know well the indicators of success for such initiatives. In addition, service providers will have unique insights on operational challenges, while emergency services will have expert knowledge of the difficult scenarios, and referral pathways, that any new adult safeguarding system will need to negotiate.

Meanwhile, advocacy agencies, elder abuse services, community legal centres and other non-government organisations will retain a keen interest in the development and workability of new adult safeguarding arrangements. The effective design of such arrangements will also require specific consultation with First Nations health

and service support groups to ensure that reforms provide coverage to, and are adequately tailored for, First Nations people, especially those in rural and remote locations.

At the federal level, the Commonwealth Attorney-General and the Attorney-General's Department have an important potential monitoring role concerning nationwide developments, while the Minister for Health and Aged Care, the Department of Health and Aged Care and the National Disability Insurance Agency will all have keen interest in these reforms, as will national regulatory bodies, including the NDIS Quality and Safeguards Commission and the Aged Care Quality and Safety Commission.

Policy recommendations

1. By October 2025, every state and territory should legislatively empower an adult safeguarding agency to be able to investigate and respond to concerns that at-risk adults may be experiencing abuse, neglect or exploitation.

2. The Commonwealth Attorney-General, through the Standing Council of Attorneys-General, should monitor national adult safeguarding developments in the wake of, and consistent with, the recommendations and requirements of the Australian Law Reform Commission's *Elder abuse – A national legal response* report, the *National Plan to Respond to the Abuse of Older Australians [Elder Abuse]*, and the final report from the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

Acknowledgements

I was a member of the advisory committee for the ALRC's inquiry into elder abuse. I'd like to thank the following individuals, with whom I have had many discussions about adult safeguarding over the past ten years: Colleen Pearce, Rosalind Croucher and Kay Patterson. I'd particularly like to thank my policy peer reviewers, Robert Fitzgerald AM and Geoff Rowe, and The University of Queensland reviewers, for their valuable comments on an earlier draft. Thanks also to my team at the Queensland Office of the Public Advocate for their terrific assistance: Jacinta Colley, Tracey Martell, Yuu Matsuyama, and especially Hannah Hodgson, who led the design of the infographic. Any errors or omissions are my own.

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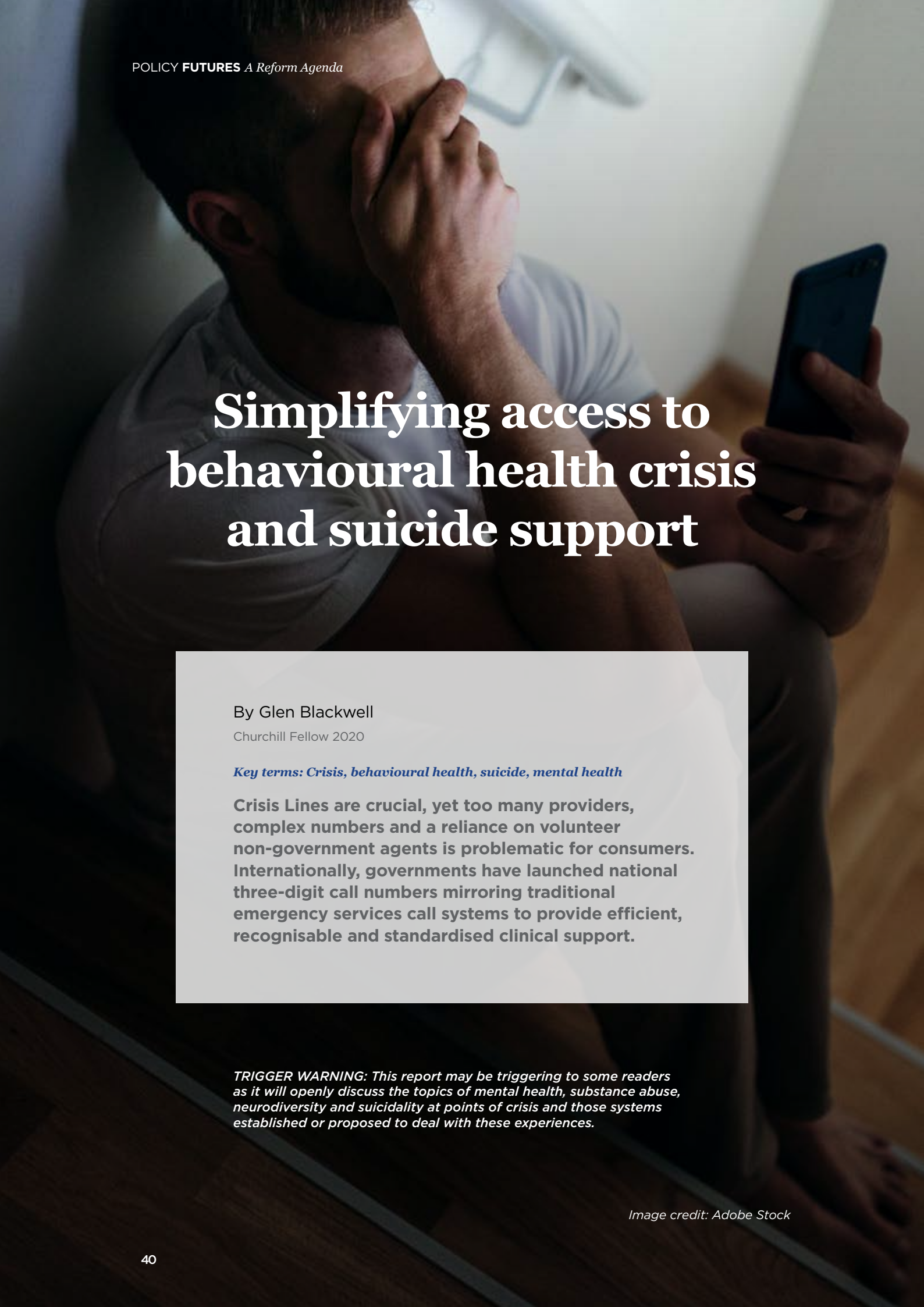


Simplifying access to behavioural health crisis and suicide support

By Glen Blackwell

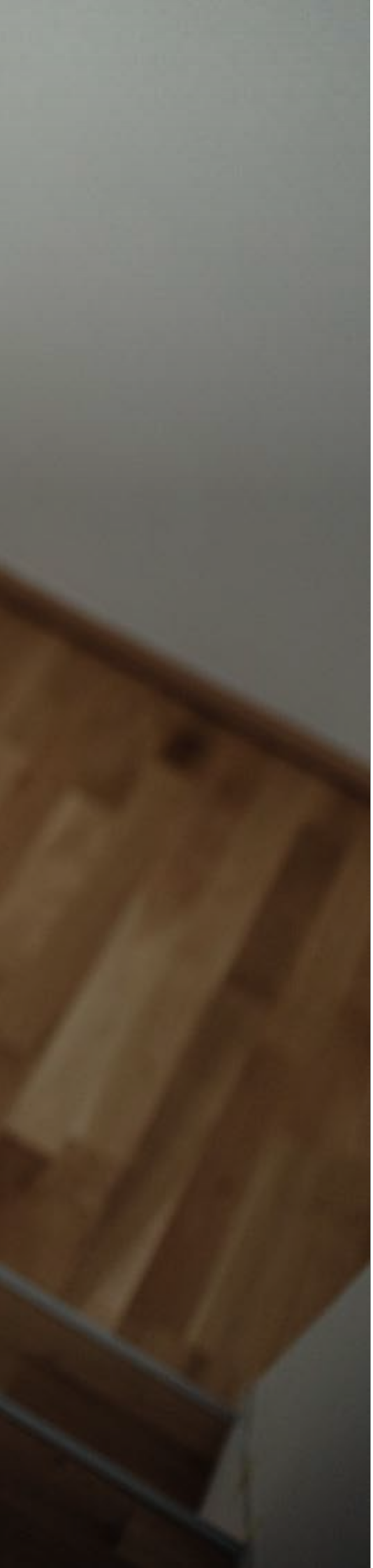
Churchill Fellow 2020

Key terms: Crisis, behavioural health, suicide, mental health

Crisis Lines are crucial, yet too many providers, complex numbers and a reliance on volunteer non-government agents is problematic for consumers. Internationally, governments have launched national three-digit call numbers mirroring traditional emergency services call systems to provide efficient, recognisable and standardised clinical support.

TRIGGER WARNING: This report may be triggering to some readers as it will openly discuss the topics of mental health, substance abuse, neurodiversity and suicidality at points of crisis and those systems established or proposed to deal with these experiences.

Image credit: Adobe Stock



One in eight Australians have seriously considered suicide, with half of Australians reporting costs and appointment waiting times as significant barriers in accessing mental health support.[1] Subsequently, one in four Australians are relying on digital or telephone call services as their support service of choice.[2]

Australian state governments operate call lines supporting individuals in behavioural health crisis (BHC) but they are generally under-resourced and largely unknown. This is unsurprising, given that the Federal Government's leading websites, the Commonwealth Department of Health and Aged Care and the National Mental Health Commission, prioritise promoting not-for-profit (NFP) crisis lines, with both listing 18 different NFP providers for individuals in a BHC over government health crisis call lines.[3]

Government should retake ownership of behavioural health crisis and suicide as a national health problem rather than creating a crowded, confusing and competitive environment of NFP organisations filling the gaps of an inefficient whole-of-government crisis healthcare model.

Governmental deference to volunteer NFPs to fill crisis call service delivery compounds a reliance on and overburdening of the 000 emergency system to service BHC calls in the community. This results in 20-30% of Australian police response time dealing with BHC calls and presenting to hospital emergency departments at ten times the rate with mental health detainees than all other detainees.[4] There is evidence that increased police contact rates with individuals in BHC will increase entry into the judicial process and explain how Australian prison mental health and neurodiversity rates are double that of the wider community.[5]

A secondary impact of 000 managing BHC calls is an over-reliance on hospital emergency departments to manage individuals in BHC or displaying suicidality. Yet, two-thirds of these presentations are released within 4 ½ hours of their arrival, being assessed as not acutely unwell.[6] However, emergency services and consumers themselves have nowhere else to go. This therefore highlights the need for an appropriate model of care.

Behavioural health call lines – not just for suicide

While most crisis lines focus marketing and language on suicidality, this is not the only use of such systems. In the US, for example, 34% of all calls to America's national 988 lifeline relate not to suicide but rather to general mental health or substance abuse concerns, as well as interpersonal, trauma and social problems. Further, a review of California's suicide crisis lines shows that, on average, only 26% of calls are suicide specific.[7]

Consideration of the issues

The Australian Productivity Commission identified that federal and state governments spent $14.5 billion on suicide and mental health – of which, the commission estimates, $7.9 billion is demand driven.[8] Demand driven mental health care has tangible effects on emergency health services: in the financial year 2021–22, mental health accounted for 280,172 hospital ED presentations, costing $344 million.[9]

The Productivity Commission further identified that in financial year 2020–21, governments spent nearly half a billion dollars on NFP organisations such as Beyond Blue and Lifeline,[10] which are not directly accountable for effective service delivery. Indeed, Lifeline's 2021–22 annual report identified that Victoria's Lifeline crisis service answered fewer calls than were generated by the demand of Victorians.[11]

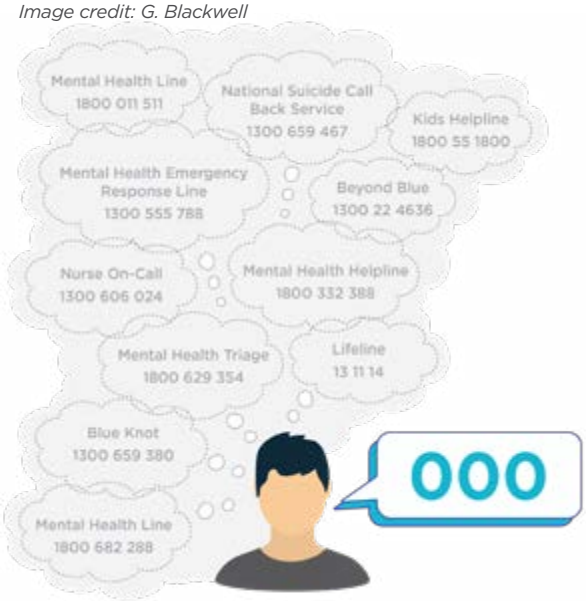
Extending beyond expenditure accountability is differentiation in service quality. A review of California's crisis call centres highlighted that National Suicide Prevention Lifeline (988) paid call-takers produced superior outcomes, decreased caller distress, promoted a consistent approach to suicide prevention, and reduced distress in the call-takers themselves when compared to NFP crisis lines.[12]

The *National Suicide Prevention Strategy for Australia's Health System 2020–2023* identifies a zero suicides goal, which requires a 'whole-of-government suicide prevention' approach[13] with shared responsibility across portfolios including Health, Justice, Education, Indigenous Affairs and Social Services, to name a few.[14] The prevention strategy considers BHC and suicide a government responsibility and states that NFPs must not be the primary crisis mental health care plan.

Mental Health Australia's submission to the Productivity Commission's inquiry into mental health highlighted inefficiencies in a competitive and confusing non-government system of care. They stated that, instead of generating competition between sectors and specific mental illnesses, which creates a community services system which is difficult to access, governments should prioritise funding for acute care in public hospitals and community-managed mental health.[15]

Returning government as a lead in BHC and suicide prevention requires government to take ownership of the first stage in crisis contact through establishment of a national three-digit call line, mirroring the 000 emergency service. A government health service-led system could incorporate existing NFPs, though in a more directed and collaborative approach, without government revoking its responsibility.

Image credit: G. Blackwell



Lessons from USA's 988 and the world

The US Federal Government's Substance Abuse and Mental Health Services Administration (SAMHSA) launched the 988 service in July 2022, to enhance access to the National Suicide Prevention Lifeline.[16] In the first 12 months, 988 answered nearly five million contacts, representing a 150% increase or nearly two million more contacts from the previous year operating under 10-digit call numbers.[17]

Joining the three-digit crisis line movement, Canada launched 988 in November 2023, emphasising international governments' push to retake ownership of BHC.[19]

988 SUICIDE & CRISIS LIFELINE

988 USA[18]

In a mental health crisis? CALL 111 OPTION 2

NHS 111 call line[23]

Image credit: G. Blackwell

Whilst this was new for the USA and Canada, England's 111 First Response for Mental Health scheme launched in 2016.[20] Each 111 First Response centre is managed by local NHS trusts equivalent to state health service providers in Australia (e.g. MHERL WA).

Evidence from England's National Health Service (NHS) 111 First Response should have given the USA, and now Australia, an insight into how a three-digit crisis line number is effective. After eight months of operating an NHS review showed 48% of calls were self-referrals, with 97% not requiring hospital ED admission. Further, 111 First Response calls resulted in 26% fewer hospital ED admissions by ambulance and a 19% reduction in mental health ED admissions, worth nearly £5 million in savings.[21] Importantly, fewer than 2% of calls will result in a law enforcement response again aligning to 988 Lifeline's first year with only 2% of calls requiring an emergency service call-out.[22]

Expanding on a three-digit crisis line concept, in 2021, Austin, Texas, added mental health as a fourth service 911 call takers could offer. Call-takers triage calls through offerings of ambulance, fire, mental health and police providing, a more appropriate stream for a consumer-centric BHC response, returning to the principle of removing law enforcement engagement with a health issue and reducing the capacity for judicial or use of force outcomes.

Behavioural Health Crisis Receival Centres (BHCRC)

Supporting an Australian three-digit crisis line is the reform of how individuals in a BHC are managed when unsafe and need to be removed to a place of safety. Australia has leadership in this field, with Robina's Crisis Stabilisation Unit and Adelaide's Urgent Mental Health Care Centre accepting BHC direct entry patients. However, Exeter and Liverpool, England; Vancouver, Canada; and Houston and Lubbock, USA, demonstrate that BHCRCs are the standard approach, rather than an exception.[25]

BHCRCs deliver a more suitable and sustainable model of care for individuals experiencing BHC, with expedited entry into enhanced patient care delivered by specialist practitioners who understand BHC specific presentations. This lessens stress and anxiety on patients and, in turn, reduces the likelihood of negative interactions whilst overstimulated.

PEAT at Vancouver Hospital[26]

Harris Centre Houston[30]

Image credit: G. Blackwell

Summation of the issues

Failure to establish a national three-digit crisis line sees a continuation of federal and state governments funding multiple NFP and government call centres in an ineffective system through:

- administration expenditure of multiple service providers delivering similar services
- confusion for consumers in crisis reinforcing a reliance on traditional 000 call lines
- reduced government oversight to ensure delivery on national suicide strategy policies
- continuation of a competitive non-government sector of service providers, diagnosis groups in crisis management with a lack of accountability.

Implementation of a national government lead three-digit call line (e.g. 222) modelled on 000 service efficiencies creates opportunities to meet national suicide plan objectives by:

- returning over $400 million per year back into government-managed health systems with direct linkages in community care programs.
- fulfilling Australia's suicide prevention strategy of 2020–23 and preempting 2024's new Australian suicide prevention strategy call for a whole-of-government approach encompassing all portfolios[27]
- improving access to quality mental health services[28]
- reducing stigma and simplifying access to appropriate BHC service providers
- introducing national standardised service delivery and engagement of mental health service providers.

Stakeholder engagement

The policy recommendations below align to the national suicide prevention strategy and recommendations of the Productivity Commission, as informed by Commonwealth and state officials, Mental Health Australia, peak organisations, experts and people with lived experience of suicidal behaviours and mental health diagnoses.[29]

Consultation on policy recommendations included in this paper has also been undertaken with key stakeholders, including Autism Australia, WA Association of Mental Health, National Consumers of Mental Health Association, and COMHWA, who believe a three-digit call line and BHCRCs will improve consumer engagement, care and outcomes. However, further consultation is required with state government crisis call centres, health departments and emergency services in a collective forum.

Policy recommendations

1. **Creation of a national three-digit Behavioural Health Crisis Line**

   It is recommended that National Cabinet convene a working party of federal and state health and emergency services portfolios in 2024 to establish a three-digit BHC call line (e.g. 222) modelled on current 000 call systems. To effectively establish a national three-digit BHC call line, the following processes are required:

   - standardised state government-run mental health call service centres (e.g. MHERL in WA or Mental Health Line in NSW) ensuring that government is seen as taking the lead in suicide prevention and mental health management
   - realignment of federal and state funding to government health-based call centres under the unified national three-digit number, maximising efficiencies and returning oversight to the state
   - federal and state governments enshrine future funding to maintain and promote the three-digit number system
   - inclusion of the BHC call number into Australian Communications and Media Authority's legislation and policies
   - funding for development and delivery of a sustained awareness and promotional campaign across Australia.

2. **Creation of fourth emergency response offering for 000 service**

   It is recommended that a fourth offering be added to the 000 emergency service diverting those in BHC away from the judicial system.

   - introduce mental health as a fourth offering for call-takers as an emergency service response
   - adjust the emergency service offering sequence to: *ambulance • fire • mental health • police.*

   Removing police as first offering removes the automatic response of individuals in crisis requesting police for non-law enforcement emergencies.

3. **Creation of a national Behavioural Health Crisis Receival Centre framework**

   It is recommended that National Cabinet appoint the Department of Health and Ageing to convene a working party of federal and state health agencies in 2024 to prioritise a national BHCRC framework:

   - establish a joint federal and state funding system, similar to traditional hospital ED funding frameworks, for BHCRC
   - establish national guidelines relating to population-to-bed count, clinical staffing ratios, appropriate peer / lived experience engagement
   - legislate protections for information sharing and treatment periods to ensure a person-centred and equitable national service delivery model.

Image credit: G. Blackwell

Acknowledgements

I would like to thank the Winston Churchill Memorial Trust and the Centre for Policy Futures, The University of Queensland, for the opportunity to undertake the Policy Impact Program. I also thank policy peer reviewers Ms Kelly Clarke, Vice President 988 USA, and Ms Kerry Hawkins, Commissioner of the National Mental Health Commission, for their combined support, insights and advice in completion of this article. Any errors or omissions are my own.

With over 34 years of policing, Glen Blackwell has developed and led Mental Health Co-Response Teams, WA Health's Mental Health Emergency Response Line and Policing Behavioural Health training. His 2020 Churchill Fellowship research in the UK, Canada and USA has established him globally in Policing Behavioural Health Crisis where he has presented his work at the CIT International, Detroit and ANZPAA, Melbourne conferences as well as to the International Co-Responders Alliance.

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Embedding social and behavioural science expertise in public health decision-making within the interim Australian CDC

By Margie Danchin

Churchill Fellow 2020

Key terms: Centre for Disease Control (CDC), social and behavioural science (SBS), risk communication, immunisation, decision-making, collaboration, consultation

With Australia having established an interim Centre for Disease Control (CDC), government needs to ensure that social and behavioural science (SBS) and communication expertise is incorporated in all aspects of public health decision-making. Building on insights from the pandemic and international academic and government professionals from CDCs around the world, we have a once in a lifetime opportunity to ensure SBS data and effective risk communication is integrated across the CDC to optimise Australia's pandemic preparedness and response to infectious disease threats.

Background

Utilisation of social and behavioural science (SBS) expertise by governments strengthens research knowledge and activities on health perceptions, communication, behaviour and policy measures to improve public health programs through design and implementation of effective public health interventions.

The COVID-19 pandemic clearly demonstrated how a lack of understanding of the knowledge, attitudes and behaviours of different populations led to poor adherence to public health advice. As a result, there was inequity in the health, economic and social outcomes and politicisation of the response.[1] Data to understand how and why people make decisions is needed for infectious disease control and to inform effective pandemic policy measures.

Through the pandemic, Commonwealth and state governments, public health agencies and the health and education sectors lacked the mechanisms to undertake routine collection, synthesis and use of social and behavioural science (SBS) data. As a result, public health decision-making was primarily informed by health expertise and lacked the broader social, psychological and educational perspectives. For example, many policy response measures during COVID-19, such as prolonged lockdowns and business closures were based on virology and epidemiology advice to ensure optimal health outcomes without adequate consideration of the potential negative social and economic impacts (e.g. decline in face to face learning and education, worsening mental health, business closures, etc). Bringing social scientists to the table early would have ensured diverse perspectives were considered to inform more balanced policy measures. Direct health impacts, as well as the indirect mental health and wellbeing, education and economic impacts, could have been more carefully considered.

Communication expertise is also needed to mitigate the impacts of public health emergencies and positively impact public health. During COVID-19, effective risk communication by government and public health leaders was often lacking despite recognition of the pressing need to update public health advice frequently.[1] Ensuring the public understood the issues and how to respond to them was a key challenge of the pandemic. Government and public health leaders often struggled with poor transparency and capacity to acknowledge uncertainty. As the pandemic progressed, they did not adequately prepare the public to expect changing public health advice in response to changes in COVID-19 epidemiology. As a result, trust in government and our academic institutions was eroded.[1] This was best exemplified by government communication of Australian Technical Advisory Group on Immunisation (ATAGI) advice to the media and public. ATAGI's advice changed appropriately in response to new evidence on effectiveness of public health strategies to reduce COVID-19 transmission and on vaccine safety and effectiveness, often with understanding by the media and public as to why.

To achieve effective infectious disease control in Australia, an effective and equitable immunisation program will be central to the new CDC. The COVID-19 pandemic severely disrupted immunisation services, reduced vaccine confidence and increased the spread of misinformation in Australia and globally.[2] Most countries in the Asia Pacific Region have gaps in routine immunisation coverage and Australia has also seen a decline in overall support and coverage for childhood vaccination, particularly for Aboriginal children. Ongoing collection of social and behavioural science data will be needed to understand the drivers of vaccination and develop tailored responses to improve coverage.

As part of my Churchill Fellowship, I visited leading global public health organisations, including WHO headquarters (HQ) in Geneva, UNICEF HQ in New York, US CDC, and Yale Institute of Global Health to access world leading social and behavioural science and risk communication experts. The Australian Government has an opportunity to build on this global best practice and learn from the innovation, global collaboration and resources that were mobilised for vaccine development, implementation and communication during the pandemic.

What is needed now?

The interim Australian Centre for Disease Control (CDC) commenced in the Department of Health and Aged Care on 1 January 2024. Previously, Australia was the only OECD country without a Centre for Disease Control (CDC) or equivalent organisation.

Post COVID-19, WHO has identified the inclusion of SBS as crucial to pandemic preparedness and response. The Australian Government now has an opportunity to utilise SBS expertise and ensure strong interdisciplinary collaboration within public health and disease control decision-making processes across the CDC, and learn from Australian and international expertise.

Utilisation of social and behavioural science (SBS) expertise by governments strengthens research knowledge and activities on health perceptions, communication, behaviour and policy measures to improve public health programs through design and implementation of effective public health interventions.

This includes extensive expertise within the Collaboration on Social Science in Immunisation (COSSI) in Australia, a group which provided important guidance to government during COVID-19 on effective communication and use of mandates to optimise vaccine uptake, as well as the US CDC and other similar international organisations.[3,4] SBS capacity exists among academic and private organisations across Australian states and territories. Government need to provide a clear channel for this expertise to reach decision-makers and for SBS data to be utilised alongside clinical and epidemiological data. This was highlighted in a briefing document for the Public Health Association of Australia (PHAA) by COSSI.[5]

Building expertise in effective mechanisms to collect and use SBS data and in risk communication in Australia will support adherence to public health advice and behaviour change for infection prevention. Understanding what drives public decision-making and behaviour amongst diverse and communities will enable policymakers to respond more effectively and improve the trust and acceptability of community-led strategies.[1]

Consideration of the issues

The initial focus of the interim Australian CDC will be preparing for public health emergencies, improving the national public health surveillance system and building capability in One Health and health security. SBS and communication expertise can be embedded across all these areas and draw on existing national capabilities to optimise our response to public health challenges.

Five core objectives of the CDC have been identified including to:

- Increase independence and strengthen evidence-based and transparent decision-making to maintain trust;
- Improve national coordination of effort and efficiencies by building stronger partnerships, including across Commonwealth agencies and between the Commonwealth and state and territory governments;
- Support national action through enhanced national capabilities, underpinned by the distinct and complementary roles and responsibilities of the Commonwealth, state, and territory governments;
- Enhance international connections;
- Increase and productively use resources to support preparedness and response across all Commonwealth, state, and territory governments, including nationally.

The first objective relies on utilising leading SBS science and communication expertise within Australia. Planning needs to define the core skill sets required and ensure the best model to embed diverse expertise within multi-dimensional teams that incorporate epidemiology, infectious diseases, communication and the breadth of social science, including behavioural economics.

Effective public communication expertise needs to be underpinned by the cardinal principles of risk communication,[6] with trusted spokespeople engaged and messaging that educates and resonates with target audiences, taking health literacy into account. Greater transparency from government officials is needed, with public health professionals and health authorities often the preferred voices to communicate about health issues rather than politicians.[7]

A key thematic priority of the new CDC is immunisation and preventative health, underpinned by cross cutting functions such as communication, health equity, impacted communities, data and surveillance and

health promotion. Systematic collection, synthesis and use of SBS data will be needed to close immunisation coverage gaps across the lifespan and ensure equitable access to vaccines. The CDC will build capacity and strengthen partnerships, to inform immunisation policy and planning to reach target populations. Effective communication will ensure public trust in vaccines is built and sustained. Trust needs to be built through partnerships with strong community engagement and a range of communication channels and platforms, with information tailored to specific groups to reach a diverse range of communities.[8] Misinformation should be addressed and communication coordinated with consistent messaging and minimal ambiguity, prioritising equity.[9]

COSSI have instigated a project to inform inclusion of social science in the structure of the CDC, with data triangulated across three main areas: a scoping review of global best practice, a desk review of grey literature pertaining to other OECD Countries' CDCs or similar organisations and key informant interviews to understand their CDC structure and function and how social science is used for decision-making in their countries. These data have informed country cases examples[10] which will help to inform the proposed structure and ensure the Australian CDC aligns with global best practice. The key informant interviews provide perspectives from international academic and government professionals involved in pandemic public health responses, using linkages with the US CDC from my Churchill Fellowship. Three main organisational types were identified from this work including: (i) embedded where social science data was generated, analysed and translated within the organisation (e.g. USA); (ii) hub and spoke where social science data is generated by external groups and assesses and presented to decision-makers centrally (e.g. Denmark, Ireland) and (iii) hybrid where elements of both models existed (e.g. Netherlands, Finland). Many of these processes have only been formalised within government structures or legislation post COVID.

Discussions I held with the US CDC as part of my Churchill Fellowship revealed that federal agencies should coordinate to integrate SBS and other program data and that the collection, analysis and use of SBS data requires designated funding, separated from politics. Additionally, the US CDC experience found that multi-dimensional teams, comprising behavioural experts with varying expertise (such as anthropologists, social psychologists, behavioural economists), health promotion experts, ethicists, lawyers, epidemiologists, and data experts, are essential. They advised that social science expertise should be present on every committee across the CDC coupled with a clear mechanism for the synthesis and translation of social science data for government and policy makers. Social scientists should provide technical and program implementation advice through regular policy briefs, to rapidly inform changes in practice.

Drawing together the outputs of my Churchill Fellowship and the COSSI project, we can see that in the US, an embedded model is utilised where social science data is generated internally and then integrated into different departments and committees. Diverse expertise, including communication expertise and behavioural epidemiology is drawn upon, to develop and translate advice for decision-makers and the public. Alternatively, the Netherlands (**Figure 1**)[10] uses a hybrid model where social science data is collected externally by commercial and academic centres and universities and provided centrally to be assessed alongside internally collected data, to be collated and synthesised for presentation to government and policy makers. After COVID a behavioural science unit was established within the government's public health institute to drive the research agenda for government, provide recommendations based on internal and external data and advise government on areas with missing data.

Figure 1: The Netherlands model.

Image: courtesy of E Campbell and COSSI CDC working group, unpublished data, 2024.[10]

This model would work well in the Australian context, drawing on regional, decentralised nodes of expertise in each state and territory in Australia to feed into a central behavioural science unit that drives its own research agenda and collects its own data. This would ensure greater responsiveness to local issues, without diluting the influence on policy and programs. To protect social science advice from political pressure and enable optimal influence on policy, the behavioural science unit could also report to an ATAGI subcommittee or other advisory committee, separate to the central communications unit in CDC.

The nodes of academic, public and private expertise in each state would collect and synthesise their own data, focusing on priority areas. This data would be fed into the data team to co-ordinate data collection with the nodes. The core multidisciplinary central social and behavioural science unit would be responsible for synthesis and translation of data into recommendations to be provided to the decision-making team and policy makers to be actioned. The core SBS unit would also enable surge capacity for crisis responses if needed. Expertise in social science, communication and policymaking expertise would also be spread across other committees and areas within the CDC. Other groups such as Academy of Social Sciences may also advise for broader public health communication and implementation issues.

Stakeholder consultation

As governments and policymakers prepare for future infectious disease threats and pandemics, mechanisms to collect SBS data with community consultation and ensure it is made publicly available are a priority. Broad consultation with key stakeholders in Australia has already occurred including:

- the broader community, healthcare providers and groups central to the delivery of vaccines, who are calling for effective and transparent communication about the risks and benefits of vaccines, accounting for health literacy and equity
- academic research groups with expertise in social science and the COSSI network of researchers, healthcare providers, policy and practice professionals and consumer representatives, who are seeking to be accessed as nodes of expertise within the CDC to optimise risk communication and work collaboratively to improve vaccine uptake. These groups provide much needed expertise in political science, behavioural economics

We need an evidence-based policy to ensure Social and Behavioural Science (SBS) data and effective risk communication is prioritised alongside other cross-cutting functions of the CDC.

- the media, who are central to clear communication with the public from CDC officials
- representatives of priority populations such as Federation of Ethnic Communities Councils of Australia, The National Aboriginal Community Controlled Health Organisation (NACCHO), and disability organisations, who are seeking effective policies to promote vaccine equity.

Discussions have occurred with Dr Paul Kelly, Chief Medical Officer for the Australian Government, and Jacob Madden, Assistant Secretary of the CDC Establishment Branch, and his team, with strong support. Further consultation with state and Commonwealth government immunisation committees, the Health Minster (the Hon Mark Butler MP) and other key stakeholders, including NACCHO and ATAGI, is now needed.

As a research leader in vaccine demand and uptake, and previous Chair and current member of COSSI, I will continue to work closely with both leading academic institutions in Australia and state and Commonwealth governments to advocate for the incorporation of SBS expertise into public health decision-making within the CDC.

Policy recommendations

During this interim development stage of the CDC, we need an evidence-based policy to ensure Social and Behavioural Science (SBS) data and effective risk communication is prioritised alongside other cross-cutting functions of the CDC. COSSI and other social science organisations need a seat at the table to provide input into the formation of the model, especially to effectively address barriers to ensure investment in cost-effective strategies to increase vaccine uptake.

To ensure the Australian CDC sits on the global stage and incorporates international best-practice, it is recommended that social and behavioural science (SBS) is a core pillar across CDC operations. Key elements of the policy should include:

- A clear strategy to embed SBS expertise within the CDC, with social scientists working alongside government, health, and academia to create a clear conduit for data to reach policymakers
- Establishment of a hybrid model within the CDC that incorporates provision of data from regional nodes of expertise in each state and territory to a central SBS Group responsible for synthesis and translation of data into recommendations for the decision-making team and policy makers. The central SBS Group would also co-ordinate surge capacity
- For immunisation, COSSI could act as a key advisor on how this could be done efficiently and work to assist the CDC in establishing a national network of immunisation social science nodes of expertise in each state and territory
- Ensure SBS is represented in all relevant committees across the CDC and that this expertise is integrated within all public health decision-making
- Ensure the central SBS group is sufficiently resourced with designated funding to retain expertise in infectious disease social science, provide optimal and timely provision of data and advice across the CDC, and deploy tools such as attitudinal surveys and qualitative studies
- Ensure SBS evidence is routinely used to understand drivers of vaccination for pandemic, new and routine vaccines and develop cost-effective strategies to increase vaccine uptake

Acknowledgements

I would like to thank my policy peer reviewers Professor Allen Cheng, Professor and Director of Infectious Diseases at Monash Health and Jacob Madden, Assistant Secretary for the Australian CDC Establishment (Strategy), for their expertise, advice, and insight through the review of this article. Any errors or omissions are my own.

Margie Danchin is a Professor of Paediatrics at the Royal Children's Hospital and Clinician Scientist at University of Melbourne and Murdoch Children's Research Institute. Her research focuses on vaccine confidence and uptake in Australia and globally, and on effective risk communication. She is a member of the Australian Technical Advisory Group on Immunisation (ATAGI) and Chair of the Australian Regional Immunisation Alliance (ARIA).

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Policy Impact Update

Policy Impact Program Fellows 2022: From L-R Steven Caruana CF2017, Niroshini Kennedy CF2018, Rebecca Lyons CF2018, Jeremy Wiggins CF2016, Assistant Minister Malenderri Mcarthey, Julie Dunbabin CF2018, Maida Stewart, CF2017 Belinda Cook CF2016, Declan Page CF2010, Clement Ng CF2016, and Angela Rintoul CF2018.

2022 Fellows

Steven Caruana (NSW, 2017)

A once-in-a-generation opportunity to safeguard people in detention and care settings.

The launch of *Policy Futures: A Reform Agenda* came at a critical junction for my topic, the Optional Protocol to the Convention Against Torture (OPCAT). The United Nations Subcommittee on Prevention of Torture had suspended its first visit to Australia due to non-cooperation from two states. The United Nations Committee Against Torture had reviewed Australia's performance against its treaty obligations. Finally, the Australian Human Rights Commission had launched a Road Map to OPCAT Compliance, mirroring the recommendations made in my article. An advanced copy of the article had been circulated to the Meeting of Attorneys-General in October 2022. It was hoped that by implementing its recommendations, the visit suspension and later termination would have been avoided, as well as the scathing assessment from Geneva. The United Nations Committee Against Torture in its subsequent report made it abundantly clear to the Australian Government that if it wanted to be taken seriously in its commitment against torture, then it could no longer avoid the issues I had written about. While there is a long road ahead for OPCAT in Australia, I am grateful for the experience and allies gained through the Policy Impact Program. It was a worthwhile venture that I treasure.

Belinda Cook (WA, 2016)

Targeted investment to grow a dynamic and sustainable First Nations fashion sector.

I was honoured to take part in the Policy Impact Program in 2022, the expertise and support provided was exceptional and outside of the scope of any program I could access; encompassing policy research, writing, and media training. The process of peer/sector engagement, research and writing over the year had significant impact in itself, the strategic selection of peer assessors saw the first draft of my paper used by The Australia Council to initiate a three-year grant program to support Indigenous fashion development and manufacturing, a first in Australia to date. This shift was then incorporated into my paper as a model to be built upon, the writing had real time impact nationally. The launch in Canberra brought new connections with my Churchill peers, an inspiring group of leaders in their respective fields. It was a rare opportunity, organised on our behalf, to

meet with politicians and policy makers who it would otherwise have been very difficult to reach. I have since met with state-based leaders in Aboriginal economic development and continue to reach out to strategic policy influencers in this space with the publication and support of the Churchill as ammunition. This program has allowed me to take a vital step to furthering the impact of the work in my original Churchill report which supported the establishment of national programs for this sector. The policy article builds the evidence to continue to push for recognition, further research and allow for sustained and supported growth in the Indigenous fashion sector. There is still much work to do, and the Policy Impact Program has enabled a significant shift in funding models and the opening of conversations at all levels of government.

Julie Dunbabin (TAS, 2018)

The importance of school lunches to education, health and social outcomes and impact on local food economies

Participating in the Policy Impact Program (PIP) was a great privilege and so professionally rewarding. My 2019 Churchill Fellowship has been the highlight of my career, enabling me to bring my dream to a reality. The Tasmania Government funded $2.5 million in 2022/23 into a trial for a sit-down school lunch, cooked from scratch and utilising local and seasonal produce in 30 schools, producing 7,088 meals each week, This has come to fruition as a result of my Churchill report and also the paper and pitch document produced through the PIP. Since the article was published, the Tasmanian Government has elevated the project to program status by investing $14.6 million in 2024/26 for an additional 30 schools to deliver a sit down, cooked from scratch school lunch – a total of 60 schools. My PIP paper has also informed a national movement to explore the possibility of a universal school lunch program - creating a platform for interstate colleagues to come together, advocating for a common cause – well fed children being fed with great, tasty food based on the Australian Dietary Guidelines (2013) and linking into our Australian food systems.

Niroshini Kennedy (VIC, 2018)

How culturally safe health care hubs can close the gap for Aboriginal children in care.

Participating in the 2021-22 Policy Impact Program was an extraordinary experience that provided me with the skills and experience to influence policy reform for First Nations children in out-of-home care. I was honoured to present my policy paper to The Hon Linda Burney MP, Minister for Indigenous Australians at Parliament House, on the day that the 2022 report on Closing the Gap was released. I presented my research to a broad range of stakeholders including NACCHO, representatives from Prime Minister and Cabinet, the NIAA and the Commonwealth Departments of Education, Social Services and Education.

Since the publication of my paper, there have been some exciting positive developments.

- I was invited to present my Churchill Fellowship recommendations at a Parliamentary Roundtable held in June 2023 to launch The Royal Australasian College of Physicians' (RACP) policy paper on the Health of Children in Care and Protection Services. This paper incorporated many of my recommendations.
- Hon Mark Butler MP, Minster for Health and Aged Care, in response to my recommendations, undertook to raise the issue of mandatory health checks for First Nations children at the Health Ministers Meeting in 2023. Minister Butler announced the Government's commitment at the NACCHO conference in October 2023. I was invited to present to Minister Butler's advisors and senior policy makers from Commonwealth Departments of Health and Social Services working on this reform.
- In March 2024, the Community Services Ministers heard from the chair of the Health Ministers Meeting who included my work and recommendations in a presentation on the need to increase health checks for First Nations children in out-of-home care. The Ministers agreed to collaborate with the Health Ministers and the Safe and Supported Decision-Making Committee to increase health checks for First Nations Children.
- The CEO of the Victorian Aboriginal Health Service (VAHS) Mr Michael Graham who attended the Churchill Policy Room event has been very supportive of my work and has disseminated my work widely in various VAHS submissions
- The Victorian Minister for Treaty and First Peoples, the Hon Gabrielle Williams MP has commended my work and the Victorian Government has recently provided in principle support to amend the state's legislation to provide health checks for First Nations children in accordance with national standards.

Rebecca Lyons (TAS, 2018)

Reimagining death care for our ageing population

The Policy Impact Program has been a remarkable opportunity to highlight one of this country's biggest impending problems – our ageing population and the increased demands predicted for our aged care and health care systems. Working with the Trust and some very capable and knowledgeable mentors, I was able to produce a paper that has travelled far and wide. The Trust back the authors of these papers so well that we were also given the opportunity to meet with relevant politicians and policymakers. Since the launch of this paper, I have received some very encouraging feedback from different levels of government; this has resulted in a bipartisan letter of support going to the Premier of Tasmania supporting the proposal in my policy paper calling for action. I have also approached Palliative Care Tasmania who are keen to see the project progress.

Clement Ng (NT, 2016)

It's time to treat sick kids, not punish them

The night before the launch of the second issue of *Policy Futures: A Reform Agenda*, the Northern Territory Legislative Assembly passed legislation and became the first jurisdiction in Australia to increase the age of criminal responsibility to 12. This very significant milestone in juvenile justice came after three years since I published my findings and recommendations of my Churchill Fellowship in 2019. It provided me with the perfect opportunity to re-engage with stakeholders about what I learned from the juvenile justice practices I observed overseas during my fellowship and to discuss how my experience can continue to contribute to law reform and practices. Since the launch, I have had opportunities to discuss my policy asks with ministerial advisors, judges and practitioners on the ground. I also continued to advocate as part of my role on the statutory Youth Justice Advisory Committee. In particular, I was consulted by the Department of the Attorney-General and Justice on the development of the upcoming major reform of the mental health system in the Northern Territory where my *Policy Futures* article was circulated among policy officials responsible for the legislation reform project. Finally, the NT Government announced the new Model of Care for Youth Detention in May 2023 which is built on therapeutic, trauma-informed and culturally appropriate approaches in treating our vulnerable young people in custody. I look forward to continue to utilise what I learned from the PIP to contribute to progressive reforms in this challenging yet exciting space.

Declan Page (SA, 2010)

Water banking for drought resilience

The Policy Impact Program has been energising and focussed my efforts to develop impact from my Churchill Fellowship through water management and policy reform across Australia. My thinking on the topic of water management has very much progressed since completing my Fellowship in 2010. The program complimented my current efforts in engaging with federal government and state-based policy makers to identify a pathway to innovate in water management through the new approach of water banking. The time now is right for change and there is strong support to develop water banking as an approach to foster drought resilience in regional areas. My recommendations included policy change at a state level as well as funding of pioneering water banking demonstration schemes by the federal government and subsequent scale up allowing communities across the Murray Darling Basin to benefit from improved water security. A similar approach has been previously successful to drive policy reform during the previous millennium drought, and innovation through funding of pioneering demonstration schemes. Local governments have also indicated a strong interest in being potential operators and collaborators of water banking schemes to build drought resilience in their associated regional communities. The Policy Impact Program has helped focus my efforts and driven new partnerships to change water management in Australia. I am very grateful for the opportunity to participate in the PIP program and would recommend it to anyone wanting to pursue policy change after their Fellowship.

Angela Rintoul (VIC, 2018)

Universal registration is key to preventing gambling harm

While the Churchill Fellowship itself is a great privilege and opportunity, complementing this with the Policy Impact Program has helped to consolidate my research and translate findings on the challenging public health and policy issue of gambling. The PIP program provided me with an incredibly well-supported opportunity to prepare and communicate important findings from my Churchill Fellowship to Commonwealth politicians and their staff, public servants, and the media. My findings have informed the recommendations of the Commonwealth parliamentary inquiry into online gambling harm. I have been invited to present research findings to the Parliamentary Friends of Gambling and continue to be invited to

comment on gambling for a wide range of media outlets. I amnow leveraging these contacts to communicate the urgent need for reforms to prevent harm from gambling and continue efforts to influence change in line with international best practices.

Maida Stewart (NT, 2018)

For Aboriginal and Torres Strait Islander communities with high rates of acute rheumatic fever and rheumatic heart disease

The Policy Impact Program has given me the knowledge and skills to understand better how policy is developed and key policy drivers in Australia today. It has also given me the confidence to engage effectively with key policy makers and influencers on my Churchill Fellowship findings around housing and healthy homes programs that reduce high rates of acute rheumatic fever and rheumatic heart disease in Aboriginal and Torres Strait Islander communities. My policy article highlights urgent action that is needed to address this issue and has garnered interest from various peak Aboriginal and Torres Strait Islander health and housing organisations, other non-government organisations, and government agencies. I have recently had the opportunity to provide feedback and consultation on the draft Northern Territory Rheumatic Heart Disease (RHD) Strategy, and to be involved in various steering and advisory committees that aim to address these issues. The support I received from the Churchill Trust and the expertise of leading policy analysts at the University of Queensland's Centre for Policy Futures during the program has been invaluable, and the opportunity to be part of the Policy Impact Program has my given my Churchill Fellowship project and findings greater visibility both nationally and locally.

Jeremy Wiggins (VIC, 2016)

The critical role of family support in accessing gender affirming health care

The Policy Impact Program was a highly worthwhile experience which benefited my work in advocating for the rights of transgender young people and their families. The program strengthened my ability to research evidence, government strategy, policy frameworks and apply a rational argument with a solutions focus to a complex policy problem. I was well supported through the program, by several academics and experienced policy experts who provided excellent guidance and understood the challenges of my topic which is a highly contentious issue which faces many barriers and obstacles to achieve positive support. The program also opened doors for me in the federal political space, as I was able to set up meetings with members of parliament, government departments and actors in the space that would help with future policy reform. The policy article itself is a valuable tool for advocacy for the trans community across Australia.

2021 Fellows

Jennifer Bowles CF (VIC 2014)

The case for effective mandated substance abuse treatment for young people

It was a tremendous privilege to participate in the inaugural Policy Implementation Program (PIP), which provided expertise to assist PIP Fellows to implement their Churchill Fellowship recommendations. The highlights of this unique partnership between The Winston Churchill Memorial Trust and The University of Queensland included:

- gaining expertise from UQ specialists in policy development, effective engagement with members of parliament and government advisers, and the media

Policy Impact Program Fellows 2021: From L-R Trent Nelson, Chair Dja Dja Wurrung Clans Aboriginal Corporation, Katherin Webber CF2018, Katrina Marson CF2018, Scott Falconer CF2017, Jennifer Bowles CF2014, Claire Seppings CF2015, Natalia Krysiak CF2018, Taryn Lane CF2016, Jessica Cocks CF2016, Steve Harrison CF2015, Megan Gilmour CF2016.

- the unstinting commitment and imparting of knowledge from those at Churchill Trust and UQ in refining my Policy Futures article
- the collaborative and collegiate support of the Fellows and all involved in the PIP.

Evidence of the PIP publicising and highlighting Fellowship recommendations was demonstrated by The Honourable Ken Wyatt AM, Federal Minister for Indigenous Affairs, who when opening the 2021 National Indigenous Drug and Alcohol Conference, commended my Policy Futures article. In addition, I have accepted an invitation to present the recommendations in my article at an interstate invitation-only leading health professionals' symposium. I included the PIP article in submissions made to Victorian and Tasmanian inquiries, to the Queensland and South Australian governments and in discussions with parliamentarians and the media. There are synergies between my recommendations and those of two other PIP Fellows and we intend to publish a joint article. I am confident my article in Policy Futures will be pivotal in effecting the reforms urgently required by our community and desperately needed by our most vulnerable young people. I am forever grateful for this opportunity.

Owen Churches CF (SA 2018)

Artificial intelligence and human government

Following the publication of my Policy Futures piece, I have further developed the relationships needed to engage in the ethics of artificial intelligence in government. I have presented seminars to the Queensland Department of Environment and Science, the South Australian Commission for Excellence and Innovation in Health, and the South Australian Department for Education. The peak community for artificial intelligence ethics study that I founded as a book club almost three years ago has now grown to include more than 100 members across four countries. We continue to meet each month with new books on the topic chosen by members. In an important step toward genuine community building and succession planning, I have stepped down as the convener of the group, which is now maintained by two long term group members. Finally, through my public engagement and reading, I have further developed my understanding of what the problems with artificial intelligence use are and what the solutions could be. I have broadened my critique of governments' use of artificial intelligence to include all quantitative work that forces end uses to change their behaviour for the sake of more efficient control by a central authority.

Jessica Cocks CF (NSW 2016)

Peer parent and family advocacy in child protection: A pathway to better outcomes for kids

Being involved in the PIP has fuelled the impact of my Churchill Fellowship. With the skills I gained and the connections I made, I promoted not only my findings but the 'green shoots' of parent and family peer advocacy in child protection, which are continuing to emerge around Australia. There are now peer parent advocates employed in paid roles in agencies in at least five states and new initiatives continue to grow. There are now two parent and family advisory groups providing policy advice to Minister's for Child Protection in Queensland and South Australia. There is also growing interest in research into parent and family peer advocacy as an innovation and a driver of change in child protection systems. The number of supportive 'allies' is growing with many social workers, researchers, lawyers and others joining me to promote parent and family peer advocacy and support parent advocates. We have a long way to go to change child protection for the better in Australia, but momentum continues to build, thanks to the Trust's investment in this important work. I continue to write and speak about family inclusive initiatives in child protection, including peer parent and family advocacy, in Australia as a result of the PIP and my Churchill Fellowship.

Scott Falconer CF (VIC 2017)

How self-determination is returning white smoke to Country

Since the launch of Policy Futures: A Reform Agenda at Parliament House, I have had numerous media commitments including ABC Conversation Hour, presented at ANZSOG and IPPA Victoria, and been invited to talk to universities and other forums regularly. The uptake of many of my recommendations in Victoria since I published my Churchill report, and subsequently the PIP program and article, has been remarkable. I cannot take all the credit, as Traditional Owners lead in this space, however, I believe I have had significant influence on how this is being led in Victoria to support Traditional Owners through self-determination. Most significantly, the Victorian Government has invested $22.5 million to reinvigorate Traditional Owner-led cultural land and fire management practices. This has been allocated to Traditional Owner groups in Victoria. This funding will significantly support Aboriginal Victorians' aspirations to implement the Victorian Traditional Owner Cultural Fire Strategy and

further enable Traditional Owners to manage Country utilising cultural fire methods. Planned work is being undertaken to provide Traditional Owners with tailored training, and enable groups to more easily nominate, plan, and deliver cultural burning with minimal administrative burden and largely independently so they can burn when, how and where they want. More than one hundred cultural burns are now listed on the Victorian Joint Fuel Management Plan, nominated by more than half a dozen Traditional Owner groups across Victoria. During Spring about a dozen of these important cultural burns are scheduled, all planned and led by Traditional Owners, with support from Forest Fire Management Victoria.

Megan Gilmour CF (ACT 2016)

Don't wait until they're well: School policy and technology to keep sick kids connected

The COVID-19 pandemic provided unparalleled insight into the negative effect of isolation on everyone, especially kids. The PIP arrived right on time. A year on, it continues to deliver results for children in Australia by putting my Churchill Fellowship findings to work via policy proposals that make sense for Australia today. My policy platform to have school students with a health condition recognised as a priority equity cohort in every state and territory has been covered by The Australian newspaper and Women's Agenda, with national television coverage pending. All state and territory education and health ministries, and the respective departments, received my policy paper on launch. I have presented to the Commonwealth Attorney General's Department, Productivity Commission, and Department of Education, and flagged the issue with the Department of Health. Leading up to the 2022 federal election, I contacted all national members of parliament with a policy backgrounder. I then presented a policy perspective to senior members of the Australian Government, the opposition, and other parties. In response, the Government triggered a process involving state and territory education systems to implement my primary policy recommendation: setting a national 'health condition' absence code for use in schools across Australia. A specific code will enable early detection and monitoring of chronic school absences in children with physical and mental illness, trigger options for school support, and enhance the national evidence base through improved data. Ten years in the making, this is a catalytic policy achievement. Now our new national initiative – Sick Kids Seen&Heard – is underway.

Steve Harrison CF (TAS 2015)

Employment logic: The cultural shift needed to improve VET outcomes for school students

Participating in the PIP was one of the most professionally rewarding experiences of my long career. While my 2015 Churchill Fellowship was a highlight in that it gave me the opportunity to bring international knowledge back home, and inspired me to deliver vocational training in the context of a socially-simulated workplace, I had little traction in getting wider uptake of my ideas beyond the school in which I worked. The PIP truly supports the concept of 'learn globally, inspire locally,' developing skills, knowledge and networks to take my Fellowship learnings to a wider policy stage. My PIP paper has informed a national review of vocational education quality assurance, been modelled by national Industry Training Hubs, and informed curriculum reform in three states. Personally, it gave me the confidence to leave education, and my home of 50+ years, as I moved interstate to take up a position of Training and Development Manager with Australia's largest aquaculture company, where from an industry perspective I worked with a range of schools, education providers and workforce development agencies to implement my 'employment logic' model to improve VET outcomes for school students, and provide workforce development pathways into industry. I have recently returned to education in a senior policy role with the Australian Government and hope to influence stronger pathways between VET and Higher Education.

Natalia Krysiak CF (NSW 2018)

Design and planning policy for family friendly apartment living

The PIP has expanded my knowledge of local, state and national policy and allowed me to further my understanding of how I can best impact policy change. Since completing the program I have had the opportunity to meet with numerous local and state-based policy makers to discuss how we can achieve better outcomes for families with children living in apartments. My recommendations for updates to the NSW Apartment Design Guide have been taken on board with strong indication that state-based policy will be amended to accommodate these changes. Local governments have also indicated that my recommendations will be pursued, and the City of Parramatta has commissioned me to create a local guide for them based on my research. There has also been interest from media with The Guardian publishing an article

on this topic, with quotes from myself and other experts, which has been well received by industry. The PIP has propelled my advocacy work to a new level, with real policy shifts resulting from the knowledge I have gained.

Taryn Lane CF (VIC 2016)

Zero carbon communities: A blueprint for clean energy transitions

It was a real pleasure to have the support of The Winston Churchill Memorial Trust, The University of Queensland, and the PIP cohort to think through policy ideas more broadly. In regard to lobbying outcomes in Victoria, the Parliamentary Inquiry into Tackling Climate Change in Victorian Communities has been released, stating 'in principle support' for a Community Energy Target and 'full support' for research into a financial mechanism (like a feed-in-tariff). The Federal Labor party, in the lead up to the election, released their Community Battery and Solar Banks model, to which I provided insights to help ensure the criteria is flexible enough to meet the needs of communities on the ground. We received funding to expand our zero net emission model to include climate change adaptation, and an additional project to explore community batteries in our local community. I was privileged to be inducted into the Victorian Women's Honour Roll in late 2021 for my climate change work. All of these outcomes help me to be of better service to my community. My effectiveness has been enhanced by firstly the Fellowship and then the PIP.

Katrina Marson (ACT 2018)

Ignorance is not innocence: Implementing relationships and sex education to safeguard sexual wellbeing

Since the PIP, my advocacy in the space of relationships and sexuality education has garnered increased traction and attention – both from the public and key decision makers. Having synthesised my Churchill findings into the PIP article, I now have a credible but succinct product to cite, and to provide to stakeholders. For my own purposes, having articulated my findings for a policy-specific purpose has been a useful exercise for targeting my advocacy strategically. Since the article was published, I have had numerous media opportunities, have had a piece published in a journal, and have had a book published by *Scribe Publications, Legitimate Sexpectations: The power of sex*, which details my Fellowship experience. I also helped to found and launch the Relationships and Sexuality Education Alliance ACT.

Claire Seppings CF (VIC 2015)

Breaking the cycle: Straight talking ex-offenders reduce recidivism

The PIP provided me with the unique opportunity to transform my Churchill Fellowship findings into policy. On return from my Fellowship, I implemented the Straight Talking Peer Mentoring Project, with Deakin University, Department of Justice and Community Safety (DJCS) and philanthropists. When program funding ended in 2019, key was to maintain interest and attract sustainable government funding. The support provided by the PIP was amazing; especially from my mother Joan Webster OAM, an award winning author and journalist. My impact since the launch of *Policy Futures: A Reform Agenda* includes: an interview and article by the ABC on 'Straight-Talking'; my work featured as a case study in the publication *Co-production and Criminal Justice*; an interview by DJCS as an expert to help inform their cultural review of the adult custodial corrections system, and presenting on the *Reintegration Puzzle* webinar series. I continue to work full time as a social worker with Services Australia. I am a member of the Women's Correctional Services Advisory Committee; Chair of the Victorian Custody Reference Group; and consult on my Fellowship and the 'Straight-Talking' peer mentoring program. Being a PIP Fellow gave me an extra layer of honour that is bestowed as a Churchill Fellow. My article, Breaking the Cycle featured in Justice, Rights and Empowered Communities provides innovative solutions to enduring social dilemmas.

Katherine Webber CF (QLD 2018)

We need to talk about public toilets: Policy agendas for inclusive places

Participating in the PIP has launched me into the world of radio, amplifying the discussion about the importance of public toilets. With the support of the media training and the promotion of the PIP, I have spoken with journalists across Australia and the globe. Often the interviews and articles have contributed to community discussions around public toilets. A highlight has been working with the Continence Foundation of Australia to promote the National Public Toilet Map. I have furthered my research into public toilet policy by completing a research degree at the Queensland University of Technology. I am still working across my networks developed through the Churchill Fellowship and PIP to advance policy change in Australia that ensures better access to public toilets. Community awareness and demand is a major driver of policy change, which is being developed through the continued discussion on the importance of public toilets.

Creations

'We reflect on who we are and where we come from.
We ground our journey and reconcile forward and with those around us.
Birthing innovation and creation of all things to come.
For the future and beyond'

Susan Betts
Wiyana Spirit Creative

Commissioned by The Winston Churchill Memorial Trust, *Creations* is a digital artwork and story by Churchill Fellow and Aboriginal artist Susan Betts. Susan received a Churchill Fellowship in 2018 to investigate sites relating to the Seven Sisters star constellation. She travelled from her home in Streaky Bay in South Australia to Canada, Egypt, the UK and Ireland in 2019.

"As an Wirangu woman, I felt proud and honoured to have received the Churchill Fellowship and to be able to go on a journey to research a subject that is so close to my heart and my culture.

The Seven Sisters story songline is a very significant one, and many Indigenous cultures have connections to it and stories of it. I believe that by sharing our reflections and various understandings we can inform and strengthen our own cultural identities."

Born in Port Lincoln, Susan Betts' cultural ties are with the Wirangu, Mirning and Kokatha people of the Far-West Coast of South Australia. Susan has been painting and designing for many years. In her business Wiyana Spirit Creative (Wiyana meaning woman), she blends old and new, working in many mediums, including paintings, prints, digital graphics, portraits and landscapes, photography, poetry and storytelling. To read more about Susan's artwork and Churchill Fellowship visit:

churchilltrust.com.au/fellow/susan-betts-sa-2018/

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