SA Health

Draft Model of Care for Phase 1

Youth Treatment Orders

2020

Government of South Australia
SA Health

Acknowledgement

This Model of Care was developed by SA Health in collaboration and consultation with multiple stakeholders across South Australia.

SA Health would like to thank these stakeholders for their extensive collaboration and input into this Model of Care. This includes Chief Executive nominees to the Interagency Working Group developing this Model of Care: the Attorney-General's Department, South Australia Police, the Department for Child Protection, the Department for Education, Courts Administration Authority, the Department of Human Services and the Department of the Premier and Cabinet.

Acknowledgment of the Aboriginal peoples of South Australia

SA Health acknowledges the Aboriginal peoples of South Australia and their ongoing contributions to and participation in the life of South Australia. We acknowledge and respect their spiritual relationship with their respective countries. We also acknowledge the diversity of Aboriginal people in South Australia.

SA Health acknowledges that services provided through this Model of Care are on the traditional lands of the Kaurna people and pay respect to their spiritual relationship with their country. SA Health also acknowledges the Kaurna people are the custodians of the Kaurna Land, and that their cultural and heritage beliefs are still important to the living Kaurna people today. This Model of Care can provide care for Aboriginal children from all communities across South Australia.

Language and definitions

There are a number of names and terms that are regularly used throughout this document.

The term 'Aboriginal' is used respectfully through this document to refer to both Aboriginal and Torres Strait Islander people, although it is acknowledged that this encompasses a large number of diverse communities.

The *Controlled Substances Act 1984* (the Act) allows an order to be made in relation to a child subject to detention in a training centre who is experiencing harm due to drug use. A child is subject to detention when remanded in a training centre awaiting a court hearing or sentencing, or serving a sentence in training centre.

This Model of Care uses the terms 'child' or 'children' throughout the document, and is inclusive of children from 10 years old and under the age of 18 years. It will also be applied to those who have turned 18 while subject to an order.

The Adelaide Youth Training Centre will be referred to by its new name, Kurlana Tapa Youth Justice Centre (Kurlana Tapa).

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EXECUTIVE SUMMARY

Drug dependency can have a devastating impact on children, their futures and their families, and can have negative impacts on the broader community. The State Government introduced new laws to provide the option of mandatory treatment for children experiencing drug dependency. The changes recognise the importance of intervening effectively to address substance abuse before children reach adulthood. The changes offer parents and others with a proper interest in the life of the child an additional option when the child has refused to seek help voluntarily, may be a danger to themselves or others, and no other appropriate and less restrictive means is available.

The Youth Treatment Orders program is considered the option of last resort when all other approaches to assist a child with drug dependence have been fully exhausted and mandated assessment or treatment is in the child's best interest. The program is a balance between respecting the rights and autonomy of children and the special obligation of the community to care for and protect children. While the program allows for options that compel a child into assessment and treatment, it is not designed as a punitive approach or to criminalise the child or their family.

The Act provides for phased implementation of Youth Treatment Orders: a first phase in which orders may be made in respect of children who are subject to detention in a training centre at the time the order is made (Phase 1) and a second phase in which the program will be expanded to other children in the community (Phase 2). Commencement of Phase 2 will be contingent on a further decision of the State Government following the review of the Youth Treatment Orders program, as required by section 54P of the Act.

This Model of Care sets out how Phase 1 of the Youth Treatment Orders program operates, including how each of the orders (Assessment Order and Treatment Order) is used to allow for drug assessment and treatment of a child. While this program is the first of its kind in Australia, and will contribute to the evidence in this area, this Model of Care is informed by the best available evidence for the treatment and care of children with drug dependence. This Model of Care includes the oversight of the program through robust governance arrangements, the principles underpinning all care provided to children and their families, and the additional services that are required to ensure that the assessment and treatment process is appropriate to the child's development. It also ensures that services delivered as part of the program are of a high standard, are diverse, culturally responsive and flexible to suit the needs of children at risk.

Importantly, this Model of Care ensures that all processes and services delivered through the program have the best interests of the child as the central and paramount concern. This means having adequate protections in place to ensure the rights of all children subject to the Youth Treatment Orders program are respected and upheld to the greatest extent possible and practicable in keeping with the principles set out in Section 4 of this Model of Care.

1. INTRODUCTION

1.1 Legislation

The Youth Treatment Orders program is established and regulated through the *Controlled Substances Act 1984* (the Act) and associated regulations. Part 7A of the Act provides for the making, variation and revocation of orders, sets out the effect of orders and proceedings of the Youth Court, as well as regulations, reporting and review. The Act places responsibility for orders within the jurisdiction of the Youth Court of South Australia, while the delivery of services required as part of court orders and the administration of the Act are the responsibility of SA Health. Action taken as part of orders under the Act are complementary to and do not interfere with any other action taken through other legislation.

1.2 Specialist undertaking assessment

Assessment under the Youth Treatment Orders program will be conducted by medical consultants applying evidence-informed methods and validated clinical tools to determine the best interest and needs of highly vulnerable children who are experiencing drug dependency and are treatment resistant. The diagnostic criteria used to comprehensively assess drug dependency under this program are the World Health Organization Tenth Revision of the International Classification of Diseases and Health Problems (ICD-10). The ICD-10 is an internationally agreed diagnostic set of criteria to establish dependence syndrome and considers a range of physiological, behavioural and cognitive aspects in the making of a diagnosis. Substance dependence, as defined by the ICD-10, is required to be established under the Act before the Youth Court can make a Treatment Order.

1.3 Substance use disorder among adolescents

Adolescence is a period of rapid physical, intellectual, emotional and social development. It is a time when children are impressionable and vulnerable to many factors which influence their lifestyle and behaviours. It is also a time which challenges authority and drives experimentation and risk taking including the use of drugs. There are individual and environmental risk and protective factors in every child's life which determine how they react and respond to circumstances. Rather than one single factor which predisposes children to substance misuse; there are multiple potential factors which can influence their decision to use drugs and contribute to the development of problematic use.

The earlier an individual is first exposed to or begins to heavily use substances, the higher the likelihood of progression towards substance use disorder later in life. Although substance dependence is uncommon in adolescents, there is a small minority of adolescents who may experience more substantial harms associated with multiple risk behaviours involving moderate to severe (harmful) levels of substance misuse.

A wide range of practitioners including school staff, health workers, youth accommodation workers, youth justice, child protection and police may find a need to consider a response to a child's problematic substance use. Although substance misuse is a considerable problem in society, most services are not well equipped to accommodate the complex needs of adolescents who misuse substances. Working with children who are highly vulnerable and with limited social supports is a complex and dynamic process where the practitioner needs to balance a range of considerations.

Children often present with a number of related issues including: co-occurring mental health disorders, history of offending, poor academic performance, sexual risk, history of trauma and abuse, parental substance abuse or mental health disorders or neglect, family life challenges or unstable housing. Poly substance use is also common in children, and the pattern of use of each substance group needs to be explored during assessment. Children typically exhibit less preparedness for

coping with difficult situations and tend to place greater importance on social perceptions than on factual information about future consequences when compared to adults.

1.4 Evidence-informed treatment for young people experiencing alcohol and other drug issues

Harmful drug use and/or dependency can have a devastating impact on young people, their families, and on the broader community. This Model of Care outlines an evidence-informed approach to assessment and treatment for drug use and dependence in young people, to ensure access to the most appropriate and effective assessment and treatment responses.

The following summarises available evidence:

- Comorbidity is common in young people who have substance use disorders. Young people often present with a number of related issues including: co-occurring mental health problems, history of offending, poor academic performance, poly substance use, sexual risk, history of abuse, parental substance abuse or mental health disorders, family life challenges or unstable housing.[12]
- Substance abuse disorder can mask other cognitive, mental health and neurological disorders. A comprehensive assessment is the critical first step in the treatment of drug issues among young people. Assessments should be developmentally and culturally appropriate and occur in a culturally safe setting.[3]
- There is a variety of available treatment approaches for adolescent substance use. Research into the outcomes of substance use treatment in adolescents generally shows small to moderate effects in reducing substance use, with no specific type of treatment emerging as clearly superior to any other, and treatment gains that fade over time.[4] Interventions should be implemented in ways that are culturally safe.[5]
- Dependence is uncommon in adolescents. Pharmacotherapy for the management of intoxication and withdrawal should only be initiated with extreme caution after comprehensive assessment. [3] Medications should only be prescribed in the context of appropriate psychosocial interventions with regular monitoring for safety and emergent adverse side effects.[6] Intoxication and drug withdrawal can be safely and effectively managed over a period of 1-2 weeks.[7]
- Adolescent substance use is inextricably linked with the functioning of the family system. A systematic review of the effectiveness of outpatient treatments for young people found that almost all types of treatment showed reductions in the frequency of substance use with family therapy having the strongest evidence of comparative effectiveness.[8] Several randomised clinical trials and meta-analyses provide evidence that family therapies are effective in the treatment of alcohol and substance use problems in adolescents.[9]
- Evidence demonstrates Cognitive Behavioural Therapy as an effective intervention for addressing several substance use concerns in adolescents ranging from 13 to 18 years in age, and adolescents with comorbid mental health problems. Delivery is effective in individual and group formats. However, the importance of developmental variables and moderators, such as age and cognitive skill level, should be accounted for when implementing Cognitive Behavioural Therapy.[10]
- Motivational interviewing is defined as a “collaborative, person-centred form of guiding to elicit and strengthen motivation for change”[11]. Such interviewing may be a good fit with adolescents’ developmental need to exert their independence and make decisions for themselves, while it respects their heightened levels of psychological reactance and coincides with the development of decision-making skills. However, outcomes of motivational

interviewing among young people vary, and effect sizes tend to be small. It is unclear what factors might impact on efficacy of motivational interviewing in adolescents.[12]

- Assertive approaches (counsellor-initiated home or school-based continuing care) increase linkage to continuing care services, and rapid initiation of continuing care makes a difference in reducing substance use.[13]
- Studies suggest that residential treatment reduces adolescent symptoms and improves the psychosocial functioning. This appears especially true for young people who complete treatment and participate in aftercare. However, residential treatment gains appear to diminish after discharge.[14]
- Group therapy is a particularly attractive option for adolescents with substance use disorders because it takes advantage of the developmental preference for congregating with peers. However, group therapy has not been extensively evaluated as a therapeutic modality for this age group and existing research has produced mixed results.[15] Coordinated case management should be explored where there is substantial complexity and support provided by multiple agencies including mental health, child protection, justice, housing and employment or education.
- Factors associated with effectiveness for young people involved with the juvenile justice system include a therapeutic orientation (counselling rather than control or coercion), capacity to impact high-risk offenders, and the quality of the program's implementation. Recent publications describe the models of family therapies in justice settings and community settings for young people with histories of substance misuse. The approach is one of linking the justice and substance misuse treatment systems to facilitate reintegration in the community on release.[16]

As the Youth Treatment Orders program is the first of its kind in Australia, there is limited evidence available to support mandatory drug treatment for children. This Model of Care applies evidence-informed drug treatment principles and practices alongside mandatory assessment and treatment processes. An independent evaluation of the program will be conducted by a research institution with experience in this area in order to monitor the effectiveness of the program, inform the evidence-base and determine the expansion of the program to children in the community (Phase 2).

1.5 Trauma informed care

Trauma can occur through exposure to a singular event or compounded cumulative negative experiences and influences that pose a threat to personal safety, wellbeing and, in some instances, life. Trauma can also be a result of being exposed to the death, suffering or injury of another person. Four types of trauma can occur: simple trauma; complex trauma, secondary and intergenerational trauma. The USA National Child Traumatic Stress Network states, "child traumatic stress occurs when children and adolescents are exposed to traumatic events or traumatic situations that overwhelm their ability to cope".

It is thought up to 84 per cent of people who experience mental illness will have a trauma history. Around two in three children attending a Child and Adolescent Mental Health Service were found to have experienced an adverse event within the past 12 months, with 20 per cent experiencing three or more of these adversities. An overwhelming majority of public mental health clients (including children in inpatient care) have multiple experiences of trauma.

Trauma exposure is common among particular groups such as children in out-of-home care or under youth justice supervision, refugee children, those experiencing homelessness, and children who identify as lesbian, gay, bisexual, transgender, and intersex. Historical and current trauma has seriously disrupted the social and emotional wellbeing of many Aboriginal and Torres Strait Islander children.

Trauma-related mental health diagnoses include post-traumatic stress disorder, anxiety, depression, psychosis, personality disorders, self-harm and suicide-related behaviours, eating disorders, and comorbidity with substance misuse.

Trauma experiences can increase the risk of onset of mental ill-health and its duration, compound the severity and complexity of mental ill-health and affect responses to treatment. Some service responses and treatment interventions can be traumatising for some children with mental illness.

Children report many barriers to disclosing trauma experience including avoiding revisiting the experience, cost, fear of not being believed and not being able to find the words to talk about their trauma, among others.

Widely accepted, the United States Substance Abuse and Mental Health Services Administration define trauma informed care as:

'A program, organisation, or system that is trauma-informed:

- Realises the widespread impact of trauma and understands potential paths for recovery
- Recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system
- Responds by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to actively resist re-traumatization.'

Trauma informed care aims to provide a service environment which takes into account the specific needs of those who have experienced trauma through policy and organisation level strategies and informed clinical practices. Trauma informed care can be adopted in all service systems engaging children and is best understood as a systems intervention. Within healthcare, it involves both organisational culture practices and specific trauma informed clinical practices.

The principles of trauma informed care include:

- Understanding the impact of trauma
- Promoting safety
- Ensuring cultural competence
- Supporting consumer control, choice and autonomy
- Sharing power and governance
- Integrating care
- Promoting healing in relationships
- Recovery-focused care.

The emphasis of trauma informed care is on physical, psychological and emotional safety for clients and providers. There is a significant focus on ensuring that no harm is done to prevent the risk of re-traumatisation.

Given the likely profile and background of children who may be subject to Youth Treatment Orders, a significant history of trauma and undiagnosed trauma should be expected. These children are more likely to be volatile and have more difficult challenging behaviours. Trauma informed care will be considered by the courts when making an order. The principles of trauma informed care will be built in to services providing assessment and treatment under the program, noting the significantly heightened vulnerability to re-traumatisation that exists for this group of children.

The capacity of a child to respond to a treatment program may also be affected by their trauma experience and mental state at the time. When Assessment and Treatment Orders are made, the majority of children will require an approach that takes into account their needs, the type of trauma they experienced, its severity and their age at the time this trauma occurred. The court will be made aware of any recommendations regarding trauma experiences and treatment needs and any other possible, potential impact that might result in making a particular order.

1.6 Specific considerations for working with identified population groups

Aboriginal and Torres Strait Islander children

Aboriginal people experience a disproportionate amount of drug-related harms that contribute to the disparities in health and life expectancy between Aboriginal and non-Aboriginal people.17 This burden also falls disproportionately on Aboriginal children compared to non-Aboriginal children and Aboriginal children are overrepresented in juvenile incarceration.

This Model of Care recognises that Aboriginal children require safe and culturally responsive services that are holistic and address a broad range of social and emotional needs as part of treatment for substance dependency. Assessment and treatment for Aboriginal children needs to be accessible, culturally appropriate and to prioritise connections to family and community. In recognising the strong evidence of the effectiveness of family therapy in reducing substance use in children, this Model of Care recognises the importance of having trained Aboriginal staff to work therapeutically with Aboriginal children and their families and carers and provide linkages to culturally appropriate programs, services and professional staff.

Culturally and Linguistically Diverse children

Children from culturally and linguistically diverse backgrounds, particularly those who are newly arrived or refugee children can face a range of challenges including discrimination, the impacts of trauma and torture, and issues with cultural displacement. At the same time, culturally and linguistically diverse children experience diverse issues contingent on a range of factors, including the cultural group with which they identify, how long they have been living in Australia and the level of community support they currently experience.

Evidence shows that culturally and linguistically diverse children can experience poorer life outcomes, including higher risk of homelessness, lower rates of health service use and a higher risk of mental ill-health. Evidence suggests that substance misuse is associated with post-traumatic stress disorder among refugees and increased stress for newly arrived migrants.

It is important to provide multifaceted, collaborative and holistic services to address issues experienced by culturally and linguistically diverse children. The involvement of families will be an important consideration in the treatment for this population group and family involvement will be part of all treatment care planning wherever appropriate and safe.

Trained interpreters can be accessed through the program to minimise trauma and cultural disconnection.

Children with a disability

There are many forms of disability that extend beyond physical disability, including but not limited to, cognitive or intellectual disability, mild to borderline intellectual disability, acquired brain injury and foetal alcohol spectrum disorders.

Children with disability have the right to be treated on an equal basis as other children. When decisions are being made that affect them, steps should be taken to ensure information provided to them is accessible and inclusive and considers the nature of their disability along with their age and

maturity. Alternative methods for communicating with children with disability may need to be considered, including but not limited to braille, Auslan, Easy Read, pictorial forms, audible options, subtitle and voice over. All written forms and other information should be prepared to ensure communication is accessible. If a child with disability is being asked to decide on matters that affect them, supported decision making is preferred over substituted decision-making, where appropriate.

Children with disability who are experiencing drug dependency will have additional needs and require additional support. Some children with disability will be accessing specialist disability supports through the National Disability Insurance Scheme. The National Disability Insurance Scheme will continue to fund reasonable and necessary supports in relation to the child's functional impairment. These supports will be coordinated with the assessments and supports offered by the justice and other service systems.

Children with co-occurring mental health issues

Children with both a substance use and a mental health issue are said to have co-occurring disorders. The disorders may have developed at the same time, or one might have led into the other. Co-occurring disorders mean that there is a greater complexity for treatment and care. Where a child is experiencing drug dependency or has mental health issues, co-morbidity is considered the expectation rather than the exception. It's important that both aspects are considered in treatment and care and are addressed through careful integrated management between mental health and drug services.

It's important that children have an opportunity to discuss and understand the impact of the drug use on their mental health and how their mental health influences their drug use. Taking both of these issues into account at the same time is essential for treatment effectiveness and establishing joint treatment goals between mental health and drug services and the child.

Additionally, it is critical to provide these services in children's developmental context. There is a research and clinical consensus that treatment for children is most effective when it also focuses on trauma, psychosocial problems as well as mental health needs in addition to their drug use.

Children with a dual diagnosis are often difficult to engage. Therefore it is important for the service system to maintain a positive and supportive approach to increase engagement. Children receiving both mental health and drug treatment services may be required to undergo multiple assessments and this can affect their engagement. As such, it is important to conduct assessments in a streamlined way which supports the child's participation as much as possible, with the child supported to participate and there being a goal of developing a shared treatment and recovery plan that can reduce the need for ongoing multiple assessments or reviews.

Children in the custody of the Chief Executive, Department for Child Protection

Children in care have a background of significant abuse and neglect contributing to their presentation. This may be an underlying cause of their drug use. Their developmental trauma needs to be taken into account in any therapeutic planning and intervention.

The Department for Child Protection, in consultation with a proposed Youth Treatment Orders Case Coordination Team will have oversight of treatment progress for children in the custody of the Chief Executive who are subject to Youth Treatment Orders. The Department for Child Protection will receive regular reports from treatment providers and contribute to post release planning and aftercare.

Children transitioning to an adult correctional setting

Children subject to detention in the Kurlana Tapa Youth Justice Centre may transition to the custody of the Department for Correctional Services when they turn 18. If the child is subject to a Treatment Order, SA Health will liaise with the Kurlana Tapa and the Department for Corrections to ensure continuity of care for the child for the duration of the Treatment Order.

2. GOVERNANCE

2.1 Key agencies facilitating the Youth Treatment Orders program

The *Controlled Substances Act 1984* is committed to the Minister for Health and Wellbeing. Accordingly, the Department for Health and Wellbeing (SA Health) is responsible for governance of the Youth Treatment Orders program.

SA Health will work in close partnership with the key agencies to implement Phase 1 of the program and improve access to assessment and treatment services for children experiencing drug dependency. These partnerships will involve:

- Ensuring the best interest of children subject to Youth Treatment Orders are the paramount consideration in the operation and implementation of the program
- Ensuring the rights of children are maintained under the program
- Working with government and non-government organisations to ensure community based drug treatment options are available to children experiencing drug dependency and their families
- Working with the Youth Court to facilitate assessment and treatment services
- Identifying the responsibilities of agencies involved with children subject to orders, such as providing information regarding why an Assessment Order application was made, and outlining what supports will be provided to complement a Youth Treatment Orders treatment plan and assist the child in aftercare
- Providing oversight for the program and governance of the Youth Treatment Orders program, including the accreditation of treatment service providers, operation of this Model of Care, managing the implementation of the program as legislated, and regular reporting on the impact and outcomes of the program to government
- Ensuring a report is provided to the Minister for presentation to the parliament after the third, but before the fourth anniversary of the commencement of relevant sections of the Act, pertaining to Youth Treatment Orders
- Providing advice in regard to potential improvements or amendments required to the operation of this section of the Act as a result of these processes.

Key partner agencies in facilitating this work are:

- Courts Administration Authority
- South Australia Police
- Department for Child Protection
- Department of Human Services
- The Attorney General's Department
- Department of the Premier and Cabinet (Aboriginal Affairs and Reconciliation)
- Commissioner for Children and Young People
- Commissioner for Aboriginal Children and Young People
- Guardian for Children and Young People / Youth Training Centre Visitor, and
- Aboriginal Health Council of South Australia.

A **Youth Treatment Orders Governance Committee** (Governance Committee) will be established to allow appropriate oversight and collaboration between the abovementioned agencies.

The Governance Committee will meet regularly to review the operation of the *Controlled Substances (Youth Treatment Orders) Amendment Act 2019*.

Membership of the Governance Committee will consist of the abovementioned partner agencies including the Commissioner for Children and Young People, and the Guardian for Children and Young People, to ensure that the views of people most likely to be affected by the program, including children and their families, are considered during deliberations. In addition, membership may be extended to any other State Government agency, or any non-government agency, as approved by the Chief Executive of the Department for Health and Wellbeing.

Reporting to this Governance Committee will be two sub-committees with specialist knowledge to inform decision making and program implementation:

- A **Youth Treatment Orders Clinical Coordination Group** comprising key clinical expertise from agencies involved in the delivery of assessment and treatment under the Act. This group will not be responsible for the clinical governance of individual health services operating under this Act, but rather, will: provide expert advice to the Governance Committee regarding any shared clinical risks or operational issues across services that should be addressed; and facilitate information sharing, clinical collaboration and effective client pathways between services. The group will include consumer representation to ensure the voices of families and children are included in all deliberations. The Chair of this Group will be a member of the Governance Committee.
- A **Cultural Safety and Competence Group** comprising key clinical and non-clinical agencies involved in the implementation of the Act. This group will provide expert advice to the Governance Group to guide decision-making and program development that embeds cultural safety and competence at all levels of the program and in service delivery. A key function of this group will be ensuring the voices of Aboriginal peoples and communities are heard and guide decision-making for all aspects of the development, operation and evaluation of the program. This committee will invite the participation of the Aboriginal Health Council of South Australia and consumer representation as members to ensure the voices of Aboriginal peoples and communities are included in all deliberations. The Chair of this Group will be a member of the Governance Committee.

Drug and Alcohol Services South Australia will provide administrative assistance and project management support to the Governance Committee.

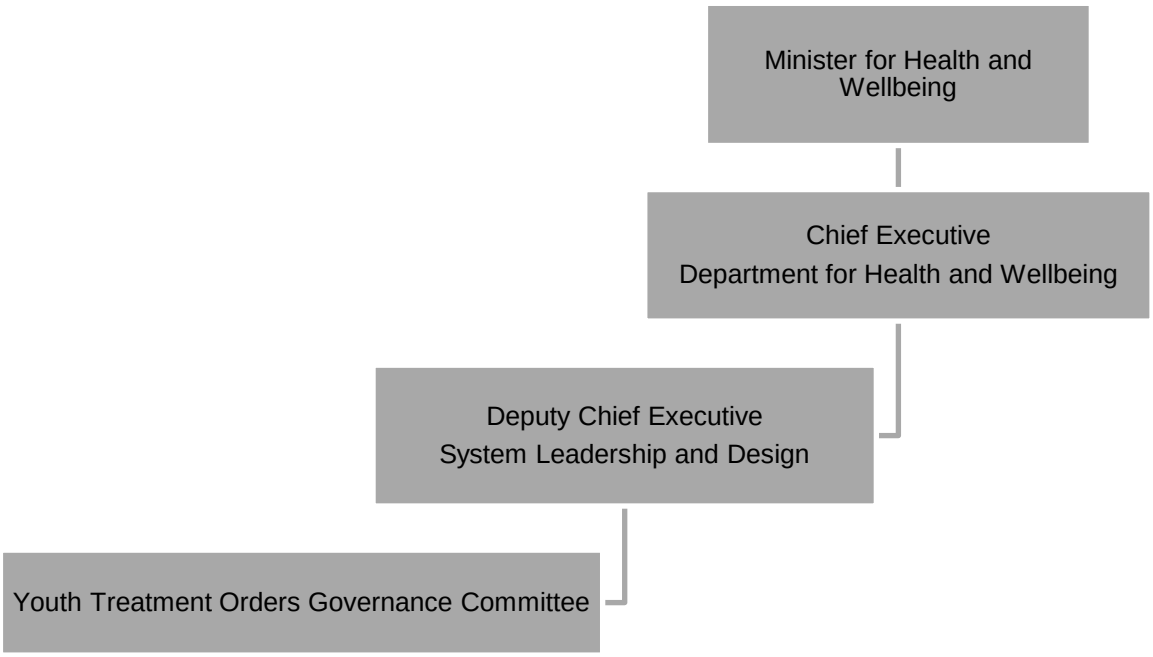

Figure 1: Youth Treatment Orders Governance

2.2 Statement of Rights

All children subject to proceedings in the Youth Court, as set out under Part 7A of the *Controlled Substances Act 1984*, will be provided with a Statement of Rights.

An Assessment Order together with the Statement of Rights will be served on the child subject to the order by staff of the Kurlana Tapa Youth Justice Centre. The Statement of Rights sets out the obligations of the State as part of the Youth Treatment Orders program. The rights of children subject to Youth Treatment Orders court proceedings and information that can be of assistance for children and their families of choice, guardians or advocates is included in the document.

The Statement sets out what an order is, and what it obligates the child to do. The Statement includes references to the support options for the child during assessment and treatment, as well as rights to accessing health services, including culturally safe services.

The Statement also includes information on the free Legal Representation Scheme to assist children in all court matters, as well as information on rights of review and appeal of decisions of the Youth Court. The Youth Court will provide a copy of the Statement of Rights to the child as soon as possible after an order has been made.

The Statement of Rights has been included as an appendix to this Model of Care (see Appendix 1).

2.3 Legal Representation of children

Right to be represented

Every child who is the subject of Youth Treatment Order court proceedings has a legislated entitlement to be represented by a legal practitioner provided at no cost to the child. The child will be informed of their right to legal representation by way of the Statement of Rights which must accompany every application under the new legislation. Although the child is entitled to legal representation, they may make an informed decision not to be represented if they so choose.

Appointment scheme

If the child opts to be represented, the appointment of a legal representative will be in accordance with the scheme established by the Minister in accordance with section 54M(1) of the legislation. It is anticipated that in most cases, either the Legal Services Commission or the Aboriginal Legal Rights Movement will be appointed.

Role of the legal representative

The role of the legal practitioner is to act on the instructions of the child, as far as reasonably practicable, taking into account the legal practitioner's duty to the Court. Where the child has not given or cannot give instructions, the legal practitioner must act in accordance with the legal practitioner's own view of what is in the child's best interests.

The legal representative will explain the court proceedings to the child and will outline the consequences of the child's actions in regards to those proceedings so that the child is able to make informed decisions. The legal representative will also advise the child of their legal rights and explain to the child that the Court is obliged to make a decision that is in the best interests of the child, which may not align with the child's wishes.

Any obligation or requirement of the child is imposed on the child, not their legal representative. However, if instructed to do so, the legal representative may assist the child in fulfilling those obligations. For example the child may instruct their solicitor to prepare an application to vary previous orders, or to lodge required paperwork with the Court.

Life of the legal representative's role

The role of the legal representative is tied in with the Court's involvement; they will not be appointed until Court proceedings commence and their role concludes when the application is either granted or dismissed. The legal representative will not be involved in the execution of the Court order, for example in the administration of any medical treatment.

Access to information

The legal representative will have access to all information and documents that the child is entitled to. This includes any reports that have been produced, any evidence tendered in Court and, even though the legal representative's role will have concluded, any final Court orders. Service of any documents upon the legal representative will not take the place of personal service upon the child. The child will still be served all necessary documents, particularly any Court orders, which will not take effect until service has occurred.

2.4 Accreditation of treatment services

The Act provides for the accreditation of suitably qualified persons or bodies as drug assessment services or drug treatment services as are necessary for the operation of this program.

In regard to service delivery, the Act provides that regulations may be made to regulate any matter relating to assessment or treatment provided pursuant to an order.

Regulations will be enacted to ensure the qualifications, competencies and standards of quality and safety are clearly articulated for any assessment and treatment services operating under this program.

Assessment and treatment decisions will be led by medical consultants with a high level of clinical expertise in the field of psychiatry, adolescent health, addiction medicine and paediatrics so they can best consider underlying medical, trauma and mental health issues which may be related to a child's drug use. This information will then be considered in determining the findings of any assessment and in developing any treatment plan that may result from such an assessment.

Treatment service providers will be accredited by SA Health and must provide, as a minimum, evidence of the following criteria in order to be considered for accreditation:

- The health service is quality accredited by an external body that meets the requirements of the National Quality Framework for Drug and Alcohol Treatment Services.
- The service is funded by the State or Commonwealth (including the Primary Health Networks) to provide specialist treatment for people with drug problems.
- Where the service is not directly funded by the State or Commonwealth, the service is provided by Australian Health Practitioner Regulation Agency registered health professionals who are required to adhere to the prescribed standards of practice and specialist colleges in order to maintain their registration.

2.5 Transparency and accountability

Recognising this program of work is new to the State and sectors, and therefore will require robust monitoring and evaluation, the following mechanisms will be incorporated within this Model of Care to ensure transparency, accountability and better understanding of the evidence-base.

2.5.1 Visitor Scheme

The Training Centre Visitor is appointed pursuant to section 11 of the *Youth Justice Administration Act 2016*, as an independent statutory officer with responsibility to report to Parliament through the Minister for Human Services. The Training Centre Visitor's role is to promote and protect the interests and rights of children and young people sentenced or remanded to detention in a youth training centre in South Australia. Under section 14 of the *Youth Justice Administration Act 2016*, the Training Centre Visitor:

- conducts visits to training centres
- conducts inspections of training centres
- promotes the best interests of the residents of a training centre
- acts as an advocate for the residents of a training centre – to promote the resolution of issues to do with their care, treatment and control
- inquiries into and provides advice to the Minister in relation to any systemic reform needed to improve the care, treatment and control of residents or the management of a training centre, and
- inquiries into and investigates any matter referred by the Minister.

All children subject to Phase 1 Youth Treatment Orders will receive the same protections afforded to any child subject to detention in Kurlana Tapa.

When responding to matters or concerns relating to Aboriginal children, the Guardian for Children and Young People and the Training Centre Visitor may consult with the Commissioner for Aboriginal Children and Young People.

2.5.2 Family and advocate access to information

All children engaged in this program will have the opportunity to nominate an advocate or family member who they wish to be kept informed about their progress in the program. Such individuals will have the child's permission to gain information about their treatment progress and assist in transition of the child from court ordered assessment or treatment into voluntary treatment, relapse prevention and aftercare.

2.5.3 Annual public reporting

Under section 54O of the Act, the Department for Health and Wellbeing is required to prepare an annual report, which in relation to Phase 1 will include: the outcome of each Treatment Order, including the number of children who failed to comply with a Treatment Order as well as the cost of the treatment provided to each child pursuant to a Treatment Order. The report will not include any information that might identify a child.

Additional clinical reporting requirements are discussed throughout this Model of Care.

2.5.4 Accredited services reporting

Non-government services specifically funded to provide treatment under this program will be required to provide quarterly reports to their contract manager to ensure routine reporting of clinical service provision and performance management of any issues.

2.5.5 Evaluation report to Parliament

It is a requirement of the legislation under section 54P that a report is provided by the Minister for Health and Wellbeing to Parliament after the third, but before the fourth anniversary of the commencement of relevant sections of the Act, pertaining to Youth Treatment Orders. To enable this

report to be made available, an evaluation framework will be agreed by partner agencies and an evaluator commissioned and appointed by SA Health.

As the legislation proposes an approach that will be a first for Australia in relation to children and controlled drugs, it is also important that the work undertaken in South Australia further informs the evidence-base for other jurisdictions. It is therefore proposed that the evaluation of the program will be conducted by a reputable research institution with experience in this area, enabling not only a report to the Parliament but also clear research evidence to inform future policy in this area, and peer reviewed publications to inform the work of the broader health, welfare and justice sectors. The evaluation will inform the government's consideration of Phase 2 of the Youth Treatment Orders program.

3. THE MODEL OF CARE - AN OVERVIEW

The Model of Care for Phase 1 of Youth Treatment Orders sets out how Assessment Orders and Treatment Orders will operate in the Kurlana Tapa Youth Justice Centre under the Youth Treatment Orders program. It outlines best practice care and services for a child subject to orders.

- **Assessment Order:** When a child is subject to detention in Kurlana Tapa the Youth Court can make an Assessment Order to determine primarily whether the child is drug dependent on one or more controlled drugs, as well as whether the child is a danger to themselves or others and has refused to seek treatment voluntarily. The Assessment Order is also designed to assist the Youth Court to determine if there is no other appropriate and less restrictive means available to address drug dependence. This order requires the child to attend the Kurlana Tapa health centre where the assessment will be undertaken by medical consultants. The assessment may recommend treatment and provide an opportunity for voluntary engagement. That service will then provide an Assessment Report to the applicant, the child (or a person representing the child) and the Youth Court.
- **Treatment Order:** Following the Assessment Report, the Youth Court can make a Treatment Order if it considers that the child has been assessed by medical consultants as being dependent on one or more controlled drugs. The Youth Court also needs to be satisfied that the child is a danger to themselves or others, has refused to seek treatment voluntarily and there is no other appropriate and less restrictive means available to address drug dependence. In addition, the Treatment Order is only made when the Youth Court is satisfied there is an appropriate treatment plan. The treatment plan will be developed by the assessing medical consultants after a comprehensive assessment has been completed taking into account individual needs, comorbidity issues, patient preferences, and requirements of Youth Treatment Orders legislation. The Treatment Order requires the child to receive treatment as set out in the treatment plan. Treatment will be provided at the Kurlana Tapa health centre. The treatment service will provide a report to the applicant, the child (or a person representing the child) and the Youth Court following treatment completion.

An overview of the draft Model of Care for Phase 1 of Youth Treatment Orders is presented in Figure 2.

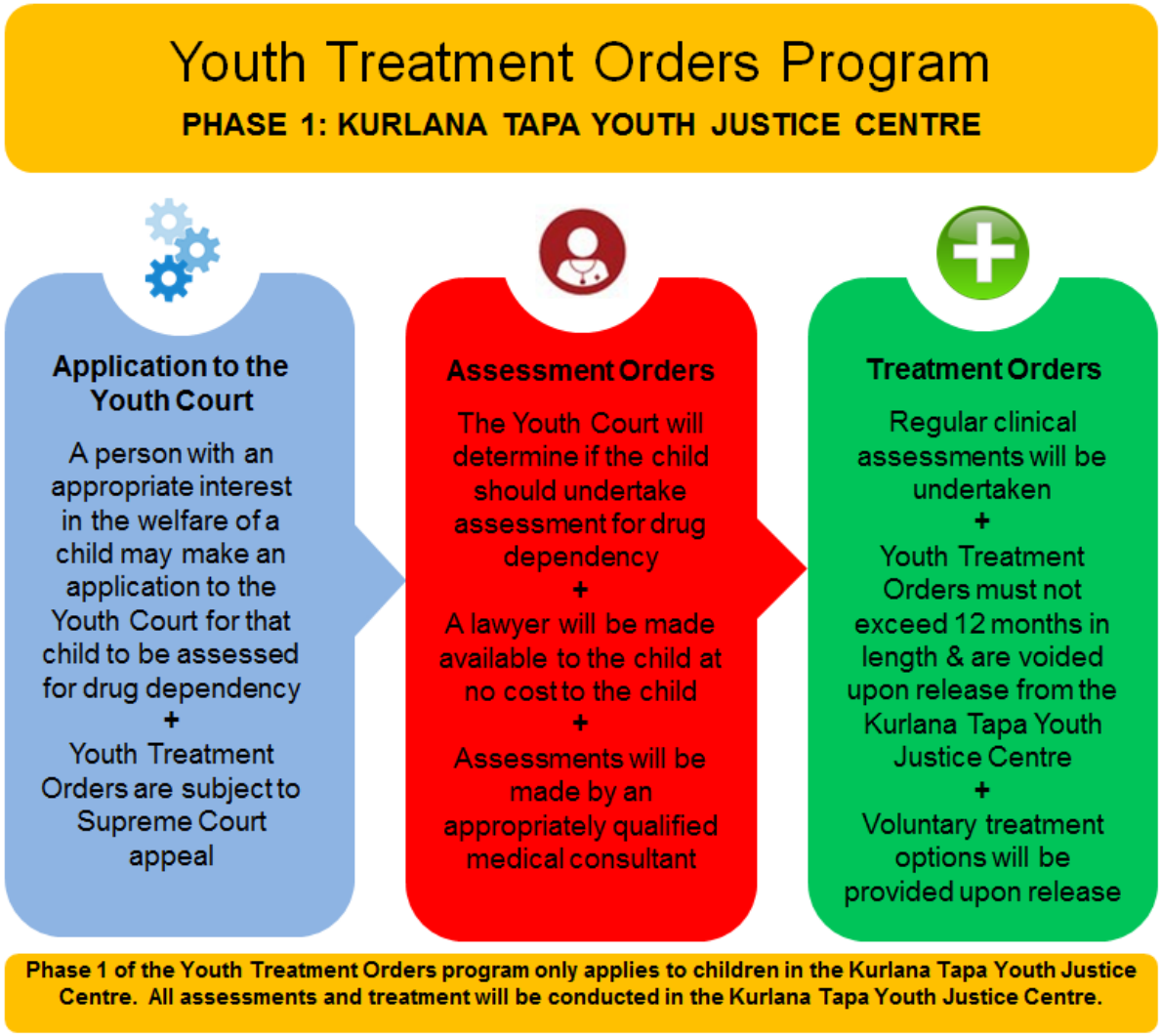

Figure 2: Youth Treatment Orders Phase 1 Model of Care Overview

4. PRINCIPLES

The following key principles underpin the design and operation of this Model of Care and are intended to optimise the outcomes for a child.

A fundamental requirement of this model is that the best interests of the child are the primary consideration and must override all other considerations.

It is also recognised that assessment and treatment services must:

- Be applied in the best interest of the child
- Ensure the mental, physical and social development of each child is a priority, including protecting their autonomy and personal liberty as much as possible
- Ensure the progress of a Youth Treatment Order will not be a determinant in the granting of bail or release of a child subject to detention for a criminal offence at the Kurlana Tapa Youth Justice Centre
- Be age and developmentally appropriate
- Be culturally safe and appropriate, and support the needs of Aboriginal children, children from other culturally and linguistically diverse backgrounds, and children with disability
- Consider the gender identity and sexuality of children
- Enable children, their family and support people to participate in decision making
- Consider the complex needs of vulnerable populations and potential barriers to engaging in assessment and treatment
- Ensure the experiences of children and their family, carers, and communities are recognised and incorporated into service development and quality improvement processes
- Align with best practice evidence and frameworks supporting the best interests of the child
- Ensure specialist, best practice interventions are delivered by an appropriately skilled workforce
- Incorporate evidence from other services or providers such as medical and psychosocial assessment, reports or assessments from family/carers, school, SA Police, Department for Child Protection, or youth justice
- Be non-judgemental, evidence-informed, based on comprehensive assessment, matched to individual needs, and subject to ongoing quality assurance processes
- Incorporate trauma informed practice and the importance of rapport and the therapeutic relationship
- Take into account the broader context for the child (including presenting problems as well as predisposing, precipitating, perpetuating and protective factors)
- Minimise barriers to accessing treatment
- Encourage voluntary participation and provide the least possible restrictive means of assessment, intervention and treatment for the presenting circumstances
- Integrate care and collaborative partnerships with children and their families, carers, and communities to underpin service delivery, providing a focus on continuity of care
- Adapt the treatment available based on the cognitive ability/disability of the child
- Ensure documents and treatment plans are regularly reviewed by a leading clinician who developed the plan during assessment.

5. CASE COORDINATION TEAM

Recognising the varied experience and issues facing a child who may be the respondent to an Assessment or Treatment Order, a Case Coordination Team will be established to facilitate the program between the court, the Kurlana Tapa Youth Justice Centre, health services and other service providers assisting the child and family or carers. The team will be staffed by qualified allied health workers and Aboriginal health workers, with experience in working with children.

This team will be responsible for:

- ensuring children subject to the Youth Treatment Orders program are treated in line with the principles of the program
- facilitating access to community based services available under the program for children in the community with drug dependency problems where they are not being used by children released from Kurlana Tapa
- providing information to families and carers regarding community based assessment and treatment services and supports available to assist them and their child once released from Kurlana Tapa
- facilitating information sharing (in accordance with legislation and information sharing guidelines) between agencies to support informed and effective decision making that is in the best interests of the child
- liaising with services currently engaging with the child and family or carer (in accordance with legislation and information sharing guidelines) in order to facilitate comprehensive and coordinated care for the child
- working with Kurlana Tapa Youth Justice Centre staff to assist in the coordination of services delivered in the Centre
- liaising with treatment services being provided as part of the Youth Treatment Orders program to ensure comprehensive transition planning is in place for children transitioning to the custody of the Department for Correctional Services while subject to a Treatment Order
- coordinating aftercare and follow up for a child exiting the program and their family or carer for up to 12 months to support a continued link to voluntary services, where appropriate.

Follow up and support from this team will be available for any child who has been subject to an Assessment or Treatment Order, for up to 12 months, depending on their individual circumstances and needs.

6. ASSESSMENT ORDERS

Assessment undertaken as part of an Assessment Order is a comprehensive holistic, bio-psychosocial assessment (including physical health, mental health, developmental factors, psychosocial factors, risk, trauma, patient preferences, strengths and difficulties, goals). The assessment is for the primary purpose of establishing substance dependence as defined by the International Classification of Diseases, Tenth Revision (ICD-10), as well as for determining the criteria set out in the Act in relation to risk and what type of treatment, if any, is in the best interest of the child.

6.1 Requirements of the Court

An Application for an Assessment Order and accompanying Affidavit will be prepared by an applicant as prescribed by the legislation. The Application will indicate if the child is currently detained in Kurlana Tapa Youth Justice Centre. The Application and Affidavit are lodged at the Youth Court and Registry staff will seal the documents and list the matter in the General List for a Directions Hearing. If the Application has indicated that the child is subject to detention, Registry staff will produce a gaol order which will be sent to Kurlana Tapa to secure the child's attendance at the hearing. The gaol order will provide authority to the Department of Human Services to transport the child to court.

Service of the sealed documents together with a Statement of Rights upon the child against whom orders are sought, must occur at least three (3) days prior to the hearing. This can be effected by serving the documents to Kurlana Tapa.

At the conclusion of the Directions Hearing the Application will be dismissed (thus ending the court process), granted, or adjourned to a further date. In the event of an adjournment, if the child is subject to detention in Kurlana Tapa, the hearing outcome will include a note to Registry staff to produce a further gaol order to again secure the child's attendance at the next hearing.

Any adjournment should not be longer than seven (7) days unless special circumstances exist. There are no limits to the number of adjournments permitted. In the event that the child has nominated a support person or advocate, that person may attend any future hearings to support the child. During proceedings, the Youth Court may request that the Department for Health and Wellbeing provide information about available assessment services, in which case the matter will be adjourned to allow the Department to provide a report that the Youth Court may consider.

If the Youth Court makes a final Assessment Order, the Youth Court may also make an order in relation to the costs of the assessment or any report ordered. Such a costs order cannot require Crown or the child subject of the Application to pay.

Upon the Application being granted, a copy of the Assessment Order must be served on the child personally, together with the Statement of Rights in relation to the order. Registry staff will provide a copy of the Assessment Order to Kurlana Tapa for service upon the child. The Assessment Order has no effect until service upon the child has taken place. Registry staff will also ensure that the Assessment Order is provided to the nominated assessment service. This concludes the Youth Court process.

The Assessment Order will direct that the nominated assessment service provide a report to the Youth Court following its assessment of the child. The report will be placed on the closed file for consideration by the presiding judicial officer in the event that an Application for a Treatment Order is lodged.

When an Assessment Order application is not granted due to a lack of evidence meeting legislative criteria, the Case Coordination Team will provide options for voluntary drug treatment referral to the child and their support person or advocate.

6.2 Assessment booking and locations

The Case Coordination Team will book the assessment following receipt of the Assessment Order. The assessment will take place in Kurlana Tapa within two (2) business days of receiving the order. The assessment will be undertaken in the Kurlana Tapa Youth Justice Centre health centre, a separate environment within the campus that provides rooms for confidential counselling and assessment, staff and client safety/security measures, and a clinical area for physical examination that meets standards for medical consulting (e.g. medical equipment and access to pathology services).

A child subject to an Assessment Order may request independent drug assessment and may instruct their legal representative to source such an assessment and tender it to the Court as evidence. Costs associated with obtaining independent evidence will be funded as part of the Legal Representation Scheme.

6.3 Specialists undertaking the assessment

The following senior medical consultants will undertake the assessment:

- Child and Adolescent Psychiatrist (Child and Adolescent Mental Health Services): diagnostic understanding and formulation of any presenting mental and behavioural problems.
- Addiction Medicine Specialist (Drug and Alcohol Services SA): diagnostic appraisal of the Substance Use Disorder, including determination of drug dependence
- Paediatrician: Diagnosis and review of previous and current medical conditions, developmental and behavioural disorders.

6.4 Assessment process

The child will be required to attend an assessment appointment where they will be assessed by a Child Psychiatrist, Addiction Medicine Specialist and Paediatrician who will be assessing factors relevant to their speciality. The appointment will be conducted in one location for the minimum reasonable time required for an appropriate assessment. A consolidated report will be provided to the Youth Court.

The child may choose to have a support person accompany them to the assessment appointment.

Supporting information

The court will provide a copy of the Assessment Order to the senior medical consultants with supporting evidence of substance use related concerns (including statutory declaration supporting harmful use, harm to self/others, unwillingness to participate in voluntary treatment).

Additional background information will be made available including:

- Medical, health service, child protection or other relevant information, assessments and reports provided to the Youth Court in support of the Assessment Order application or from government departments or interested party enacting legislation for an assessment.
- Reports available from SA Police or Youth Justice outlining information relating to substance use, mental health concerns or other relevant concerns, where this information is not already held by other agencies.
- Kurlana Tapa Youth Justice Centre health assessments for children subject to detention at Kurlana Tapa - further detail provided below.
- Information from the family of choice or guardian of the child relevant to the screening criteria for the assessment, in addition to relevant background to the child's mental health, substance use and other psychosocial factors.

Other background information including medical, psychiatric, psychosocial, child protection, and/or youth justice information may be available for some children.

The senior medical consultants will also have access to government e-health information systems including:

- Open Architecture Clinical Information System (OACIS - hospital admissions)
- Client Management Engine Drug and Alcohol Services SA Information System
- Client Management Engine Community Based Information System (mental health).

Child and Adolescent Mental Health Service Child and Adolescent Psychiatrist Assessment

The Child and Adolescent Psychiatrist will provide a comprehensive assessment of mental health issues, including:

- History of mental health problems
- Diagnosis of any mental health disorder according to the ICD-10 (or equivalent)
- Risk assessment including risk of self-harm, suicide or risk to others
- Mental health history including psychiatric history, current medication, co-morbidities including neurodevelopmental disorders

A mental health formulation of presenting difficulties.

Drug and Alcohol Services SA Addiction Medicine Specialist Assessment

The Addiction Medicine Specialist will provide a comprehensive assessment of substance use and associated issues, including:

- Substance use current/historical (past involvement in treatment, barriers and outcomes)
- Identified harms to self or others associated with substance use
- ICD-10 (dependence, harmful or hazardous use, including harm to self/others)
- Medical History, current medication, health comorbidities
- Blood Borne Virus status, screening,
- Physical examination
- Urine Drug Screen and/or other medical testing/pathology required
- Family history of substance use
- Psychosocial factors including any environmental or peer group influences
- Other services involved in the child’s care
- Summary and treatment recommendations
- Willingness of child to engage in voluntary treatment options.

Paediatric Assessment

The Paediatrician will provide a comprehensive assessment of physical health and developmental issues, including:

- History of medical problems including current and past medications and comorbidities
- History of developmental and behavioural problems
- Adolescent psychosocial history
- Physical examination
- Medical investigation if required
- Diagnosis of medical and developmental disorders
- A medical and developmental formulation of presentation and how this may impact on treatment

The mental health, substance use and paediatric assessments may be undertaken in any sequences.

Assessment information is retained by the relevant health service in line with their principles of managing client health records. Information sharing between the health service provider and Youth Justice is in line with current Privacy Legislation and Information Sharing Guidelines.

Medical consultants will exercise their duty of care to inform the child's guardian and/or Youth Justice of immediate risk factors identified in the assessment. The legal guardian may be the family of choice or Department for Child Protection for children within Kurlana Tapa. Kurlana Tapa has decision making status for the purpose of emergency medical care and protection from risk.

Considerations for children subject to detention in the Kurlana Tapa Youth Justice Centre

The assessment process within Kurlana Tapa will require the co-attendance of a suitable support person who has been nominated by the child and accepted by the court, and who is not a custodial officer. In the case of a detained Aboriginal child, a suitable support person may be a Kurlana Tapa Aboriginal case worker. The physician performing any physical examination will be conversant with and suitably clinically experienced in undertaking such examinations on children likely to have backgrounds of trauma.

Children within Kurlana Tapa undergo other assessments which will be considered during the assessment process to reduce any duplication or burden on the child:

- MY Health Assessment: Metropolitan Youth Health (MY Health) SA Health complete a HEEADSSS (Home, Education and employment, Eating and exercise, Activities, Drug and alcohol use, Sexuality and gender, Suicide and depression, and Safety) assessment as soon as practical of the child entering the custodial setting (generally within 3 business days). Intake health assessments also include ASSIST (Alcohol, Smoking and Substance Involvement Screening Test) screening, smoke free and other health/mental health assessments as relevant
- Youth Justice/Youth Court: Youth Justice will provide background information including available assessment and reports (e.g. Kurlana Tapa intake and care coordination assessment.

If a child in Kurlana Tapa is assessed as being dependent and consents to engagement in treatment voluntarily, it will not be open to the Court to make a treatment order as provided in subsection 54D(2)(b)(ii). In these circumstances, a child will have the same access to the full range of treatment services as those subject to Treatment Orders and their treatment progress will be monitored for the purposes of evaluation of the program.

6.4 Assessment report

The senior medical consultants will prepare a joint report for the Youth Court, providing a summary of the assessment outcomes and consensus opinion against the following Treatment Order application criteria:

- Dependent on one or more controlled substances
- Posing a danger to self or others as a result of the drug dependency
- Refusal of voluntary treatment options
- No less restrictive means of treatment available
- Treatment plan developed directed towards treating the child's dependency on controlled drugs.

The report will present a clear diagnostic summary from the assessment outlining treatment options that enable the child to address physical, mental, neurological and social issues that contribute to, are the result of, or occur concurrent to their drug dependency. Recommendations for treatment will take into consideration:

- the best interests of the child
- the capacity of the child to participate including assessment of cognitive capacity
- the child's willingness to engage voluntarily in the treatment options.

If treatment is recommended, the least restrictive treatment option is given first, including exploring the child's willingness to engage in voluntary treatment.

The treatment plan will specify treatment type, recommended treatment duration, harm reduction and relapse prevention planning and a system for monitoring treatment outcomes. In the event of a drug dependence diagnosis, the Addiction Medicine Specialist will provide treatment recommendations that address whether specific, evidence-informed treatments (e.g. medication assisted treatment) can assist reduction of relapse risk, morbidity and mortality. Support for smoking cessation will also be included if required.

Whenever possible, recommendations for transition to community based treatment will be incorporated into the treatment plan at the time of assessment. This is particularly important for children who may be released from Kurlana Tapa with minimal notice. For treatment in the community, ongoing treatment review and the development of transition plans for continuity of care will be undertaken at a later date by the treatment provider.

Reporting is a collaborative process. If the Child and Adolescent Mental Health Service Psychiatrist, Addiction Medicine Specialist and Paediatrician are unable to reach an agreement regarding the treatment recommendations, a second opinion may be sought. If this delays the assessment and reporting process, the Youth Court will be informed of the reason and requested timeframes for extension of the Assessment Order.

The assessment report and proposed treatment plan will be provided to the Youth Court within 9 business days of the Assessment Order being received, specifically:

a. Assessment complete within 2 business days
b. Report and treatment plan completed within 7 business days of assessment.

The assessment service will provide a copy of the report to the applicant, the child (or a person representing the child) and the Court following assessment of the child. A copy of the treatment recommendations and treatment plan must be made available to the child and their guardian.

There may be instances where the report cannot be made available within this timeframe due to a requirement for additional assessment, background information or a second opinion. In this case the

Youth Court will be notified and an extension to the Assessment Order sought. The assessment report will be delivered to the court, child and their guardian, and referring agency (if relevant) by secure courier.

An assessment report will be provided to the Youth Court and the child will be offered voluntary treatment options in instances where:

- There is no dependence on a controlled drug
- Harms (to self or others) are not related to or exacerbated by the child's substance use
- Treatment for substance use is unlikely to be of benefit for the child's presentation.

For children in Kurlana Tapa, voluntary treatment options will be documented in the post-release plan.

6.5 Qualifications and skills of medical consultants undertaking assessments

Child and Adolescent Mental Health Service Child and Adolescent Psychiatrist

- Qualification of Fellowship of the Royal Australian and New Zealand College of Psychiatrists
- Credentialed as a Psychiatrist with the Women's and Children's Health Network
- Registered as Psychiatrist with Australian Health Practitioner Regulation Agency.

Addiction Medicine Specialist

- Qualification of Fellowship of the Australasian Chapter of Addiction Medicine of the Royal Australasian College of Physicians
- Credentialed as Addiction Medicine Specialist with a SA Health Local Health Network
- Registered as a medical practitioner with the Australian Health Practitioner Regulation Agency
- Preference for Addiction Medicine Specialist with paediatric and adolescent health skills and experience caring for Aboriginal children.

Paediatrician

- Qualification of Fellowship of the Royal Australian College of Paediatrics
- Credentialed as a Paediatrician with Women's and Children's Health Network
- Registered as Paediatrician with Australian Health Practitioner Regulation Agency.

7. TREATMENT ORDERS

7.1 Requirements of the Court

An Application for a Treatment Order and accompanying Affidavit will be prepared by an applicant prescribed by the legislation. The report produced by the nominated assessment service should be attached as an annexure to the Affidavit. The Application will clearly indicate if the child is currently held in the Kurlana Tapa Youth Justice Centre. The Application and Affidavit are lodged at the Youth Court Registry no later than two (2) weeks following the conclusion of the assessment. If the two (2) week time frame has lapsed, Registry staff will forward the paperwork to a judicial officer for review and the judicial officer may decide to accept or reject the application.

If the judicial officer is unwilling to accept the application outside of the two week timeframe, Registry staff will notify the applicant that the application has not been accepted and will not be listed for hearing. In this case, a fresh Assessment Order will be required prior to an Application for a Treatment Order being lodged.

If the Application is accepted, Registry staff will seal the documents and list the matter in the General List for a hearing. The applicant is required to serve the sealed documents upon the child against whom orders are sought, at least three (3) days prior to the hearing. Service can be affected by serving the paperwork to the Kurlana Tapa Youth Justice Centre (if the child is subject to detention here).

If the applicant has indicated on the Application that the child is in the custody or under the guardianship of the Chief Executive of the Department for Child Protection, Registry staff will also notify the Chief Executive of the Application via email to the Crown Solicitor's Office.

When entering the file, Registry staff will ensure that the previous Application for an Assessment Order file is linked to the new file as a reference for the judicial officer. After the file has been entered electronically, Registry staff will produce a gaol order which will be sent to the Kurlana Tapa to secure the child's attendance at the hearing. The gaol order will provide authority to the Department of Human Services to transport the child to court.

At the first appearance hearing, the Application will be dismissed (thus ending the court process), granted or adjourned to a further date. Any adjournment should not be longer than seven (7) days unless special circumstances exist and there are no limits to the number of adjournments permitted.

During proceedings, the Youth Court may request that the Department for Health and Wellbeing provide information about available treatment services, in which case the matter will be adjourned to allow the Department for Health and Wellbeing to provide a report that the Youth Court may consider. In the event of an adjournment, the hearing outcome will include a note to Registry staff to produce a further gaol order if the child is in Kurlana Tapa to again secure the child's attendance at the next hearing. For children in the community, in the event that the child fails to attend a hearing, a summons may be issued to ensure the child's attendance on the next occasion

The Youth Court may make a final Treatment Order in the absence of the child if the child failed to answer a summons, or if the child has made an informed and independent decision not to be present at the hearing. The Youth Court may also make an interim Treatment Order in the absence of the child if required as a matter of urgency. In this case the hearing will be adjourned for no more than seven (7) days and the child must be summoned to show cause why the order should not be confirmed as a final order (in its current form or a varied form).

If the Youth Court makes a final Treatment Order, the court may also make an order in relation to the costs of the treatment or any report ordered. Such a costs order cannot require Crown or the child subject of the application, to pay.

Upon the Application being granted, a copy of the Treatment Order must be served on the child personally, together with a statement outlining the rights of the child in relation to the order.

The Treatment Order has no effect until service upon the child has taken place. Registry staff will also ensure that the Treatment Order is provided to the nominated treatment service. This concludes the Youth Court process.

The Treatment Order will direct that the nominated treatment service provide a report to the Youth Court following its treatment of the child.

7.2 Evidence-informed treatment options

Whenever possible, the treatment plan will be developed during the assessment phase to identify goals, risks, and appropriate treatment options. The treatment plan is a living document that requires regular review and updates over time in line with the child's progress toward treatment goals and ongoing requirements.

Evidence-informed treatment options include:

a. Withdrawal management followed by discharge into continuing treatment

b. Psychosocial interventions including comorbidity interventions, for example:

- Cognitive Behavioural Therapy (including relapse prevention)
- Motivational Interviewing
- Case Management
- Social skills training (particular focus on issues relating to drug dependence), building social network/social capital
- Harm reduction education
- Relapse prevention planning

c. Youth therapeutic interventions for mental health comorbidities (integrated care with substance use treatment)

d. Family support and counselling e.g. Multidimensional Family Therapy

e. Medication assisted treatment (requires careful monitoring)

f. Assertive outreach and aftercare

g. Residential programs including therapeutic communities

h. Program engagement enhanced by reward strategies (positive reinforcement, avoiding punishment orientated approaches).

Treatment will be delivered in the Kurlana Tapa Youth Justice Centre health centre. Treatment will be offered at times that suit the child's overall program at Kurlana Tapa. The treatment plan will support continuity of care on release from Kurlana Tapa and can include:

a. Psychosocial interventions, for example: Motivational Interviewing, Cognitive Behavioural Therapies, relapse prevention, harm reduction strategies, and individual psychotherapy (1:1 sessions, with intensity based on treatment plan recommendations).

b. Family counselling and support, including community-based appointments or joint sessions between the child and their family of choice at Kurlana Tapa (depending on identified plan, needs and risks). Family therapy may need to occur independent of the child. In these instances, the Case Coordination Team will work with families to make

positive changes in the social systems (home, school, community) that contribute to the serious anti-social behaviours of children.

c. Group program: a substance misuse group program to supplement individual-based interventions. Group programs are based on psychoeducation, building motivation to change, and relapse prevention strategies. These programs complement existing programs offered in Kurlana Tapa.

d. Transition planning for children turning 18 and transitioning into the custody of the Department for Corrections while subject to a Youth Treatment Order. Transition plans may include case management and counselling for the child, as well as follow-up and aftercare with the Case Coordination Team.

e. Post-custody planning (transition plans) and referral to support community-based treatment for continuity of care, whether voluntary or as part of a Treatment Order. Plans may include ongoing case management, family counselling, and other counselling for the child, assertive outreach, and/or access to other community-based youth drug treatment services. The Case Coordination Team will undertake follow-up with the community treating service(s) for children subject to Treatment Orders prior to release from the Kurlana Tapa Youth Justice Centre.

7.3 Treatment frequency and duration

A Treatment Order is limited to the duration of the required treatment, specifically:

a. Withdrawal management – up to 14 days. Kurlana Tapa Youth Justice Centre will escalate care to the Women's and Children's Hospital for children where withdrawal cannot be managed in the Kurlana Tapa.

b. Medical and psychosocial interventions – up to 12 months. The assessing medical consultants will develop a holistic treatment plan which best meets the medical and psychosocial needs of the child, determining an appropriate period for treatment and follow up based on the best interest of the child. The treatment plan will be regularly reviewed by either the lead the Child and Adolescent Mental Health Service Psychiatrist, Addiction Medicine Specialist and Paediatrician who developed the plan.

The Act provides that a Treatment Order made in Phase 1 of the Youth Treatment Orders program ceases to have effect when a child is released from the Kurlana Tapa Youth Justice Centre.

7.4 Treatment progress

For the duration of the Treatment Order, the responsibility of monitoring treatment progress rests with the treating service. This is required regularly as treatment progresses and includes regular reporting to the Case Coordination Team. The Case Coordination Team can assist with coordination of transitions between services.

Progress of treatment for children subject to orders is also monitored by the Youth Treatment Orders program Clinical Governance Group within SA Health. The Youth Court will not require updates regarding a child's treatment progress. A report from the treatment service at the conclusion of treatment will be provided to the court, whether or not the child has been compliant with the order.

7.5 Working with family

The family plays a key role in both preventing and intervening with substance misuse. This can be through encouraging and promoting protection and resilience or reducing risk. Conversely, there is considerable evidence for family involvement in a child's decision to take up and later misuse substances. Although there may be many other influences, factors associated with the family have significant implications for interventions aimed at preventing and addressing substance misuse.

Given this influence, the role families can play in the treatment of the child will always be considered and where appropriate, will be included as part of the treatment plan. The treatment plan will ensure no further harm to a potentially strained relationship between the child and their family, and will avoid undermining the efficacy of family-based approaches.

In matters where there is concern that a child is at significant risk of abuse or neglect, a notification to the Child Abuse Report Line can be made. The information provided at the time of notification will be assessed as per Department for Child Protection policies and procedures.

7.6 Treatment outcomes or completion

Treatment is completed when:

- The Treatment Order expires
- Significant goals of the treatment plan are met
- The term of custody expires.

Treatment outcomes may include:

- Satisfactory progress toward the treatment plan goals that facilitates reduction in dependence, harmful use and risk to self or others
- Engagement of family or significant others in treatment (when in the best interest of the child)
- Engagement in continuity of care (including referral to and engagement in community-based services)
- Improved outcomes in mental health and psychosocial functioning, noting these are secondary outcomes. This may include:
    - improve general and mental health through access to health care, counselling and treatment
    - reduce risk of relapse to substance use
    - improved social functioning (including management of associated psychosocial issues including social and family support networks, education/training, and housing).

When treatment is complete, the treatment provider will provide a report to the Youth Court outlining:

- Progress toward treatment goals
- Recommendations for continuity of care within the transition plan (including required referrals)
- Recommendations for further treatment including a summary of the treatment and transition plan
- Engagement in treatment (including enablers and barriers to engagement)
- Compliance with the Treatment Order.

The report will be placed on the closed file for reference in the event that any further applications are lodged.

7.7 Relapse prevention and aftercare

A transition plan is developed alongside the treatment plan to support the child's continuity of care following release from Kurlana Tapa. Transition plans are regularly reviewed for all children engaging in treatment as part of a Treatment Order. This ensures that all children have a planned exit from their treatment service and any other services which form part of the treatment plan. This is also best practice for children engaging in voluntary treatment options.

For children subject to detention in Kurlana Tapa Youth Justice Centre, the child is involved in pre-release transition planning and linked with a relevant community-based service(s) for substance use treatment prior to release whenever possible. The transition plan is provided to the referred service and a copy provided to the child and, as appropriate, the family of choice/guardian. Treatment and transition plans will be reviewed and updated monthly, and prior to the child's release from Kurlana Tapa. The treatment service within Kurlana Tapa coordinates referrals to treatment providers in the community. Responsibility for monitoring continuity of care post-release sits with the Case Coordination Team who will utilise Information Sharing Guidelines to follow up treatment progress.

Aftercare will also be provided by treatment providers, in the form of residential rehabilitation when clinically required. Children receiving treatment in residential rehabilitation will receive education support which is age and developmentally appropriate. As an additional measure, the Case Coordination Team coordinates follow up and aftercare to children and families. This involves providing outreach to homes, other services, or public places to connect with children and family members. Continued support is provided post-treatment including harm reduction and relapse prevention strategies, referral to relevant services and case management. Services are provided on a voluntary basis.

The Case Coordination Team can also coordinate support to children and families who are waiting for available services or children who experience barriers engaging in treatment services.

The Case Coordination Team is not able to provide face to face services in rural and remote areas, however it can coordinate Drug and Alcohol Services SA and Child and Adolescent Mental Health Service staff (in person or via tele-health) to provide follow up in regional areas. A follow up appointment will be scheduled with the child (and family as relevant) after cessation of the Treatment Order to monitor the progress of the child and any potential for lapse/relapse. The child can be provided with self-help strategies and tools or re-engage voluntarily with treatment services if a high risk of relapse is evident.

It is envisioned that on completion of the treatment plan or release from the Kurlana Tapa Youth Justice Centre, the child will become willing to engage in voluntary drug treatment either in Kurlana Tapa or through a community-based service.

Where community-based drug treatment service provided as part of the Youth Treatment Orders program are not being used by children being released from the Kurlana Tapa Youth Justice Centre, the Case Coordination Team will facilitate access to these services for children in the community experiencing drug dependency and their families.

7.8 Amendments to, or revocation of Treatment Orders

At any time, the Youth Court can amend the Treatment Order based on:

- Requirement for a different type of treatment due to a change in the best interest of the child
- Identification of a suitable, less restrictive means of treatment identified to meet treatment goals
- Recommendation for ongoing treatment (at expiration of current Treatment Order up to a total of 12 months)
- Non-compliance with the Treatment Order.

Revocation of a Treatment Order may occur when:

- The child agrees to participate in a suitable voluntary treatment option
- A report to the Youth Court recommends that treatment goals relevant to controlling substance dependence have been achieved.

There are two ways that court orders can be reviewed. The Act allows the child or an applicant of an order to request that the Youth Court revoke or vary an order. An application for variation or revocation by a child may only be made with permission of the Youth Court. In its decision, the Youth Court must allow all parties to be heard on the matter of varying or revoking an order. Under section 22 of the *Youth Court Act 1993* a decision of the Youth Court may be appealed to the Supreme Court of South Australia.

7.9 Qualifications and/or skills of clinicians facilitating treatment

The following section outlines the minimum qualifications and requirements of staff providing clinical and support services as part of the Youth Treatment Orders program. Given the psychosocial and cultural needs of the target group, staff experienced in working with children and Aboriginal children is preferred.

Child and Adolescent Psychiatrist

- Qualification of Fellowship of the Royal Australian and New Zealand College of Psychiatrists
- Credentialed as a Psychiatrist with the Women's and Children's Health Network
- Registered as Psychiatrist with Australian Health Practitioner Regulation Agency.

Addiction Medicine Specialist

- Qualification of Fellowship of the Australasian Chapter of Addiction Medicine of the Royal Australasian College of Physicians
- Credentialed as Addiction Medicine Specialist within a SA Health Local Health Network
- Registered as a medical practitioner with the Australian Health Practitioner Regulation Agency
- Preference for Addiction Medicine Specialist with Adolescent Health Skills.

Paediatrician

- Qualification of Fellowship of the Royal Australian College of Paediatrics
- Credentialed as a Paediatrician with Women's and Children's Health Network
- Registered as Paediatrician with Australian Health Practitioner Regulation Agency.

Medical Officer

- Registered with Australian Health Practitioner Regulation Agency.

Registered Nurse

- Registered with Australian Health Practitioner Regulation Agency.

Alcohol and Other Drug Clinician

- Minimum Certificate IV Alcohol and Other Drugs or Undergraduate degree in health or related discipline and relevant experience.

Allied Health Professional

- Social worker: eligible for membership of Australian Association of Social Workers
- Psychologist: registered with Australian Health Practitioner Regulation Agency.

Family Counsellor/therapist

- Accredited qualification in family therapy. At least 12 months post qualification experience.

Aboriginal Health Practitioner

- Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice.

8. MONITORING AND REPORTING

Review of the Model of Care for Phase 1 of Youth Treatment Orders will identify successful and unsuccessful elements of the program in a South Australian context. This will mean identifying areas of high performance and areas for improvement; and assessing performance against the Youth Treatment Orders program's key performance indicators.

More specifically the evaluation will assess:

- How effective the treatment service providers are meeting the client and family needs, and provide recommendation for areas of improvement
- Identify adverse events and unintentional consequences of the Youth Treatment Orders program and associated Model of Care
- Assess the impact on specific children, for example, Aboriginal children, their families and communities and children under the guardianship of the Minister
- Compare the relative effectiveness of the Youth Treatment Orders program among children who are subject to custody within Kurlana Tapa with existing voluntary treatment outcomes.

A final written report of the evaluation will include recommendations on the performance and continuation of the Youth Treatment Orders program in South Australia. Information from the evaluation will inform the report required under the Act to be provided to Parliament.

An evaluation report will be provided by the Minister to Parliament after the third year, but before the fourth anniversary of the commencement of relevant sections of the Act. Implementation of a Youth Treatment Orders Phase 2 Model of Care will be contingent on a further decision of Government following the Review of this Model of Care. Requirements for ethically approved research will be explored to investigate best practice in the care and treatment of children subject to Youth Treatment Orders.

9. APPENDICES

9.1 Statement of Rights

If you have been served papers for a Youth Treatment Order you can contact XXXX for free legal advice.

What you need to know about Youth Treatment Orders

An Assessment Order is a way for the Youth Court to assess if you are at risk of harm because of your drug use. The Youth Court will make a decision based on the following:

- You are habitually using one or more drugs; and
- You are a danger to yourself or others; and
- You have refused to voluntarily seek drug assessment; and
- There is no other way to have your drug use assessed.

If the court decides it is in your best interest to make an Assessment Order you will need to go to an appointment where you will be seen by three specialist doctors (a Child and Adolescent Mental Health Psychiatrist, an Addiction Medicine Specialist, and a Paediatrician). This appointment will be held in the health centre at the Kurlana Tapa Youth Justice Centre.

The doctors will ask you questions about your drug use, your health and your life, and write a report to tell the Youth Court if they think getting help for your drug use is in your best interest. The doctors will work with you to decide what type of drug treatment will suit your needs and write a treatment plan. The treatment plan will be included in the report for the court.

If you agree to get drug treatment one of the specialist doctors will make an appointment for you.

The Youth Court will read the doctor's report and consider any other information that people involved in your life have given the court (such as your family, carer or guardian, the Department for Child Protection, South Australia Police) and decide if you need drug treatment. If a Treatment Order is made you will receive treatment in the health centre at the Kurlana Tapa Youth Justice Centre. The specialist doctors will decide on a length of drug treatment based on your best interest.

A Youth Treatment Order will not appear on a police clearance or criminal check.

Your rights

You have the right:

- To have your best interest upheld through the Youth Treatment Orders program
- To be treated equally, and not treated unfairly because of your gender, sexuality, race, religion, disability or other status
- To be treated with respect and dignity by the Youth Court and your drug assessment and treatment services
- To ask for an interpreter for appointments if English is not your first language
- To free legal representation
- To an official advocate (information and contact details provided below)
- To be provided a copy of any Youth Treatment Order made against you
- To have all court, assessment and treatment processes explained to you by your legal representative, support person or an assessment/treatment service

- To be involved in all Youth Treatment Order hearings in the Youth Court with your legal representative, support person and/or advocate
- To appeal a decision made by the Youth Court (your legal representative can help with this)
- To confidentiality – information about you will remain confidential but may be used without your permission if it is in your best interest, or if required by law

If you are on Assessment Order, you also have the right:

- To access best practice, evidence-based drug assessment from a skilled medical consultant
- To access independent medical assessment and reporting to the Youth Court
- To have a support person with you at your assessment

If you are on a Treatment Order, you also have the right:

- To access best practice, evidence-based drug treatment from a skilled workforce
- To access drug treatment which is suitable for your age, developmental stage, cultural and linguistic background and disability status
- To access the least restrictive drug treatment suitable to your needs within Kurlana Tapa
- To have a support person with you during treatment if this is in your best interest, within limits set by the treatment service and the Kurlana Tapa Youth Justice Centre
- To have your treatment and care plan reviewed by your specialist doctors and drug treatment services regularly
- To be involved in planning your drug treatment
- To have a support person involved in making decisions about your drug treatment
- To receive help for your mental health or any other condition if you need it
- To continue your education, or to do training to learn useful skills
- To take part in activities and programs that can help your treatment within limits set by the Kurlana Tapa Youth Justice Centre

Who can help?

Other options for legal help:

Legal Representative Scheme

Ph:

Legal Services Commission

Ph: 1300 366 424

Aboriginal Legal Rights Movement

Toll free: 1800 643 222 (South Australia)

If you need help with language:

Interpreting and Translating Centre

Ph: 1800 280 203 (South Australia)

Translating and Interpreting Service
Ph: 131 450 (National)
Automated (ATSI): 1800 131 450

National Relay Service
For hearing and speaking difficulties
Voice/TTY: 133 677
Speak and listen: 1300 555 727

Deaf Can Do – Auslan Interpreters
Ph: 0417 233 369

Aboriginal Interpreter Service
Ph: 08 8999 2062

Kurlana Tapa Youth Justice Centre Interpreter Service
Please ask a member of staff at Kurlana Tapa

Women's and Children's Hospital Interpreter Service
Please ask a hospital staff member

If you need an individual advocate:
Office of the Public Advocate
Independent information and advice
Ph: 08 8342 8200
Toll free: 1800 066 969

Guardian for Children and Young People
Responds to concerns raised by children and young people in care themselves or by their advocates
Free call for children and young people only: 1800 275 664

The Training Centre Visitor
Advocacy for children and young people remanded or sentenced to a youth training centre
Ph: 08 8226 8570
Free call for children and young people only: 1800 275 664

Disability Rights Advocacy Service Inc.
Individual and systemic advocacy
Tel: 08 8351 9500

If you need help understanding Youth Treatment Orders:

Aboriginal Case Worker

Available for Aboriginal children and young people remanded or sentenced at the Kurlana Tapa Youth Justice Centre

Aboriginal Youth Justice Officer

Please speak to staff at the Youth Court to be connected with an Aboriginal Youth Justice Worker

If you need have a concern about the Youth Treatment Orders program and services or want help to make a complaint:

Legal Representative Scheme

Ph: To be advised

Guardian for Children and Young People

Can investigate any matter of concern and work directly to address policy and practice issues

Free call for children and young people only: 1800 275 664

Commissioner for Children and Young People

Advocates at a systemic level to improve the wellbeing of children and young people

Ph: 08 8226 3355

Commissioner for Aboriginal Children and Young People

Advocates at a systemic level to improve the safety and wellbeing of young Aboriginal children

Ph: 1800 275 664

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