



**GOVERNMENT OF
WESTERN AUSTRALIA**

Department of Health
Department of Communities
Department of Justice
Department of Education
Disability Services Commission
Mental Health Commission
School Curriculum and Standards Authority

Pathways of young people in contact with multiple government agencies in Western Australia

1994 – 2014

October 2017

**Telethon Kids Institute
Western Australia**

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Abbreviations

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| TKI | Telethon Kids Institute |
| DCS | Department of Corrective Services |
| CPFS | Department of Communities, Child Protection and Family Support |
| MHC | Mental Health Commission |

Notes

Percentages are rounded to zero decimal place in text.

Percentage distributions may not sum to 100 due to rounding.

Figures (charts) and tables present numbers rounded to one decimal place.

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Glossary

Aboriginal: A person identified as being of Aboriginal and/or Torres Strait Islander descent.

Age: The age of a person in completed years.

Agency: A body funded by Western Australian departments responsible for providing services to the community. For this report, these include Child Protection and Family Support, the (former) Department of Corrective Services, (former) Department of the Attorney General (Courts) or mental health services (within public community mental health services or a public or private hospital admission).

Child Protection: The collective term used in this report to represent the services of the Department of Communities, Child Protection and Family Support (CPFS).

Client: A young person in the contact group.

Contact: An instance of contact or service provision by an agency to an individual which was recorded in the administrative data of the agency.

Contact group: A subset of the eligible population determined as anyone who had contact with any of the following four agencies or services while under 18 years of age: Child Protection and Family Support, the (former) Department of Corrective Services (community and custodial services), the (former) Department of the Attorney General (criminal court contact only) or mental health services (contact with public community mental health services or a public or private hospital admission for a mental-health related condition).

Corrections (or Corrective Services): The collective term used to represent community and custodial services, which are administered by the Department of Justice (formerly by the Department of Corrective Services).

Courts: The collective term for contact with one or more of the criminal courts of Western Australia, which are administered by the Department of Justice (formerly by the Department of the Attorney General).

Distinct person: A count of the person who made the contact(s) rather than the number of contact(s) that person made. A distinct person is not counted more than once in the same year in tables and figures that are subdivided by year.

Eligible population: All young persons born between 1994 and 1997 who were resident in WA as children i.e. during the period from birth until 18 years of age.

Mental Health Services: The collective term used in this report to represent the “agency” encompassing mental health services (these include contacts with public community mental health services or a public or private hospital admission for a mental-health related condition).

Shared Client: An individual in the contact group who had contact with all four agencies while under 18 years of age.

Single agency client: An individual in the contact group who had contact with only one agency while under 18 years of age.

Two-agency client: An individual in the contact group who had contact with two of the relevant agencies while under 18 years of age.

Three agency client: An individual in the contact group who had contact with three of the relevant agencies while under 18 years of age.

Repeated contact: More than one contact with the same agency.

Young person: A person aged 0-17. Note in Western Australia, under the *Children and Community Services Act 2004*, a child is a person under the age of 18 years.

Important collective terms used throughout this report

“Child Protection”

Services of the Department of Communities, Child Protection and Family Support

“Mental Health Services”

Public community mental health services overseen by Health Services and Department of Health (of which the Mental Health Commission purchase this service) or admission to a public or private hospital for a mental-health related condition

“Courts”

Criminal courts of Western Australia, which are administered by the Department of Justice (formerly by the Department of the Attorney General)

“Corrections”

Community and custodial services, which are administered by the Department of Justice (formerly by the Department of Corrective Services)

Executive Summary

This report documents the findings of a research study examining the characteristics and patterns of service use by a cohort of young people born between 1994-1997 who used four government services - child protection, mental health, courts, and corrections up until 18 years of age. Internationally, within both the mental health and justice systems there is concern over the 'revolving door' phenomenon where individuals, often with complex needs, repeatedly enter and exit the system with services responding to urgent problems but not resulting in positive long term outcomes (e.g. Anestis & Carbonell, 2014; Botha et al., 2010; Zhang, Harvey, & Andrew, 2011). This project was undertaken in response to anecdotal evidence suggesting that the children of families with multiple and complex needs often end up with a large level of contact with government agencies. However, there is limited empirical information available in Western Australia regarding the characteristics and extent of service use by young people who have contact with multiple government agencies.

Quantifying the extent of multi-sector involvement and identifying the characteristics of young people involved with multiple government agencies is important for several reasons. First, the economic and social costs of contact with the child protection and juvenile justice systems are high for the young people involved, and for the wider community. Second, if the young people who are more likely to end up engaging in criminal activity can be identified, it may be possible to develop preventative programs and services to divert these 'at risk' young people from contact with the juvenile justice system. Third, understanding the characteristics of 'at risk' young people is a priority for government to enable future development of appropriate models to integrate services and deal holistically with the needs of young people and their families. Identifying the extent to which agencies share the same client group provides valuable information for service planning and coordination. This project will give decision-makers a better understanding of how young people with multiple and complex needs access the service system, so they can respond more effectively and reduce the 'revolving door' phenomenon.

This project focused on the pathways in and through services for young people who are clients of multiple government agencies. Administrative data systematically collected by several government agencies who are responsible for mental health, child protection and the administration of justice were linked and used to describe the magnitude and characteristics of young people in contact with multiple government agencies. In the context of this report, a contact was when a service provision by an agency was made to an individual which was recorded in the administrative data of the agency. Only those under 18 years of age were considered and who had contact with any of the following four agencies: Child Protection and Family Support, the community and custodial services of the (former) Department of Corrective Services, the (former) Department of the Attorney General (criminal court contact only) or Department of Health (mental health services). Multiple agency contacts occurred during childhood and were not necessarily at the same time, often years apart. Therefore, future research into the timing of service contacts is warranted to quantify the extent to which multiple service use is concurrent, immediately sequential, or has extended gaps between agency contact.

Key Findings:

Young people in contact with multiple agencies comprise a relatively small group of 'clients', who have a disproportionately high level of service use or contact.

Among the 168,201 young people in the eligible population, almost 1 in 6 young people (16%) had at least one contact with an agency. Compared to this, 2,579 young people (1.5%) had contact with three or more agencies. These young people accounted for almost one third (31%) of service contacts with the agencies.

There were 859 young people (0.5%) who had contact with all four agencies. These young people, referred to throughout the Report as 'shared clients' accounted for 16% of service contacts. These shared clients constitute a very high needs group that place a heavy burden on services. Figure 1 illustrates the extent to which clients are 'shared' across the four agencies, and the high level of all service contacts accounted for by those in contact with multiple agencies.

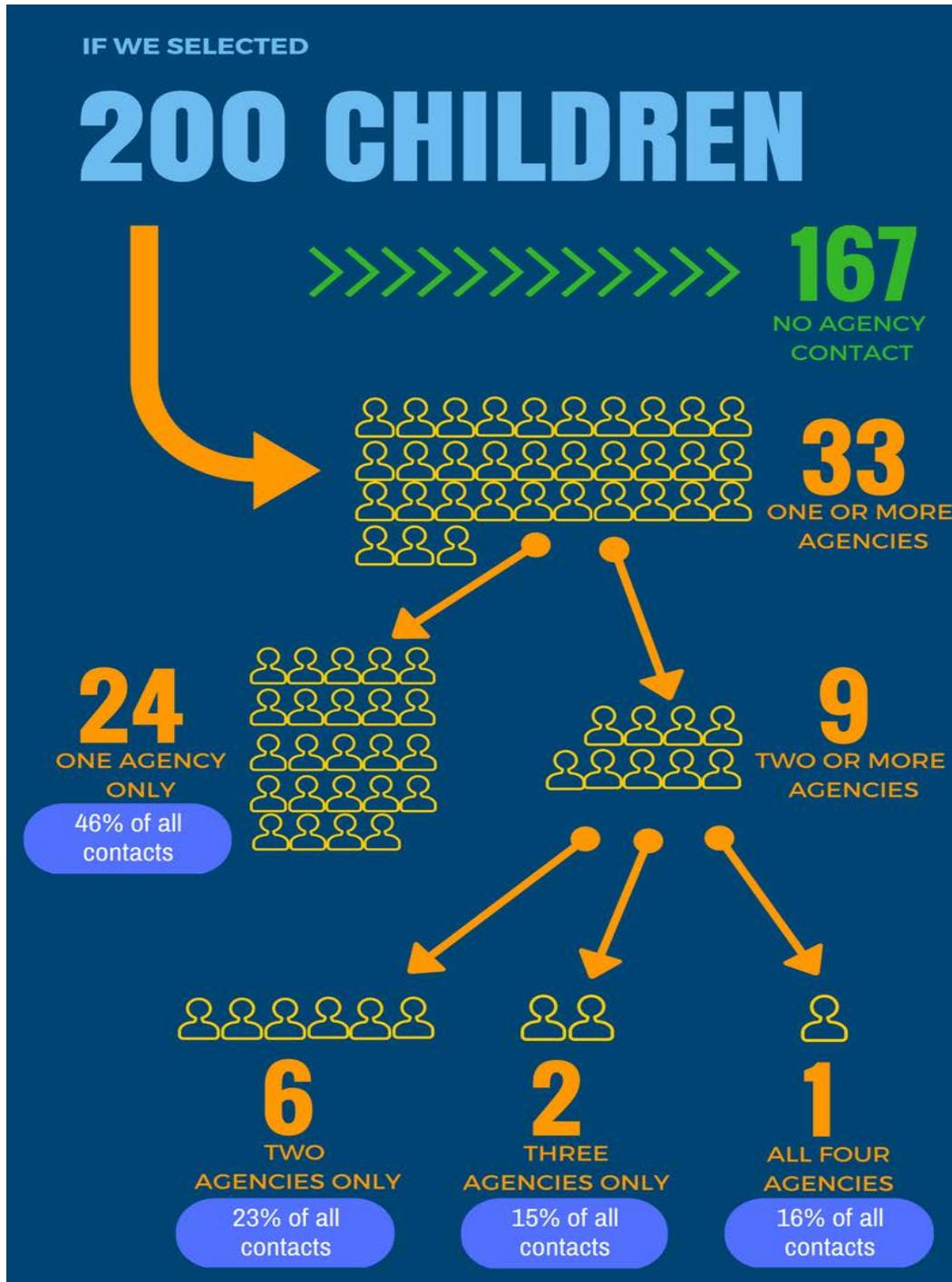


Figure 1: Extent of contact with multiple Government agencies in Western Australia for four agencies (Mental Health Services, Corrections, Courts, and CPFS)

Many of the children in contact with all four agencies (the 'shared clients') had repeated contact with each of the agencies

Three quarters (75%) of the 859 shared clients had repeated contact with Child Protection and Family Support (two or more contacts with that agency). Among these shared clients, repeated agency contact was even more common with Mental Health Services (82%), Corrections (91%), and Courts (90%). Higher levels of repeated contacts (more than 10 contacts with the agency) were also common among the shared client group. One in five (21%) of the shared clients had more than 10 repeat contacts with CPFS. Almost half (44%) of the client group had more than 10 repeat contacts with each of Mental Health Services and Corrections (46% and 47% respectively), and over 2 in 5 had more than 10 repeated contacts with the Courts (43%).

Of the four agencies, Child Protection and Family Support is the earliest agency contacted among young people with multiple agency contacts

Of the 859 young people in the shared client group, 700 (81%) had first contact with CPFS. This is expected as Child Protection clients are typically younger than those of the other agencies at first contact and young people in Western Australia are only dealt with by Corrections and the Courts from 10 years of age. A further 13% first had a service contact with a Mental Health Service. These agencies may provide a point of contact through which additional preventative strategies can be initiated with the aim of reducing subsequent mental health problems and offending behaviours. However, it must be remembered that other agencies (not analysed in this study) may instead be first contacted (e.g. Police) but these data have not been linked.

Aboriginal people and males are over-represented among young people in contact with all four agencies

Aboriginal young people represented 48% of the shared client group. In comparison, Aboriginal young people accounted for just 9% of individuals who had contact with a single agency. Males also made up 64% of young people in contact with all four agencies, yet comprised just 50% of young people in contact with a single agency.

Conclusions and Recommendations

This report highlights that there is a relatively small group of young people with multiple and complex needs involved with multiple government agencies. Extra resourcing for early identification and targeting of services at young people likely to become multiple service users is recommended. In particular, young people in contact with all four agencies should be further investigated to identify whether there are common traits and behaviours, at both the individual level and with their families of origin (e.g. parent offending, community and environmental factors), that would have flagged early these young people as potential high-intensity cases. Additional research is needed to look at this group more closely, as it may not be possible to distinguish these children from other children who also present to services such as child protection at a young age.

To better predict which children are most likely to be extensive, multiple service users, it may be necessary to account for contact with other agencies not included in this study (e.g. health, education, police). Hence, further research is also recommended using multivariate statistical methods to understand and account for the influence of other characteristics of the young people, families and neighbourhoods, and to account for variation in the service load and associated costs associated with type of contact. The use of linked data from multiple agencies provides a clearer understanding of high intensity and multiple service users. Best practice guidelines for addressing multiple and complex needs recommend working with 'the whole person', which typically requires partnership and coordination between the various services they come into contact with (Rosengard, Laing, Ridley & Hunter, 2007; Bromfeld, Sutherland & Parker, 2012). A coordinated response from the agencies is

recommended to address the complex needs of these young people and reduce the those in a 'revolving door' of service use for mental health problems and/or criminal offence.

1 Introduction

The purpose of this project was to estimate the proportion of young people under 18 years of age who come into contact with multiple government agencies. The project focused on the key social service and justice agencies involved in the welfare and wellbeing of children in WA, as well as management of young people entering the juvenile justice system – these being, the Department of Health (Mental Health services only - see glossary), Department for Child Protection and Family Support, (former) Department of Corrective Services, and (former) Department of the Attorney General. In addition, this report contains an analysis of the distribution and demographic characteristics of those contacts among these agencies, the pathways that young people in contact with multiple agencies follow through the system, and the patterns of multiple contact.

This project was undertaken as a collaboration between several government agencies and the Developmental Pathways in WA Children Project (DPP) of the Telethon Kids Institute. The Telethon Kids Institute coordinated the project and worked in partnership with the Department of Health, Department for Child Protection and Family Support, Department of Justice and the Mental Health Commission. The Western Australian (WA) Data Linkage Branch linked a number of data sets with core Department of Health data sets and the Telethon Kids Institute conducted all data analysis.

1.1 Background

Government agencies often report anecdotally of a subgroup of families and young people who are entrenched in a vicious cycle or 'revolving door' that involves repeated contact with multiple service providers such as mental health, child protection and justice agencies. Although it is well established that the problems that lead people to be in contact with each of these agencies are often packaged together (e.g. Jobes, 2004; Maclean, Taylor & O'Donnell, 2015), the distinct jurisdictions and data collections of the agencies mean that the client groups are usually examined separately. There is little research investigating the numbers of people in recurrent contact with multiple government agencies and the characteristics of these people (Somers, Rezansoff, Moniruzzaman & Zabarauckas, 2015). The Australian Institute of Health and Welfare (AIHW) uses data from the linked child protection and youth justice supervision data collection to report on young people who were involved in the child protection system and subject to youth justice supervision. However, there is no differentiation between young people who were involved with the child protection system first and young people who were first involved with the youth justice system (AIHW, 2016).

Many children grow up in families with 'multiple and complex needs' that span social, economic and health issues (McArthur, Thomson, Winkworth & Butler, 2010). The term 'multiple and complex needs' is used to reflect that their needs are both broad (covering more than one area) and deep (serious or severe) (Rankin & Regan, 2004). Problems experienced by these families often include mental illness, substance use, disability, bereavements, separation or incarceration, poverty and homelessness (Webb et al., 2014). Scott (2015) describes the 'packaged problems' of parents as largely occurring in a context of economic and social disadvantage. These families may experience disadvantage that is cumulative and interlinked and can spend their lives in perpetual crisis.

Families and children with multiple and complex needs often have a range of underlying issues in their life and, thus, are more likely to come into contact with multiple agencies or services (Department of Health & Human Services, 2011). The 'packaged' nature of these problems is well recognised in research across child protection, mental health and criminology, and is seen both in the

family background, and in the outcomes of young people. For instance, parental problems and difficulties such as social disadvantage, substance use, mental illness, severe depression, serious physical health concerns and family and domestic violence and offending, are known to be common factors that contribute to maltreatment and chronic involvement in the child protection system (DePanfilis & Zuravin, 1999; Loman, 2006; Maclean, Taylor & O'Donnell 2015). Cycles of poverty and disadvantage and childhood trauma are common, resulting in intergenerational patterns in which the same problems are repeated (Social Exclusion Unit, 2001). Children living in these environments can go on to develop behavioural and emotional problems, such as aggression, violence and mental health issues that make parenting more complex and reduce a parent's capacity to provide appropriate supervision, monitoring and responsiveness (Bromfield, Sutherland & Parker, 2012).

Not surprisingly, young people who have experienced maltreatment are more likely to become involved with the justice system. A cross-sectional study found that young people under youth justice supervision in Australia were 15 times as likely as the general population to be in the child protection system in the same year (AIHW, 2016). Another recent study estimates 1 in 3 people in youth detention have alcohol related brain damage, caused when an unborn child is exposed to alcohol in the womb (TKI, 2017). In addition to the emotional and behavioural difficulties arising from a history of poor parenting and maltreatment, these young people frequently have poor educational attainment and employment prospects (Australian Institute of Health and Welfare, 2012). These individuals are more likely to commit petty crimes, such as theft, and to develop substance use problems (Cashmore, 2011). According to Drinkwater (2012), young people in repeated contact with the criminal justice system can have complex and multiple needs that often interact and intensify one another, leading to a downward spiral that culminates in recurring contact with the justice system. Substance abuse and mental health problems along with unmet health and social needs make it more likely an individual will come into contact with the justice system, as well as increasing the likelihood of ongoing recidivism manifesting as a 'revolving door' to the justice system (Somers, Rezansoff, Moniruzzaman & Zabaraukas, 2015).

In addition to the 'revolving door' of recidivism and re-incarceration, health researchers refer to a 'revolving door' around the provision of mental health services. This phrase is typically used in mental health contexts to describe families and young people who become trapped in a repetitive pattern of hospital discharge and re-admission (Rosengard, Laing, Ridley & Hunter, 2007). People with mental health problems who continually access hospitals and crisis services impose a significant burden on mental health resources and personnel (Carr, Johnston, Lewin, Rajkumar, Carter & Issakidis, 2003). Providing inpatient mental health care for people with severe and persistent mental illness is expensive in terms of the occupied hospital bed and social security benefits (Carr, Johnston, Lewin, Rajkumar, Carter & Issakidis, 2003).

Young people in families with multiple and complex needs often come to the attention of child protection, education, mental health, addiction, justice or other services (Social Policy Evaluation and Research Unit, 2015). Given this, it is likely that a proportion of services users with multiple contacts will have multiple and complex needs. However, Australia's service systems generally function as separate entities with a narrow jurisdictional mandate, so little is known about the young people who use multiple services. Understanding multiple service use is imperative to developing and maintaining programs, policies and initiatives that will reduce the number of young people coming into contact with multiple government agencies. This information will be useful in developing specific early interventions that are appropriate and effective for young people in contact with multiple government agencies.

1.2 Aims

The purpose of this project was to estimate the proportion of young people under 18 years of age who come into contact with multiple government agencies. The project focused on the key social service and justice agencies involved in the welfare and wellbeing of children in WA, as well as management of young people entering the juvenile justice system – these being, the Department of Health (Mental Health services only - see glossary), Child Protection and Family Support, (former) Department of Corrective Services, and the (former) Department of the Attorney General (Courts).

The specific aims of the project were to:

1. Establish the proportion of young people in contact with multiple government agencies and the distribution of those contacts among the agencies;
2. Identify the pathways that young people in contact with multiple agencies follow through the system and the patterns of multiple contact;
3. Determine the demographic characteristics (age, sex and Aboriginality) of young people in contact with multiple government agencies

1.3 Data

Scope

The **study population** consisted of all young people residing in Western Australia with a birth date between 1994 and 1997 (168,201 people) with at least one record from any of the 18 data sets provided by the Department of Health, Department of Child Protection and Family Support, (former) Department of Corrective Services, (former) Department of Attorney General, Department of Education, School Curriculum Standards Authority and the Disability Services Commission. The selection of the years of birth has been based on the availability of complete data for children from age 0. For example, data from CPFS are available from 1994 onwards. Similarly, Courts' data are available for children born up to 1997 only. Children born in years prior to 1994 and after 1997 will not have complete data and therefore it would not be possible to establish their complete pathways leading to contact with the justice system (up until 17 years of age).

Data from the Birth Registry and the Midwives Notification System (MNS) enabled identification of all young people born in WA. Young people without a linked Birth Registration or Midwives Notification were assumed, for the purposes of this study, to be young people who had migrated to WA. Records where gender was missing on a young person's Birth Registry and MNS, the most common value was assigned from other linked data sets. Records from the Death Registry enabled the identification of young people whose pathway ended upon death. All datasets were utilised to select the cohort, in order to ascertain the **eligible population** of young people residing in WA as thoroughly as possible.

For the purposes of this project, a young person in contact with multiple government agencies (the **contact group**) was defined as any child or young person under 18 years of age, born between 1994 and 1997 who had had recorded contact with two or more of the four core government agencies i.e. the Department of Health (mental health contacts only), CPFS, (former) Department of Corrective Services, and the (former) Department of the Attorney General. Data for these four agencies cover the period 1994 – 2014.

Contacts with the Department of Health comprised mental health records only i.e. contact with public community mental health services or a public or private hospital admission for a mental-health related condition. Contact records from CPFS were drawn from five data sets: child welfare,

applications, orders, period of care, and placement data to cover all possible contacts made to the child protection system. Contact records from the (former) Department of the Attorney-General (Courts) consisted of all criminal offence contact types only (excludes restraining orders) Contact records from the (former) Department of Corrective Services comprised of juvenile custodial and community correction contacts.

Counting contacts

Contacts are summarised for this report in two ways: firstly, the number of distinct people who contacted an agency, and secondly, the total number of contacts made by each of these distinct people. Hence, all figures and tables that show “number of contacts” only represent counts of contacts made with agencies and all figures and tables that show “distinct persons” only represent counts of distinct young people (who had contact with an agency). In addition, how a young person comes into contact with an agency can vary between agencies (e.g. voluntary or involuntary, length of service provision), these are outlined for each agency in further detail below.

Contact with child protection and family support

A contact with Child Protection and Family Support (CPFS) was defined as a young person aged between 0 and 17 with either a child maltreatment allegation (regardless of whether it was substantiated), period of care or order application between 1994 and 2014. Orders or periods of care were not counted as separate contacts unless they existed in the absence of a maltreatment record (for example, children transferred from another state, or children in negotiated placements).

Contact with corrections

A contact with the community or custodial services of the (former) Department of Corrective Services between the ages of 10 and 17. Community contacts include contact with the Juvenile Justice Team (JJT), which focuses on diversion (note that referral to a JJT can be via the Courts or the Police). A valid start date (community) or reception date (custodial) within the follow up time period was counted as a contact.

Contact with courts

A contact with the (former) Department of the Attorney General (courts data) is defined as having a criminal case finalised by a court in Western Australia between the ages of 10 and 17. A case is defined as a young person who has one or more charges lodged in court by a prosecuting authority on a single day, and a finalised case is one in which each charge in the case has resulted in an outcome that requires no further work by the court, for example where a charge has been dismissed or withdrawn, or results in a conviction being recorded. Other hearings that are not related to criminal activity are not included, for example violence restraining orders, Family Court, extraordinary drivers licence applications and child protection hearings.

Contact with mental health services

A contact with the public community/outpatient mental health services (as collected in the Mental Health Information System (MHIS)), or a public or private hospital admission for a mental health-related condition (collected in the Hospital Morbidity Data Collection (HMDC). A record in MHIS with a contact date that was not a “DNA” (Did Not Attend) contact type was counted as a contact for the purposes of this report.

Hospital admissions for a mental health related condition from the HMDC includes:

- patients who spend time in a psychiatric hospital; or
- specialised mental health inpatient ward; or
- had a primary diagnosis of mental health in Chapter 5 of ICD-10-AM; or
- had a mental health legal status recorded; or
- external cause code of intentional self-harm.

Note: Data provided from MHIS and HMDC includes public community (ambulatory) mental health service and psychiatric hospitals/designated mental health inpatient wards/patients with mental health conditions not necessarily in psychiatric hospitals/designated mental health wards. For community /outpatient mental health service contacts collected in MHIS, Assessment/Triage services can occur multiple times prior to the client commencing an episode of care in the community mental health service (i.e. where the episode start date is missing, it means that it was an Assessment/Triage/one-off type service contact and the client did not necessarily commence an “episode of community mental health care”.) For hospital separations from HMDC, an admission into hospital commences an episode of admitted care. Every administrative record represents a contact. Due to data unreliability in accurately identifying mental health presentations, Emergency Department data was excluded as a source of contact with mental health services.

Identification of Aboriginal and Torres Strait Islander people

Aboriginal people were identified using the Derived Indigenous Status Flag, developed through the ‘Getting Our Story Right’ project. This was derived from multiple sources using previously validated methodology (Christensen, 2014) and was supplied with the linked data by the WA Data Linkage Branch.

Ethics

Ethics approvals were granted by the Western Australian Aboriginal Health Ethics Committee and the DOHWA Human Research Ethics Committee (HREC). Approval was also granted from the (former) Department of Corrective Services Research Evaluation Committee (REC) and the (former) Department of the Attorney General Research Application and Advisory Committee (RAAC). All data provided for analysis was de-identified population level data and as such the requirement for individual consent was waived. This project was enabled through Memoranda of Understanding (MoU) signed between government agencies and the DOHWA, which allow for data to be provided for the purposes of the Developmental Pathways in WA Children Project (DPP). The project was reviewed and approved by the Research Management Group.

Pathways

Young people may follow many potential pathways through the four agencies (see Section 4 for more detail). These are not intended to reflect or infer any particular causal path, but merely the order of contacts made by the individual through these sectors. Examples of potential pathways through these sectors include:

1. Child maltreatment (child protection system) followed by juvenile justice contact
2. Child maltreatment (child protection system) followed by juvenile justice contact accompanied by mental health contact
3. Mental health contact followed by child maltreatment (child protection system) and then juvenile justice contact

4. Mental health contact followed by child maltreatment (child protection system)
5. Juvenile justice contact followed by contact with Courts, and then a subsequent child maltreatment allegation (child protection system)

Pathways include contacts at any time from 0-17 years of age. Therefore, multiple service use can include involvement with multiple agencies simultaneously, in direct sequence, or spread out over a wide timespan with many years between contacts with the different agencies.

1.4 Linkage method

The datasets were linked by the Western Australian Data Linkage Branch (DLB) using probabilistic linkage of demographic information (Holman, Bass, Rouse, & Hobbs, 1999). A best practice separation process was employed whereby demographic data was provided by the agencies to the DLB. This data was used for linkage and the resultant project-specific linkage key was returned to the agency. The agency then extracted de-identified data and supplied it, along with the project-specific linkage key, to the research team. The research team then merged the various de-identified datasets together using this linkage key, creating a completely anonymised linked dataset that was subsequently used in all analyses.

1.5 Limitations

The initial design of this study included a component that was to identify the factors that increase and/or decrease the likelihood of multiple contacts and what the outcomes of those children are. The population (cohort and comparison groups) for this “second phase” of the study were to be selected based on the results of this report. As such, the study has some limitations and constraints, which are explained as follows.

As records of contact are formal administrative records of use, there may have been some informal contact between the child and agency (or between the family and agency) that may not have been captured. As the project focuses on service use, it should be noted that the actual start date of a problem (i.e. maltreatment, mental health issues, or offending) may be earlier than the date on which services are sought or received.

The project did not examine or control for the effect of young people living in highly disadvantaged geographical locations on multiple agency contact or the disproportionate concentration of young people with co-existing mental health problems and economic disadvantage in certain geographical locations compared to other areas.

The current project examines the number of contacts, but not the variation in what a contact can entail. For example, a mental health appointment which may not necessarily be associated with an assessment or diagnosis, is counted as an equivalent contact to an admission into a juvenile detention facility. Future research could also consider the variation in the service load and associated costs associated with type of contact (e.g. inpatient separations versus outpatient mental health contacts, length of stay in the hospital, and duration of services such as detention or out-of-home care).

Although this report is counting the number of administrative client contacts in each agency, the practical ‘burden’ of contacts may not necessarily be equal between the agencies. Depending on the type of services provided, the duration and cost of a contact may vary markedly both within and across agencies. Furthermore, the threshold for coming into contact with an agency varies. For

example, it requires a criminal offence to become a Courts contact, which one could argue is more “difficult” to achieve than coming into contact with the Mental Health system.

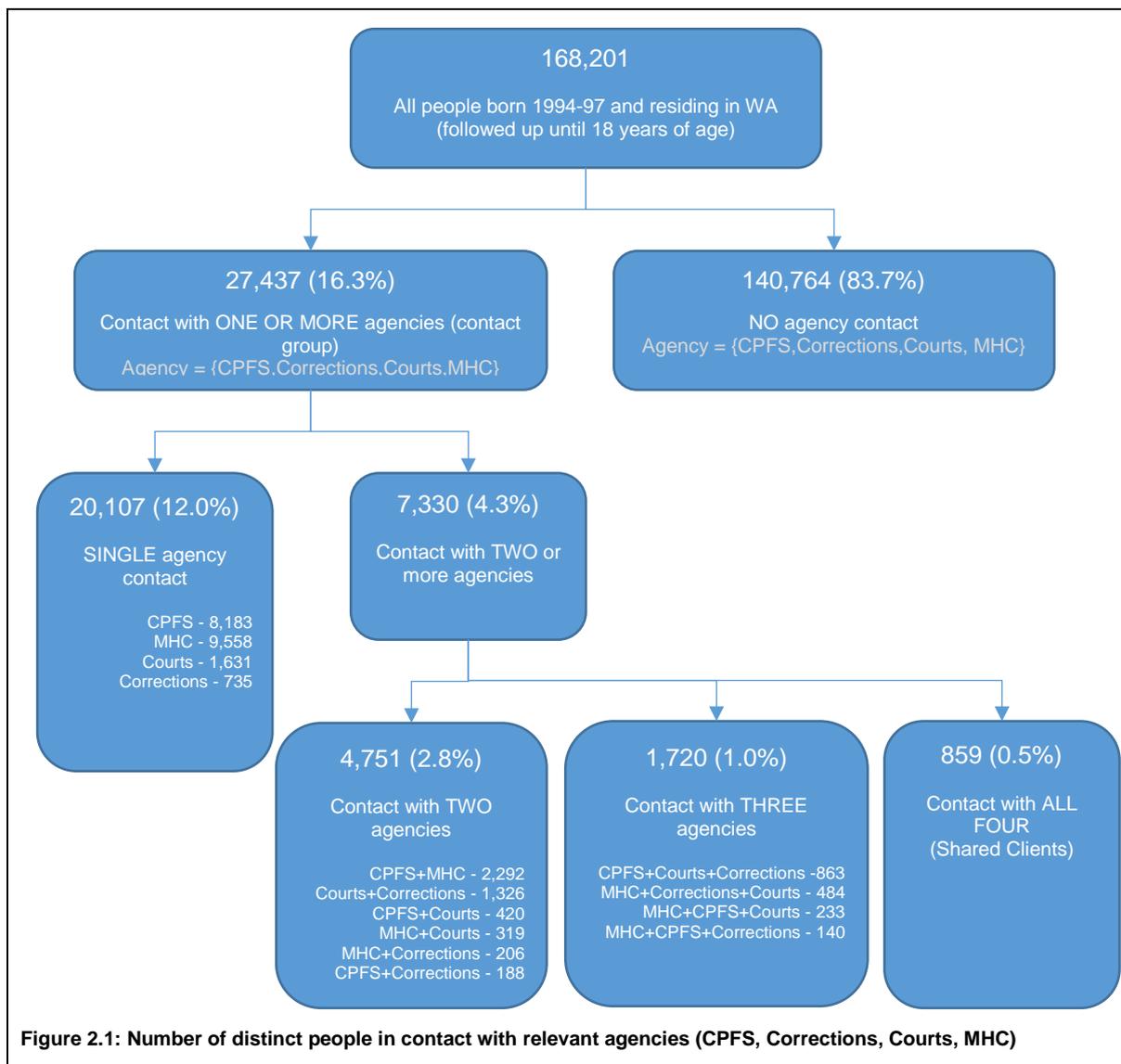
The study population contains both those who resided in WA and who were born in WA, identified using the presence/information in their administrative records. Hence, we cannot account for those who leave the state during the following period, however WA’s relative isolation and low migration mean these numbers are relatively small and are unlikely to impact on the overall findings.

2 Young people in contact with agencies

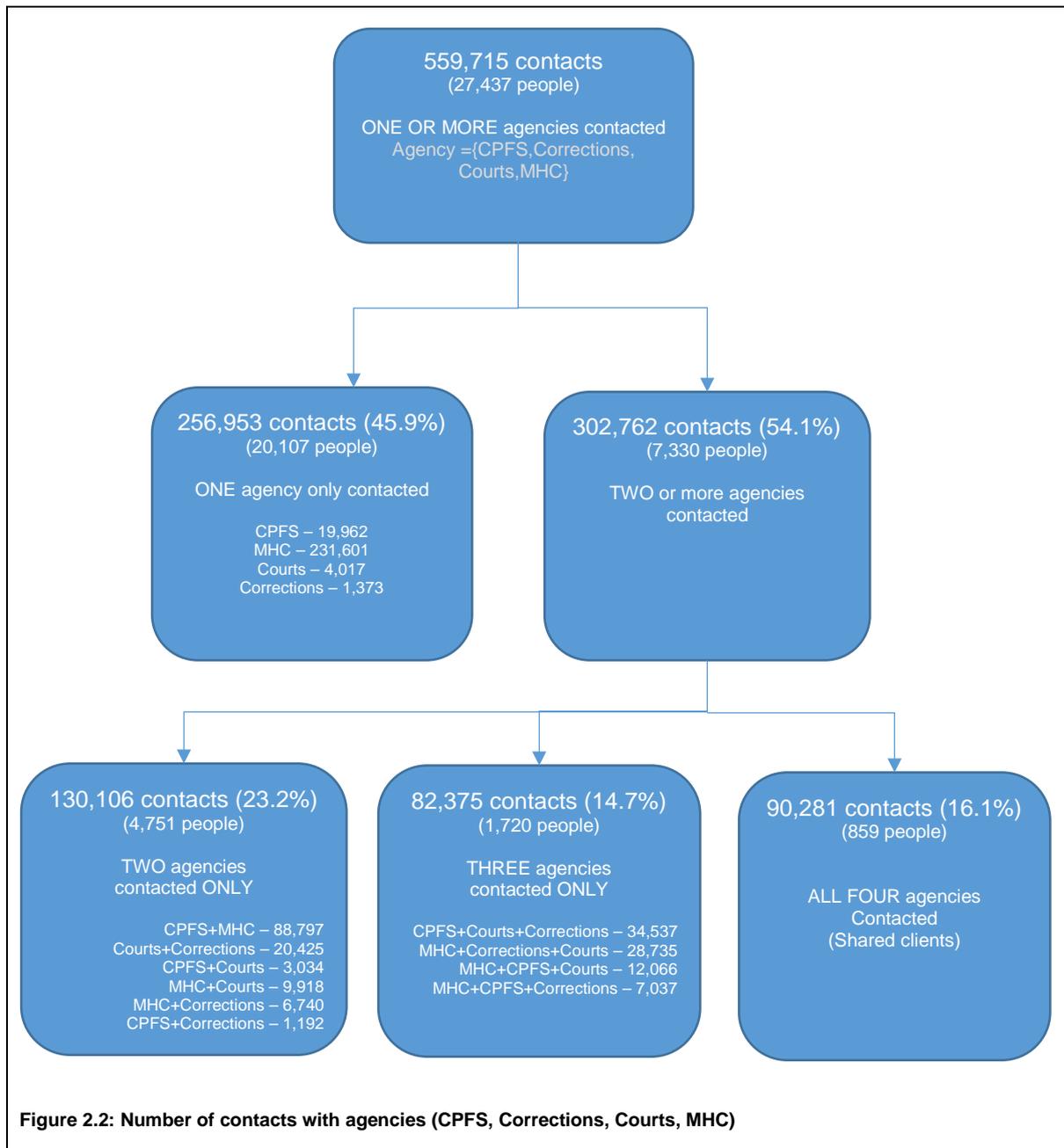
This chapter provides an overview of young people in contact with the agencies. Firstly, two population diagrams are presented to outline the flow of young people contacting one, two, three and all four agencies, with a separate flow diagram showing how many contacts occurred at each stage. This information is also presented in table format summarising the agency contact experienced by the contact group. A four-way Venn diagram highlights the overlap between the four agencies comprising the contact group and shows the proportion of distinct young people for each of the agency interactions. Lastly, a comprehensive gender and Aboriginality profile of the contact group is summarised for clients of a single agency and multiple agencies, including shared clients.

2.1 Distribution of distinct people in contact with agencies

The composition of distinct young people that formed part of the study is shown in Figure 2.1.



There were 168,201 people born 1994-1997 who were resident in WA during their childhood (the eligible population). Of these, 27,437 (16.3%) were known to have had at least one contact with at least one of the four agencies of interest: CPFS, Department of Health – mental health services overseen by the Mental Health Commission (MHC), the (former) Department of the Attorney General (Courts) and the (former) Department of Corrective Services (Corrections). These 27,437 young people are subsequently referred to in this report as the ‘**contact group**’. The remaining 140,764 young people (83.7%) had no contact with the relevant agencies during their childhood.



Of the 27,437 young people in the contact group, the majority had contact with only one agency (20,107 people), whilst 7,330 had contact with two or more agencies. Fewer than one in one hundred individuals in the birth cohort (0.5% or 859 young persons) had contact with all four agencies during childhood. This group is often referred to as the **'shared client'** group throughout the report.

The total number of contacts with the four agencies made by the contact group are shown in Figure 2.2. In total, there were 559,715 contacts made by the 27,437 people in the contact group (average of 20.4 contacts per person). Almost half (256,953) of the total contacts were by young people who had been in contact with one agency only (average of 12.8 contacts per person). The 859 young people who had had contact with all four agencies (the **'shared client'** group) accounted for a total of 90,281 contacts, which comprised of 16% of all contacts by the contact group. The average number of contacts per person in the shared client group was 105.1, which is significantly higher than the average of the broader contact group – indicating a high rate of service use by shared clients.

Note that the sequence and timing of contacts for this report were not explored in detail. Multiple contacts were during childhood and were not necessarily simultaneous but instead may be years apart. It is therefore important to consider that multiple service use could be concurrent, immediately sequential, or have extended gaps between agency contacts.

2.2 Agency contact profile of the contact group

Table 2.1 provides a high-level view of the type of agency contact experienced by the contact group. Almost three-quarters (73%) of the contact group had contact with a single agency only, with mental health services being the most contacted (35%). Of the 18% of young people who had contact with two agencies only, the most common combination of agencies was CPFS and MHC (2,292 people). There were 6% of young people that had contact with three agencies, with the combination of CPFS, Courts and Corrections being the most common. Of the 27,437 young people in the contact group, there were 3% (859 persons) who had contact with all four agencies.

Table 2.1: Number of distinct people in contact with agencies, born 1994-1997

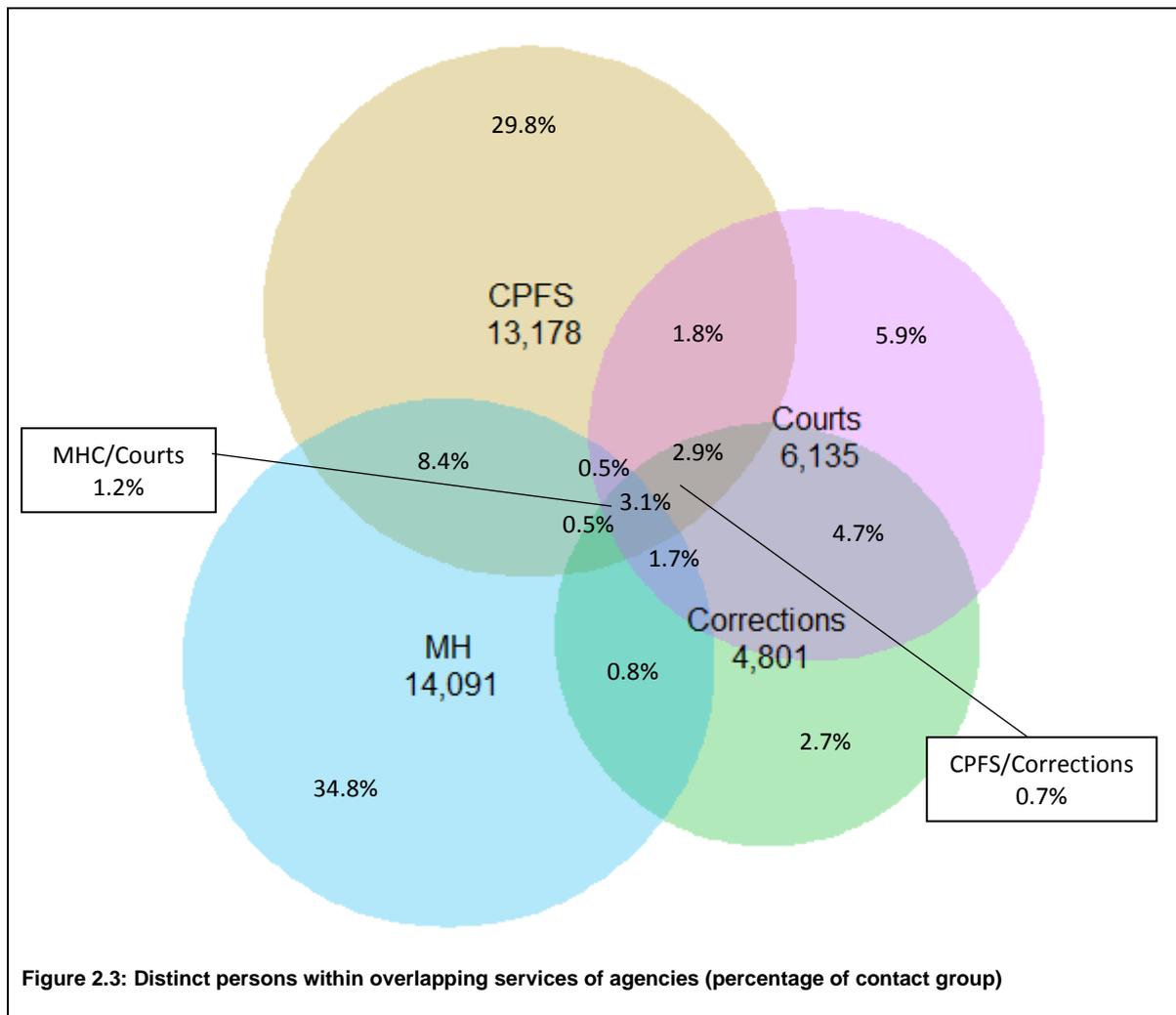
| Agency | Number of distinct people (N) | Proportion of contact group (%) |
|---|-------------------------------|---------------------------------|
| <i>Clients of a single agency</i> | | |
| CPFS | 8,183 | 29.8 |
| MHC | 9,558 | 34.8 |
| Courts | 1,631 | 5.9 |
| Corrections | 735 | 2.7 |
| TOTAL | 20,107 | 73.3 |
| <i>Clients of two agencies only</i> | | |
| CPFS-MHC | 2,292 | 8.4 |
| Courts-Corrections | 1,326 | 4.8 |
| CPFS-Courts | 420 | 1.5 |
| MHC-Courts | 319 | 1.2 |
| MHC-Corrections | 206 | 0.8 |
| CPFS-Corrections | 188 | 0.7 |
| TOTAL | 4,751 | 17.3 |
| <i>Clients of three agencies only</i> | | |
| CPFS-Courts-Corrections | 863 | 3.1 |
| MHC-Corrections-Courts | 484 | 1.8 |
| MHC-CPFS-Courts | 233 | 0.8 |
| MHC-CPFS-Corrections | 140 | 0.5 |
| TOTAL | 1,720 | 6.3 |
| <i>Clients of all four agencies (the shared client group)</i> | | |
| MHC-CPFS-Corrections-Courts | 859 | 3.1 |
| <i>Total distinct people in contact with any four agencies (the contact group)</i> | | |
| {MHC-CPFS-Corrections-Courts} | 27,437 | 100.0 |
| <i>Total distinct people having no contact with any four agencies</i> | | |
| None of {MHC-CPFS-Corrections-Courts} | 140,764 | |
| <i>Eligible population</i> | | |
| All young persons born 1994-97 and resident in WA while under 18 years of age | 168,201 | |

Note: Agency = {CPFS, MHC, Courts, Corrections}; Corrections includes community or custodial contacts; Courts includes criminal offences only.

2.3 Overlap of agency contacts

Figure 2.3 shows a four-way Venn-diagram of the overlap between the four agencies comprising the contact group (n=27,437). Each agency is represented by a circle with the size of the circle being relative to number of young people in contact with the agencies services. Each area of intersection between circles represents the proportion of young people who had contact with the agencies included in that intersection.

The most frequently contacted agency was MHC with over a half (51%) of young people having used its services. This was closely followed by the CPFS: 48% of the contact group had at least one CPFS contact. Fewer young people in the study group had contact with the Courts and DCS, with 22% and 17% of young people in contact with these services respectively.



Overlap between two agencies was seen most commonly amongst those who had contact with child protection and mental health services followed by those who had contact with courts and corrections (8.4% and 4.7%, respectively). In total, there were 4,751 young people in contact with two agencies (17% of the contact group). The total number of young people in contact with three or more agencies was 2,579 (9% of the contact group). Of these, 67% (1,720) had contact with three agencies only and the remaining one-third (859; 33%) had contact with all four agencies.

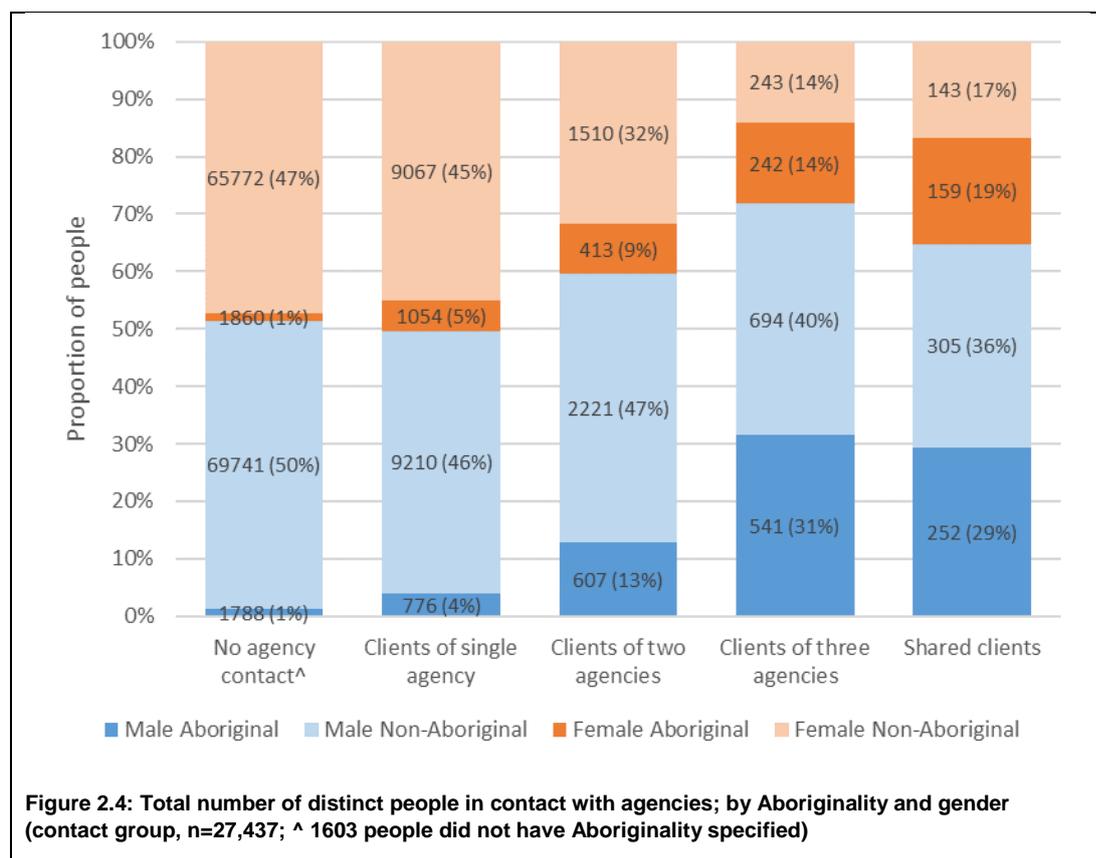
It should be noted that most of the overlap between Courts and Corrections contacts is a result of usual administrative and legal processes that require a Court to sentence a person to a Corrections contact. However, it should be noted that not all Court lodgements will result in a sentenced Corrections contact, for example, an acquittal, dismissal, or a fine sentence. Likewise, there are several alternative pathways to corrections that do not require a court contact, including Juvenile Justice Team referrals, interstate orders, prevention services or the preparation of court reports or bail services where a charge is not ultimately lodged in the court by police. Notwithstanding, some contacts with corrections and with courts should appear in both datasets, but do not. Conversely, any overlap between Courts and Child Protection contacts is not due to Child Protection hearings in the Children’s Court. As these are not criminal proceedings, they are counted only once in the Child Protection data.

2.4 Gender and Aboriginality profile of the contact group

This section profiles the Aboriginality and gender status of the contact group (those in contact with at least one of the four agencies, n=27,437). There are two main types of figures shown, one that displays the number of young people and one that displays the number of contacts. Each column shows the total number of clients in each demographic group (male Aboriginal, male non-Aboriginal, female Aboriginal and female non-Aboriginal), with percentages summing to 100% of the young people within the relevant agency client group.

Gender and Aboriginality profile by client type

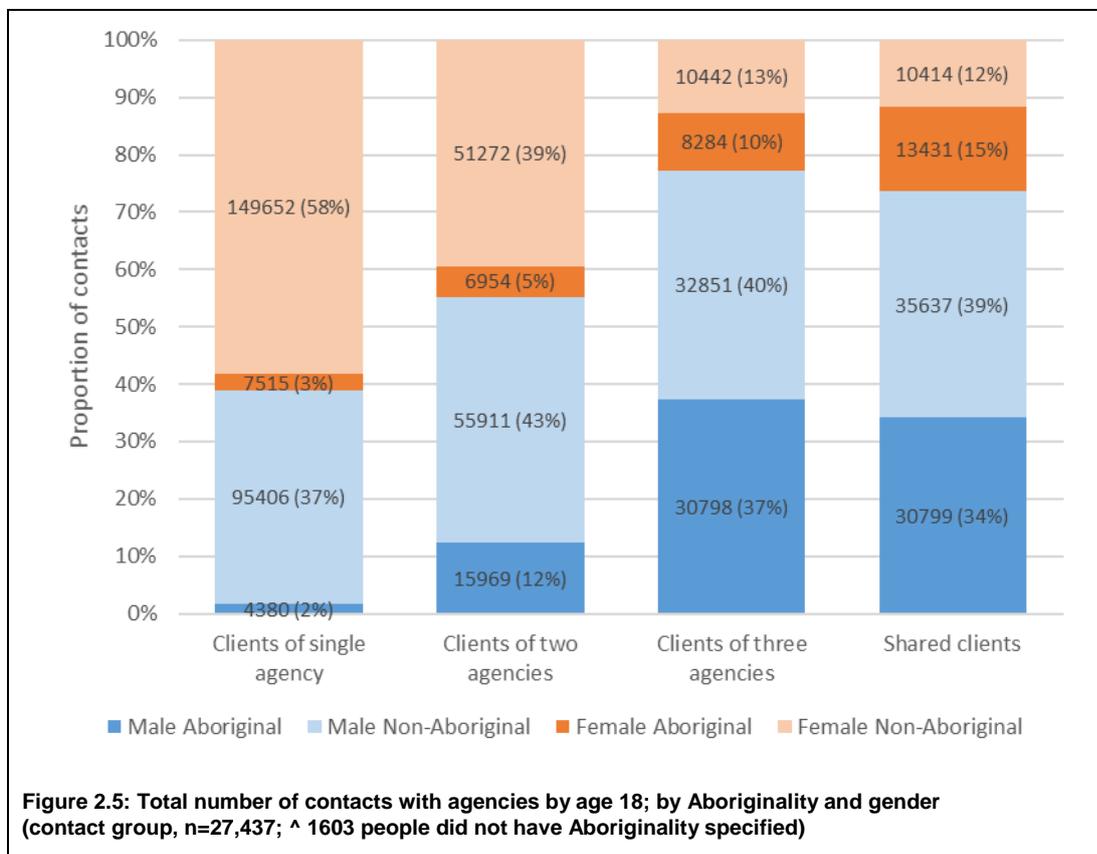
Figure 2.4 displays the Aboriginality and gender status of the contact group by contact level. As the figure shows, 9% of individuals who were clients of a single agency were Aboriginal (this 9% consists of the 4% of single agency clients who were Aboriginal males plus the 5% who were Aboriginal females). These proportions were higher compared to young people who had no agency contacts (2% Aboriginal population) and against the 2016 ABS estimate of 5% of child population being Aboriginal. The proportion of Aboriginal young people further increases to 22% for those who had contact with two agencies, 45% for three, and 48% for all four agencies. Thus, as the number of agencies contacted increased, so too did the proportion of young Aboriginal people.



The gender profile of the contact group by contact level shows a similar increasing pattern for males as was evident for Aboriginal young people. As Figure 2.4 also shows, 50% of individuals who were clients of a single agency were males, this increases to 60% for two contacted agencies, 71% for three agencies, and then down to 65% for all four agencies.

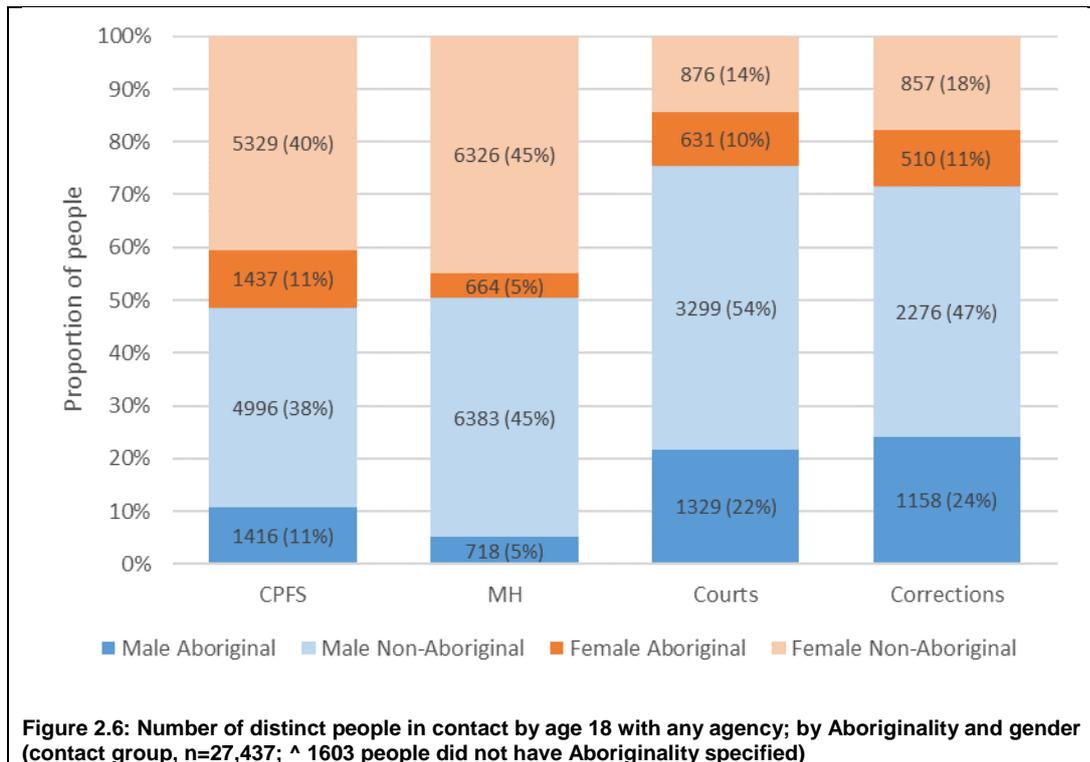
Non-Aboriginal young males were the largest demographic group of clients regardless of how many agencies with which they were in contact, whereas Aboriginal young males comprised a smaller total proportion of clients, but were highly over-represented particularly among clients involved with multiple agencies. Among young females, Aboriginal and non-Aboriginal young people showed different patterns of service use. Non-Aboriginal young females comprised a higher proportion of single-agency clients than multiple agency clients whereas Aboriginal young females comprised a higher proportion of multiple agency clients than shared clients.

Figure 2.5 again shows the distribution of the number of agencies young people were clients of, but shows the total **number of contacts** young people had with the agencies, rather than the distinct **number of people** as shown previously. In total, clients of a single agency had 256,953 contacts with an agency, compared to 90,281 total contacts by young people to all four agencies. Among single agency clients, Aboriginal young people only accounted for 5% of all contacts. This proportion increased to 17% of all contacts for two-agency clients, 47% for three-agency clients, and increased marginally to 49% of the contacts among clients of all four agencies.



The gender distribution for the total number of contacts made to the agencies again presents a similar increasing pattern for males as was found for Aboriginal young people. Among single agency clients, males accounted for less than half (39%) of all contacts, but this increased to 55% for two-agency clients, 77% for three-agency clients, then decreased slightly to 73% of total contacts among clients of all four agencies.

Agency-based profiles of the contact group

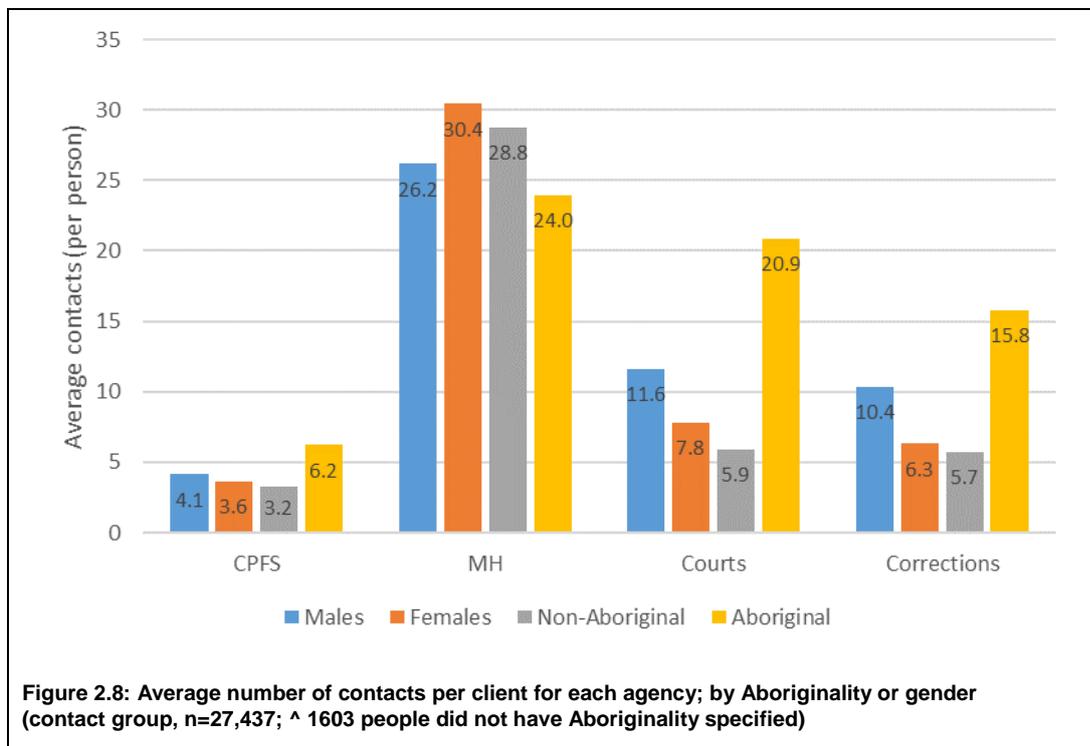
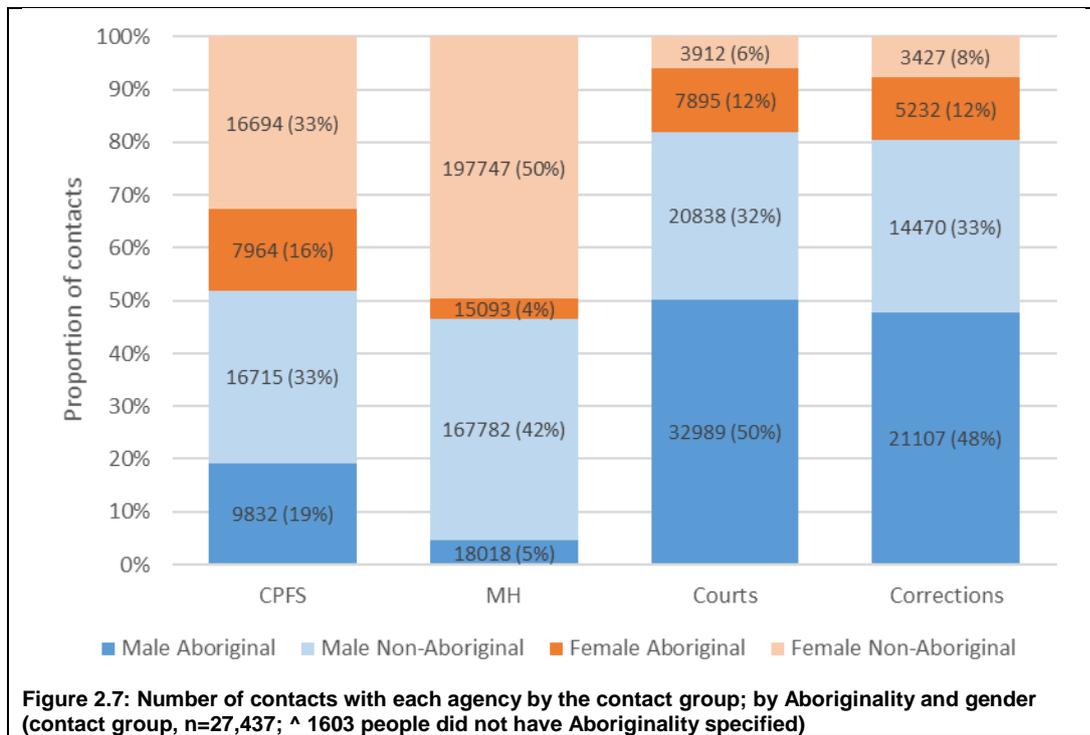


For the young people who had contact with at least one of the four agencies, the agencies with the highest proportion of Aboriginal young people among their clients were Corrections and Courts at 35% and 32%, respectively (Figure 2.6). The agency with the lowest proportion of Aboriginal clients was MHC (10%). Together, Aboriginal males and Aboriginal females only comprised 10% of Mental Health services clients (5% each). MHC and CPFS each had an almost equal gender split like the WA population, but for Courts and Corrections, males made up most clients, with the highest proportion being for Courts at 76%.

The agency with the highest number of contacts was MHC (398,640 contacts) (Figure 2.7). This may reflect the differing nature of services provided, as well as what is recorded as a 'contact' (see Section 1.3 Data for more detail). In addition, MHC are often accessed voluntarily, whereas contact with the other three agencies is typically involuntary. MHC also had the highest proportion of total contacts that were with non-Aboriginal young people at 92%. Aboriginal young people are over-represented in the remaining three agencies with the largest proportion being for Courts (62%) and Corrections (60%). The contacts made with Courts included the highest proportion of males (82%) among the total number of contacts, whereas MHC had the highest proportion of females (54%).

In terms of the ratio between service provision and number of young people contacting the agencies, we see that for Corrections, 35% of clients are Aboriginal; these account for 60% of service, with the average number of contacts for Aboriginal clients of Corrections being 15.8 compared to 5.7 for non-Aboriginal clients. Therefore, Aboriginal children are accounting for a disproportionate amount of service provision within Corrections. Similarly, for Courts, 32% of clients are Aboriginal with this group accounting for 62% of contacts. The average number of contacts per Aboriginal clients of Courts was 20.9 compared to the non-Aboriginal average of 5.9 contacts (Figure 2.8). Similarly, for CPFS, 22% of clients are Aboriginal with this group accounting for 35% of contacts. The average number of contacts per Aboriginal clients of CPFS was 6.2 compared to the non-Aboriginal average of 3.2 contacts (Figure 2.8). In contrast, 10% of MHC clients are Aboriginal, but they account for 15% of contacts, so Aboriginal young people appear to be under-represented in mental health service

provision. However, the average number of contacts is still higher among non-Aboriginal clients at 28.8 compared to 24.0 for Aboriginal clients.



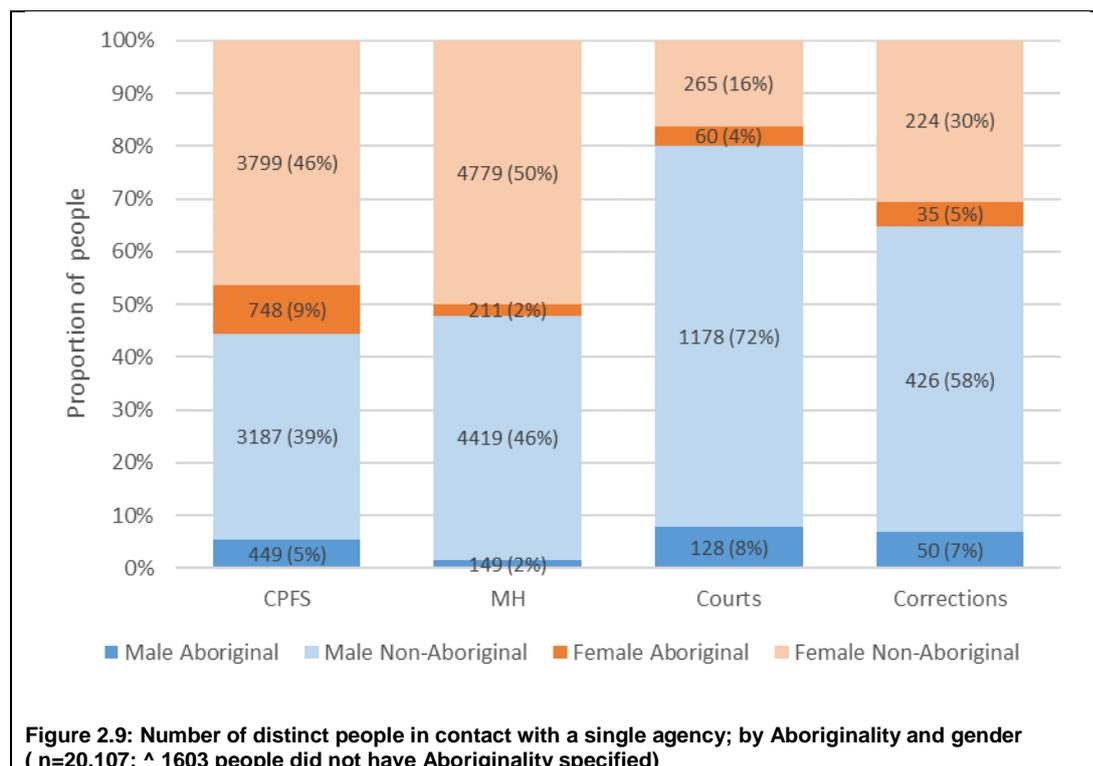
We see differing patterns between service contacts and number of young people in contact with the agencies for males and females. For CPFS, 49% of clients are male. This group accounts for 52% of contacts, so males are accounting for an equal amount of service provision within CPFS. The average number of contacts per male clients of CPFS was 4.1 compared to the female average of 3.6 contacts (Figure 2.8). A disproportionate number of Corrections clients are male (71%); these account for 81%

of service, with the average number of contacts for male clients of Corrections being 10.4 compared to 6.3 for females so males appear to be over-represented in Corrections service provision. Similar to Corrections, Courts had a disproportionate number of male clients (76%); these account for 82% of service, with the average number of contacts for male clients of Courts being 11.6 compared to 7.8 for females so males appear to be over-represented in Courts service provision. In contrast, an even 50% of MHC clients are males, and they account for 47% of services. The average contacts number of contacts is slightly higher among females at 30.4 compared to 26.2 for males.

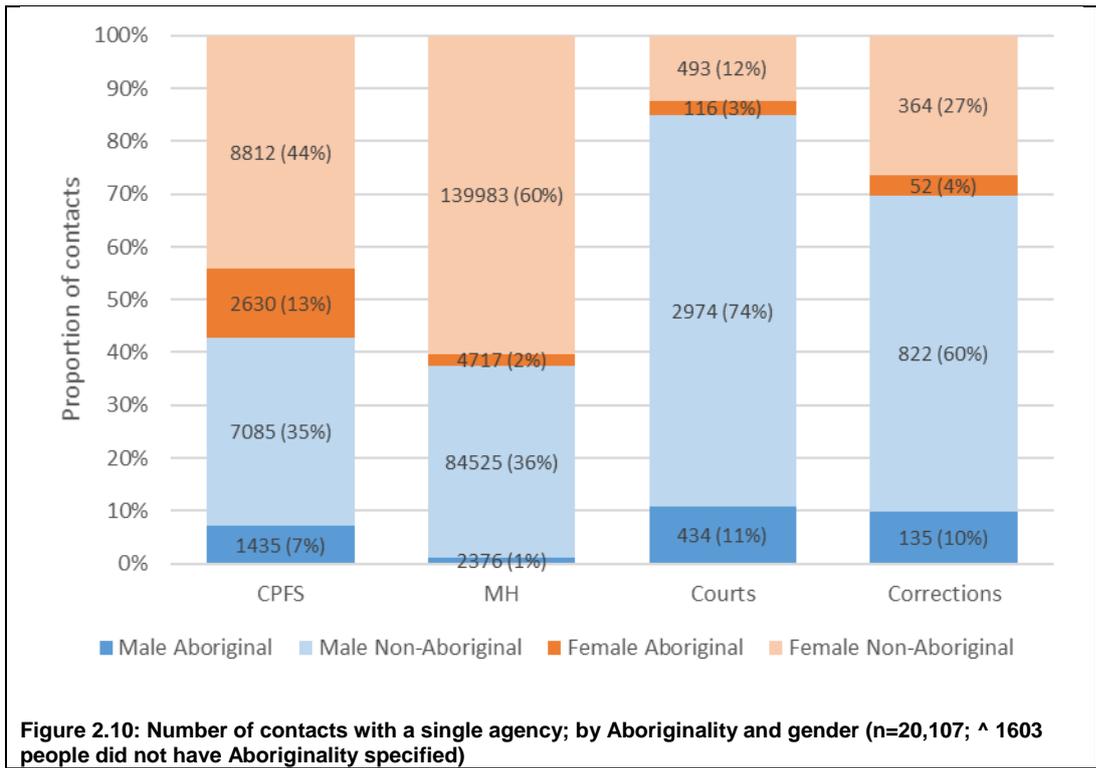
Clients of a single agency

The study has identified that almost three quarters (73%) of young people in the contact group had contact with a single agency (see Table 2.1), with contact with Mental Health services being the most common form of single agency contact. A total of 9,558 individuals (35% of the contact group) had contact with MHC only.

As Figure 2.9 shows, only 4% of MHC only clients were Aboriginal, while 14% of CPFS-only clients were Aboriginal. Irrespective of agency, Aboriginal young people accounted for a low proportion of single agency clients and a higher proportion of multiple-agency clients. Conversely, females accounted for a higher proportion of single agency clients and a lower proportion of multiple agency clients. Females accounted for approximately half of the clients who had contact with CPFS only (55%) or MHC only (52%), but just 20% of Courts-only clients. The largest proportion of males in contact with a single agency was for Courts (80%).



When looking at the total number of contacts (included repeated contacts) with a single agency, again MHC was highest with a total of 231,601 contacts (Figure 2.10). The lowest number of contacts with a single agency was with Corrections (1,373). MHC had the lowest proportion of total contacts by Aboriginal young people while also having the highest representation of females (62%). When looking at the total number of contacts, CPFS had the highest proportion of Aboriginal young people of the four agencies (20%) whilst Courts had the highest proportion of males (85%).



Individuals who had contact with two agencies

Of the 4,751 young people who had contact with only two agencies, CPFS was the agency that the most people had interacted with (2,900 young people) (Figure 2.11). The agency with the lowest number of clients among this group was Corrections (1,720 young people). MHC had the highest proportion of non-Aboriginal clients (86%) whilst courts had the highest proportion of Aboriginal clients (29%). Males comprised a higher proportion of clients than the general population in contact with the agencies responsible for the administration of justice, with both Courts and Corrections representing 77% each.

The total number of contacts with young people who had contact with only two of the four agencies were highest for MHC (93,146 contacts) with Corrections having the lowest (9,652 contacts) (Figure 2.12). The highest proportion of total contacts with non-Aboriginal young people was at MHC (92%) while the highest proportion of Aboriginal young people was among Courts clients (7,601 contacts) which represented 52% of the total contacts for this agency. Contacts with CPFS and MHC were evenly distributed between males and females, whereas males made up more than 88% of Courts and 89% of Corrections clients.

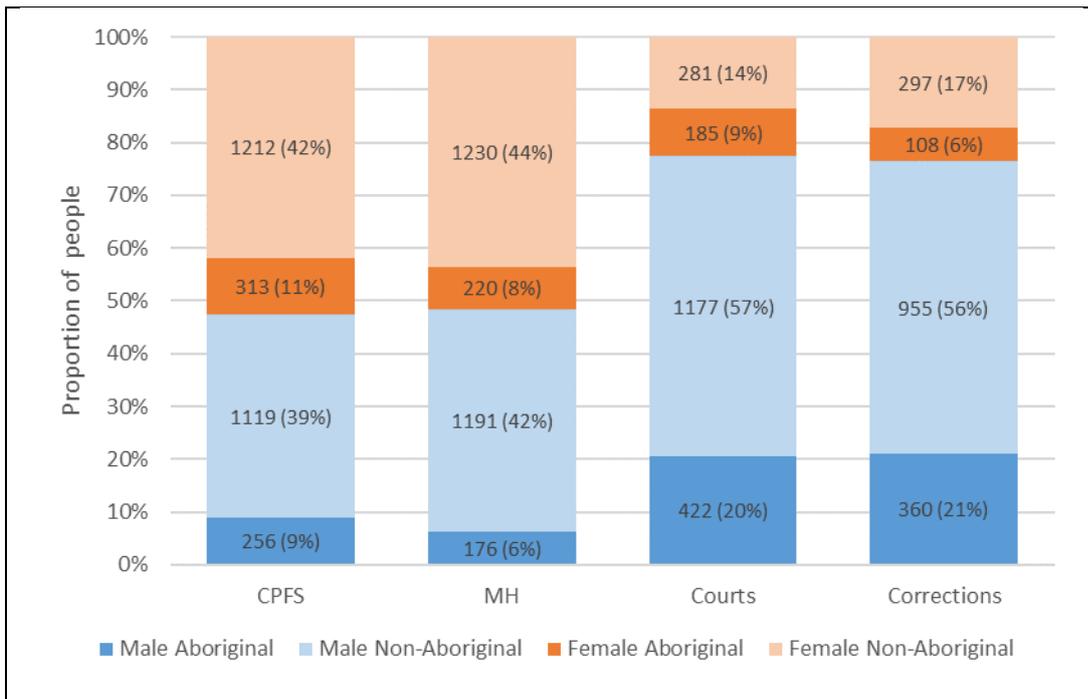


Figure 2.11: Number of distinct people in contact with two agencies only; by Aboriginality and gender (n=4,751; ^ 1603 people did not have Aboriginality specified)

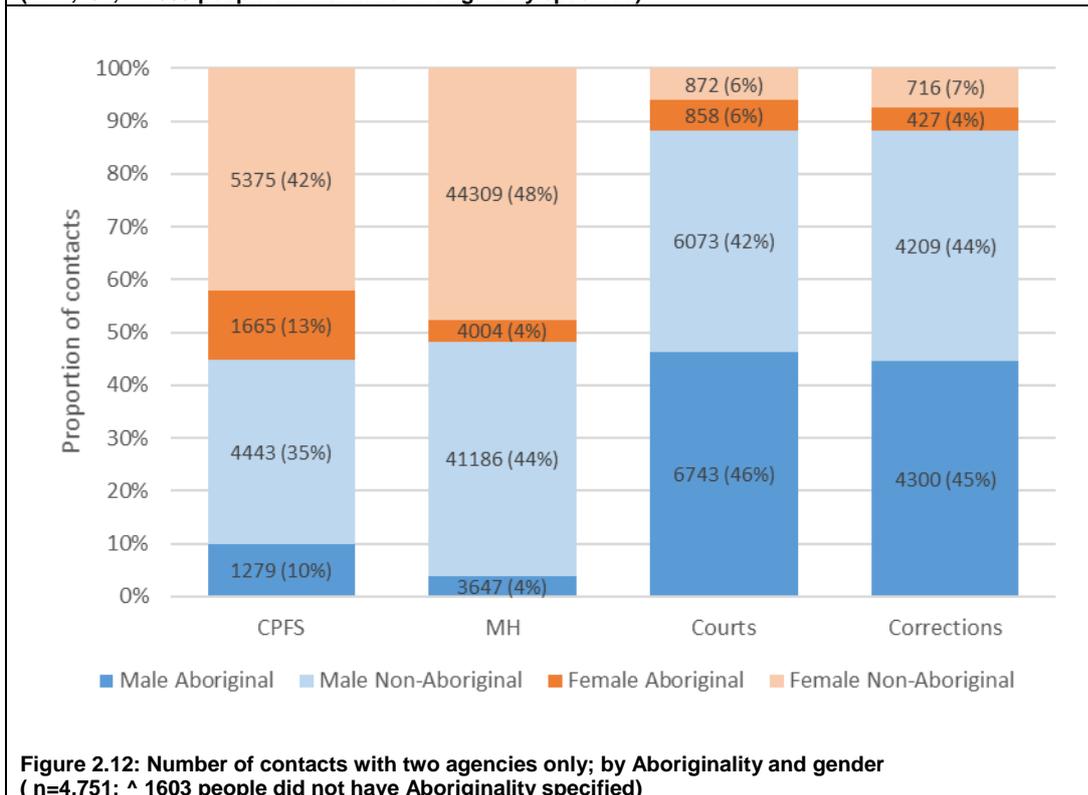
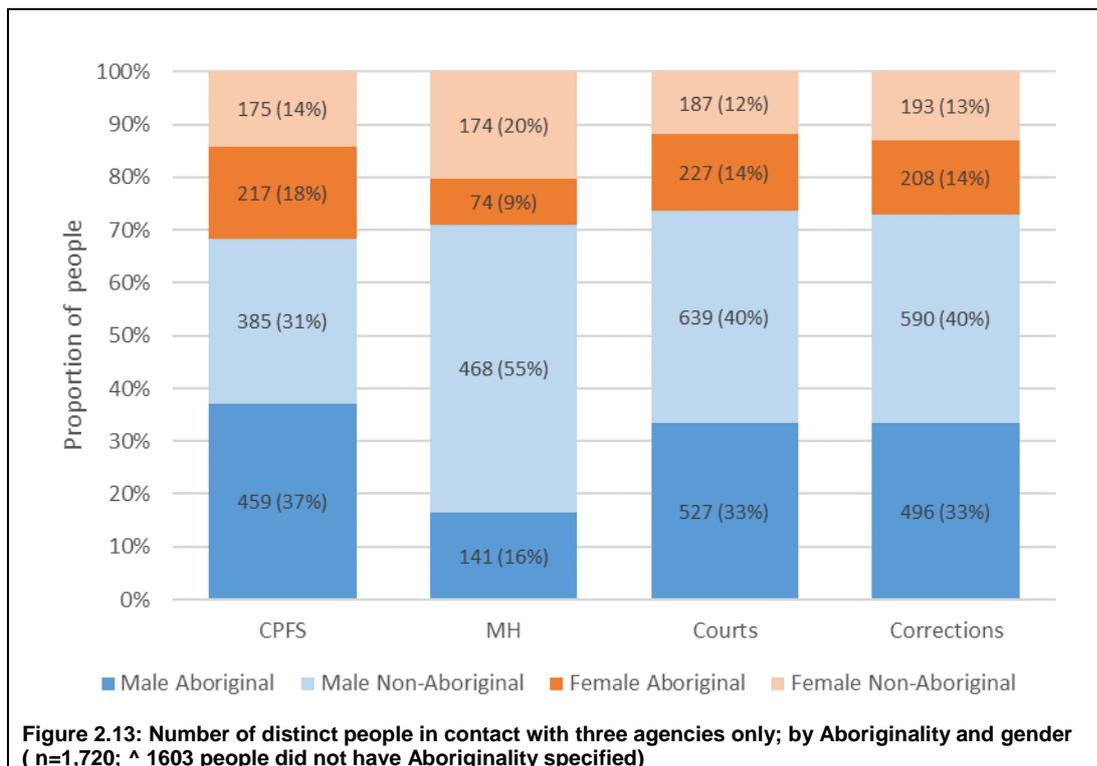


Figure 2.12: Number of contacts with two agencies only; by Aboriginality and gender (n=4,751; ^ 1603 people did not have Aboriginality specified)

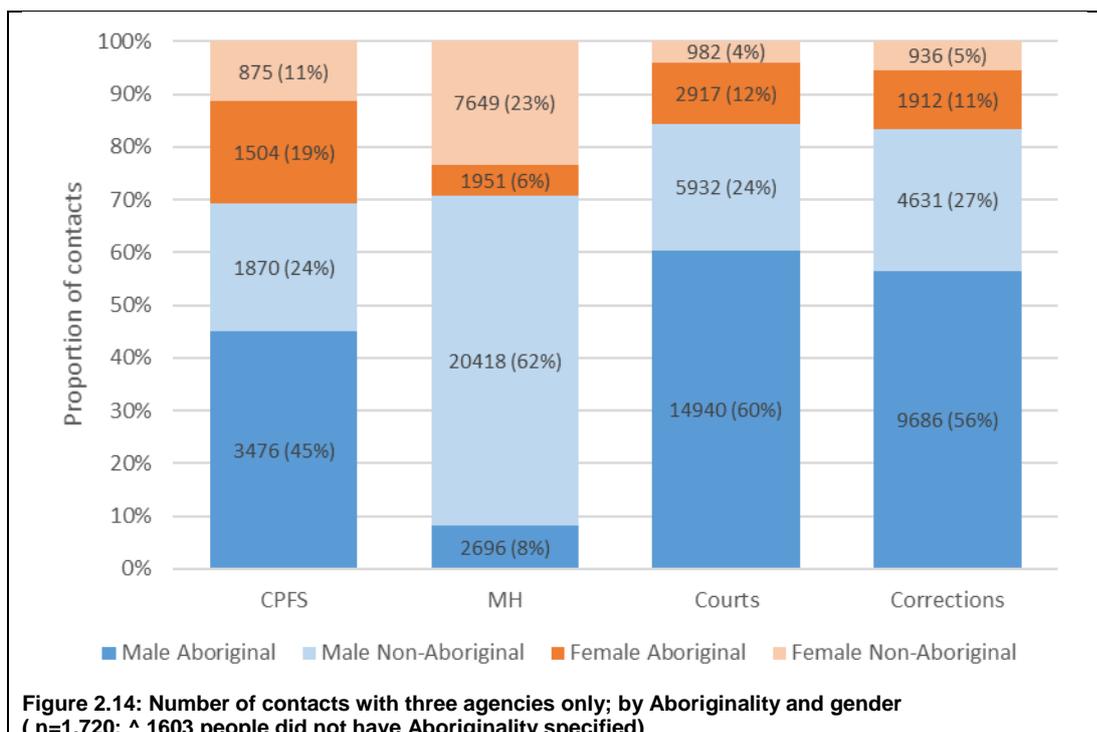
Individuals who had contact with three agencies

Among three-agency only clients, the agency with contact with the highest number of young people was Courts (1,580 young people) with the lowest number of young people in contact with MHC (857 people) (Figure 2.13). CPFS had the highest representation of Aboriginal young people at 55%, with

the lowest being for MHC (25%). The highest proportion of females were among the CPFS clients (32%), with males comprising the highest proportion for Courts and Corrections (73% respectively).

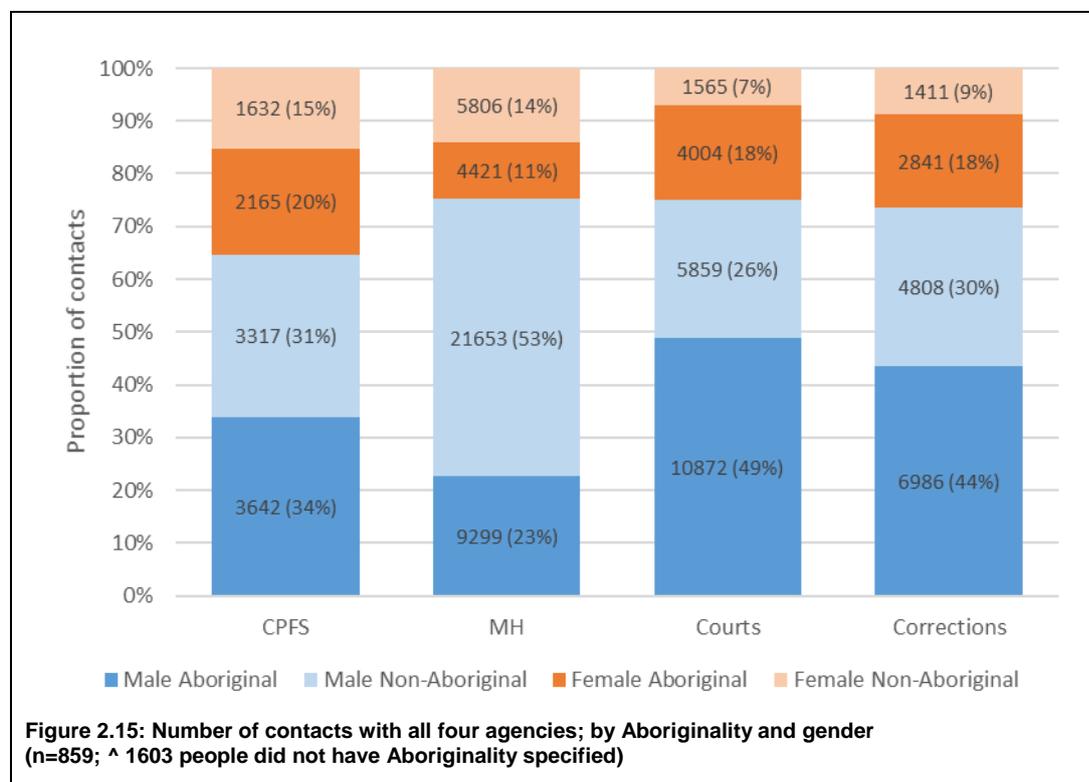


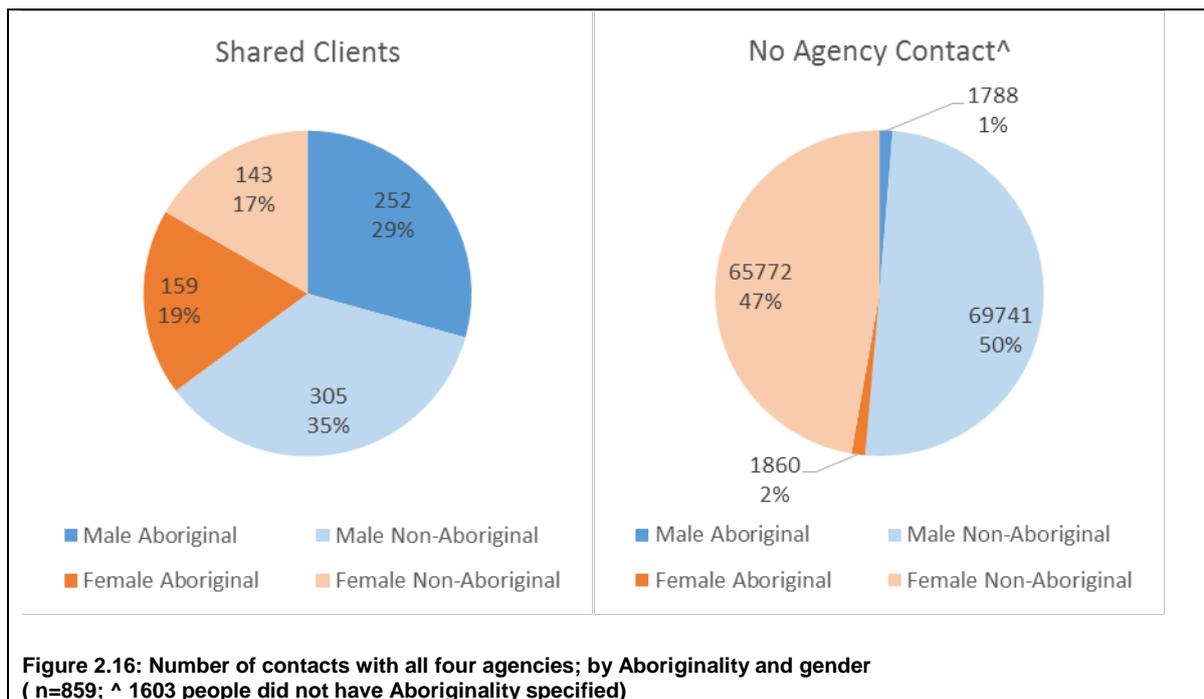
There were 32,714 contacts in total with MHC among three-agency clients (Figure 2.14). Non-Aboriginal young people made up 85% of this group which was by far the highest across all agencies. Aboriginal young people were most represented amongst contacts to courts (72%). CPFS had the highest proportion of females (30%) while the largest proportion of males within an agency was with courts (84%).



Shared clients: Individuals who had contact with all four agencies

Of the 859 young people who had contact with all four agencies, the most contacts were involving MHC (41,179 contacts). The agency with the lowest number of contacts with this client group was CPFS with 10,756 total contacts. MHC had the highest proportion of contacts with non-Aboriginal (67%), and Courts had the highest proportion of contacts with Aboriginal clients (67%)(Figure 2.15). MHC and Courts had similar proportion of contacts being with females (25%) with CPFS having highest representation of contacts with females (35%). Males comprised 64% of the individuals who contacted all four agencies, with 29% of the shared clients being Aboriginal males. Non-Aboriginal females had the lowest representation for the group (17%) (Figure 2.16). The average number of contacts to each agency also varied within the shared client group. MHC was the most contacted agency having 48 contacts per person, with the least contacted on average being CPFS with 12 contacts per person. Courts and Corrections were contacted an average of 26 and 19 per person respectively. These population demographics differ markedly compared to those from the eligible population who had no agency contact. Here the gender split is very similar with 51% being male and with only 3% of this group being Aboriginal.





Summary

- In total, 27,437 young people (16.3%) out of 168,201 in the eligible study population had contact with at least one of the four agencies (CPFS, MHC, Corrections, Courts).
- A small percentage of young people in the eligible population were in contact with three agencies only (1,720; 1%) or all four agencies (859; 0.5%), yet these groups accounted for 15% and 16% of all service contacts with the four agencies.
- Among clients in contact with only one agency, the demographic composition is fairly similar to that of the general population in Western Australia, at 9% Aboriginal and 50% male. However among shared clients (those in contact with all four agencies), both these groups are overrepresented, at 48% Aboriginal and 64% male.
- Overall, the demographic composition of clients varied across the agencies, with CPFS and MHC consisting of approximately equal numbers of male and female clients, whereas 71% of young people in contact with Corrections and 76% of young people in contact with Courts were males.
- Mental Health services had high numbers of clients, and by far the highest number of contacts, yet for clients in contact with three agencies, the most common combination was CPFS, Corrections and Courts (no MHC), representing 50% of the 1,720 young people in this client group.
- Among clients of each agency, Aboriginal young people had a higher average number of contacts than non-Aboriginal young people for CPFS, Courts and Corrections. For clients of MHC, non-Aboriginal young people had a higher average of contacts than Aboriginal young people.

3 Agency-based perspective of the shared client group

This chapter provides information on the number of contacts made by the 859 shared client group. Each figure shows the number of young people with each level of contact (1 contact, 2-5 contacts, 6-10 contacts or more than 10 contacts), broken down by Aboriginality or gender. Each graph includes all 859 clients, and the percentages sum to 100% of this total shared client group. Also presented are the average ages for each young person according to their frequency of contact with each agency.

3.1 Child Protection and Family Support

Of the 859 young people who had contact with all four agencies, one in four (26%) had only a single contact with CPFS. (Figure 3.1). This consisted of 122 (14%) non-Aboriginal young people and 90 Aboriginal young people (10%). More than twice as many males (18%) as females had a single CPFS contact (7%). The most common number of contacts was 2-5 (40% of young people). One in 5 of the young people had more than 10 contacts with CPFS (a total of 178 young people). Around half of the young people with 10 or more contact were Aboriginal and two-thirds were male.

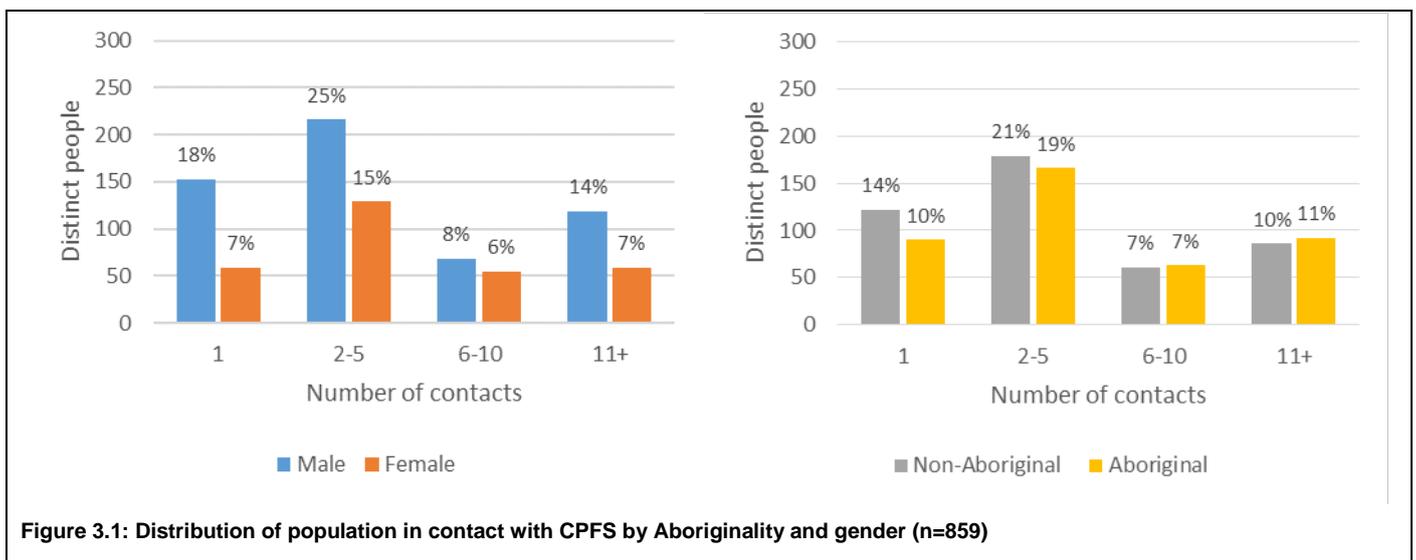
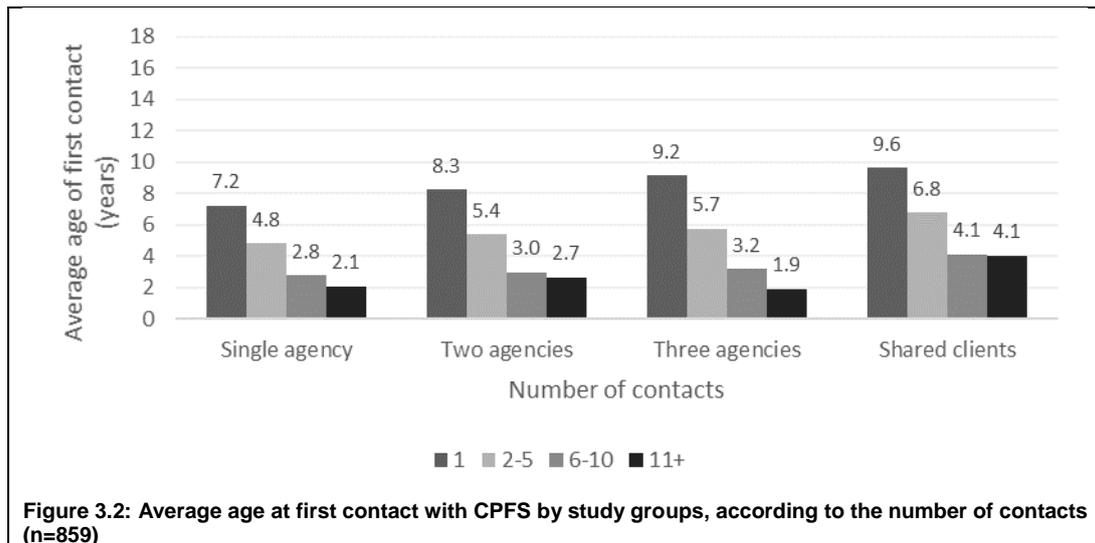


Figure 3.1: Distribution of population in contact with CPFS by Aboriginality and gender (n=859)

The average age at first contact with CPFS was higher for shared clients than for clients who had contact with fewer agencies (Figure 3.2). For example, the average age at first CPFS contact for single agency or three-agency clients with over 10 contacts was two years old, compared to four years old for shared clients having over 10 contacts. The average age of first contact with CPFS was younger for those who had a higher number of contacts with CPFS by age 13. This may be because a younger first contact age results in more time to re-interact with the agency. Among young people in the shared client group with a single contact with CPFS (amongst contacts with all other agencies), the average age for first CPFS contact was 10 years old.



3.2 Mental Health

Almost half (47%) of the young people contacting all four agencies have had over 10 MHC contacts (Figure 3.3). By far the biggest representation of young people making contact with MHC was for males having 11 or more MHC contacts, making up 32% of the shared client group. In comparison, females with 11 or more contacts comprised 15% of the shared client group, which is double that of females. Aboriginal young people in the shared client group tended to have less contact with MHC than non-Aboriginal young people when there were 11 or more visits. Almost twice as many non-Aboriginal young people (29% of the shared clients) had more than 10 contacts as Aboriginal young people (17%). Although high numbers of contacts were common, due to the nature of these contacts (appointments), around one in six of the young people involved with all four agencies had only a single MHC contact.

Among the shared clients, the average age at first contact for young people who had a single contact with MHC is 14 years old, compared to 11 years old for young people who had more than 10 contacts with MHC (Figure 3.4). Across the whole contact group, there was a greater variety in average age at first contact for young people who had only a single contact with MHC than those who had more than 10 contacts with MHC. Among young people who had only a single contact with MHC, the average age at first contact with MHC varied from 10.5 years old for single agency clients to 14 years old for shared clients. For young people with over ten contacts with MHC the average age at first MHC contact was between 11 and 12 years old regardless of the number of agencies with which a young person had contact.

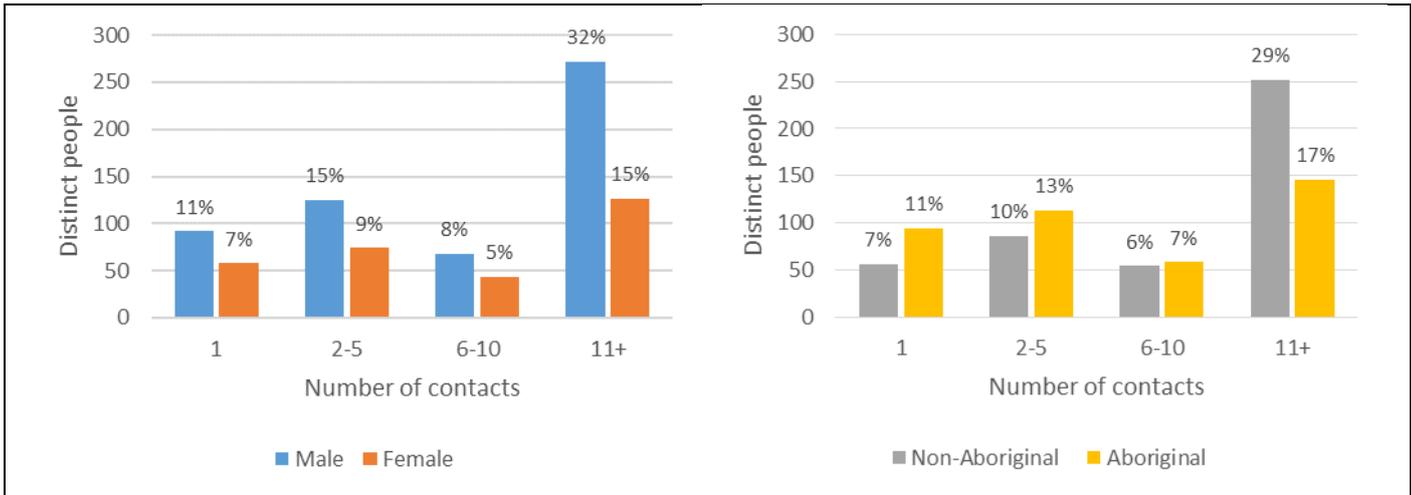


Figure 3.3: Distribution of population in contact with Mental Health by Aboriginity and gender (n=859)

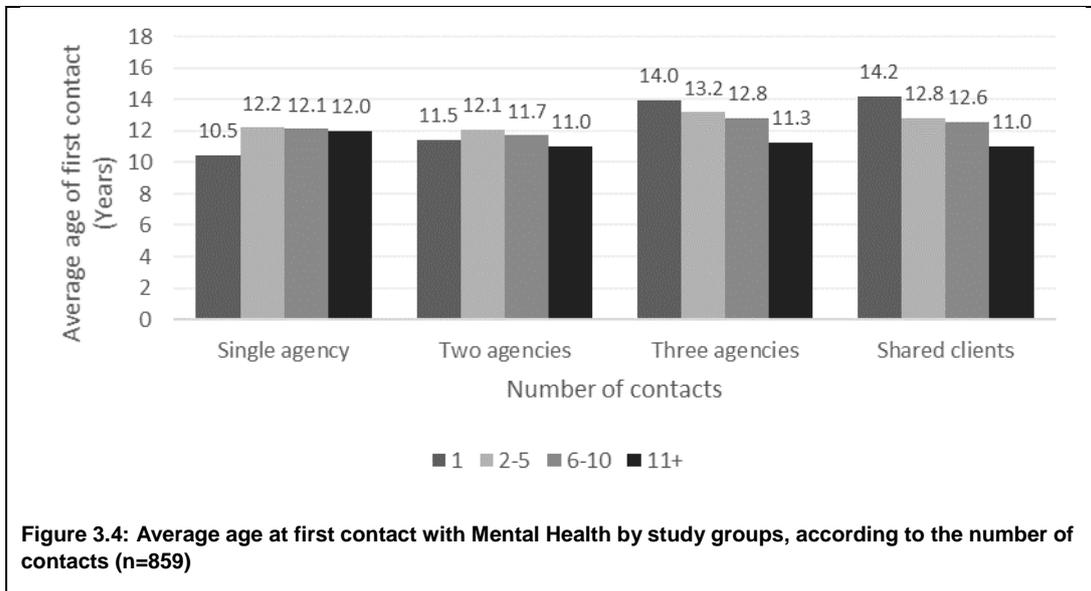
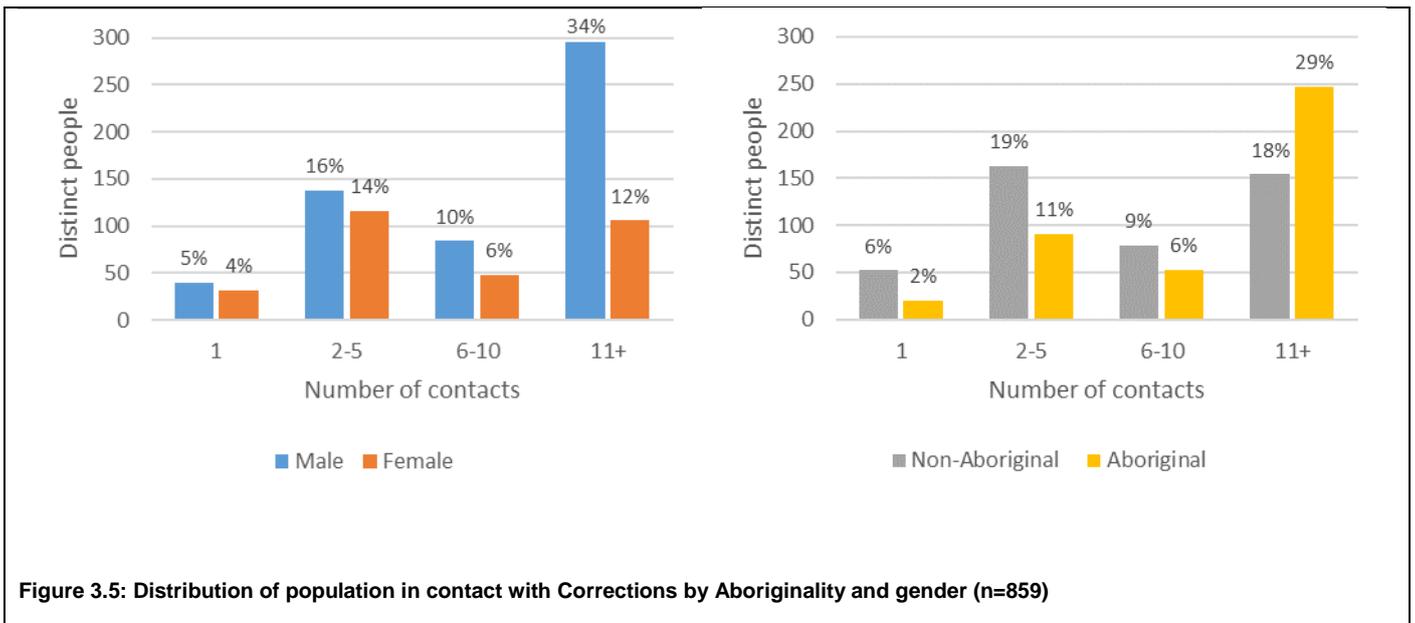


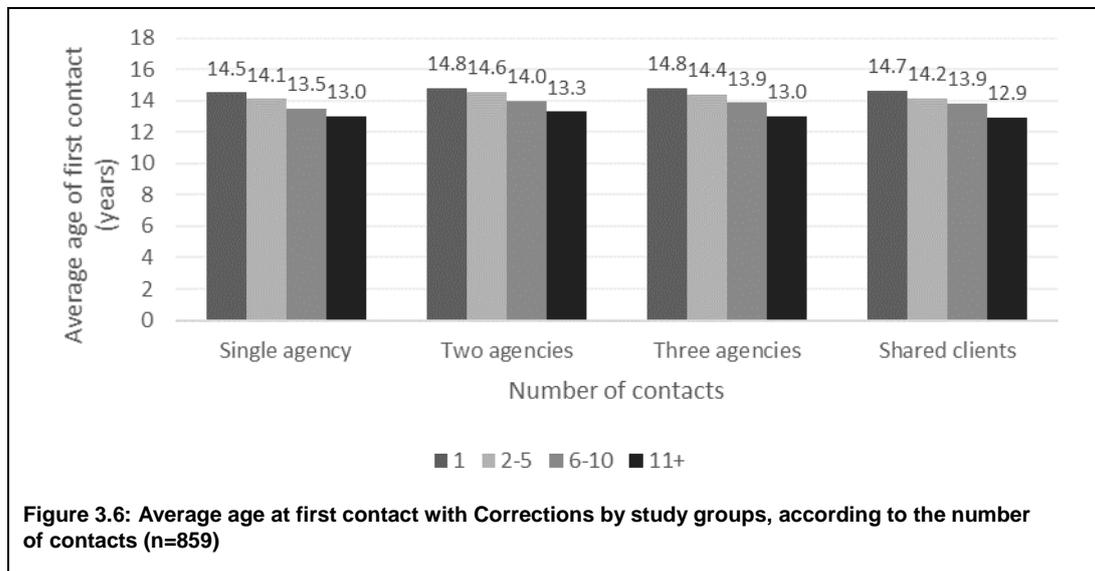
Figure 3.4: Average age at first contact with Mental Health by study groups, according to the number of contacts (n=859)

3.3 Corrections

Among the shared clients, young people often had a high number of contacts with Corrections, with 46% having more than 10 contacts with Corrections and only 8% having a single contact (Figure 3.5). The number of males with more than 10 contacts (34%) is almost 3 times that of females (12%). There were more non-Aboriginal than Aboriginal young people with between 1 and 10 Corrections contacts but the total number of young people with more than 10 contacts have a higher representation of Aboriginal young people (29% compared to 18% for non-Aboriginal).



Within the shared client group, the average age at first contact with Corrections for young people who had a single contact with Corrections was almost 15 years old, compared to 13 years of age for young people who had more than 10 contacts with Corrections (Figure 3.6). Average age at first contact with Corrections was similar regardless of how many agencies a young person had contact with.



3.4 Courts

Nearly a half (44%) of young people in contact with all four agencies had more than 10 contacts with courts (Figure 3.7). The number of males with 11 or more Courts contacts (33%) was 3 times higher than females with 11 or more Courts contacts (11%). Non-Aboriginal young people comprised just over half of the shared client group (52%) and formed most young people with 1-10 Courts contacts. Aboriginal young people, however comprised a higher proportion of shared clients with more than 10 contacts with Courts than non-Aboriginal young people (29% and 15% of the shared client group, respectively). For shared clients, the average age at first contact for young people who had a single contact with Courts is 15 years old, while young people with more than 10 contacts had their first contact with Courts at 13 years old on average (Figure 3.8). Shared clients came into contact with the Courts at a younger age than young people who had contact with fewer agencies. For example, single agency clients who only had one contact with Courts had an average age of almost 17 years old at first Courts contact, compared to shared clients with a single Courts contact with an average age of 15 years.

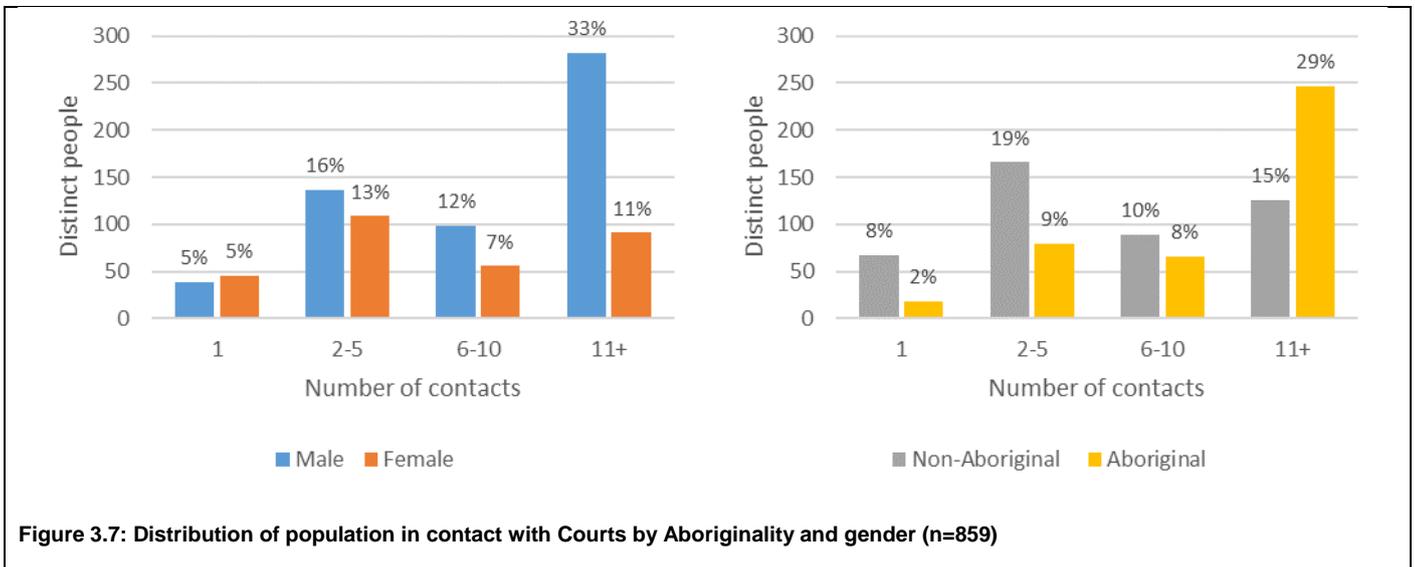


Figure 3.7: Distribution of population in contact with Courts by Aboriginality and gender (n=859)

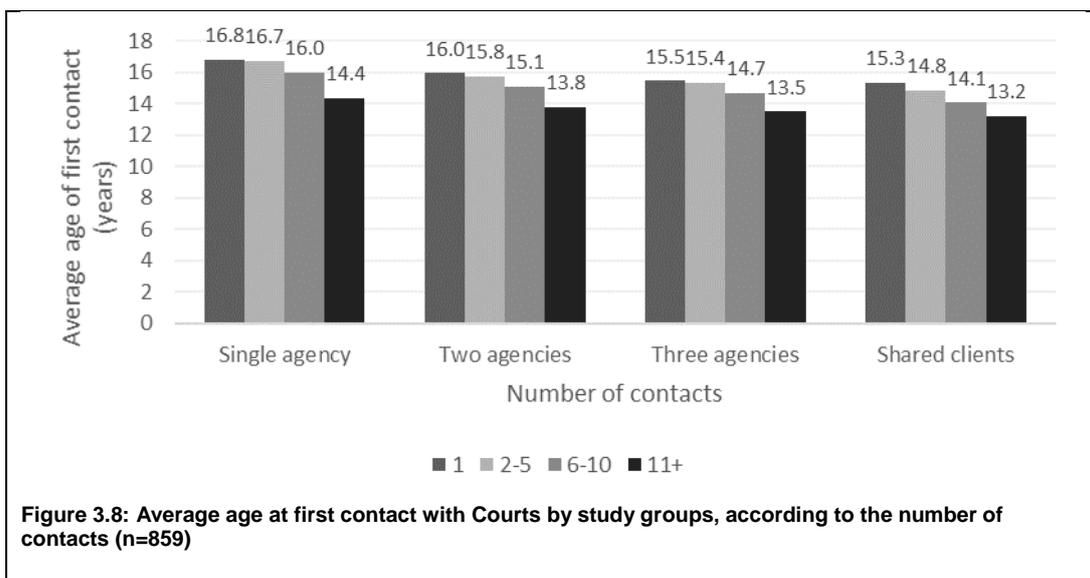


Figure 3.8: Average age at first contact with Courts by study groups, according to the number of contacts (n=859)

4 Patterns of contact

The order and frequency of agency contacts varied greatly amongst the 27,437 young people in the contact group, with almost 3000 distinct patterns of agency contacts. These contacts could have occurred at any time from ages 0-18 and are not necessarily simultaneous or immediately sequential contacts. To summarise this information, Table 4.1 shows the ten most frequent patterns of multiple agency contacts (i.e. contact with at least two of the four agencies), with “rank 1” representing the most common pattern. The agency on the left side of each row is the first contacted agency, the agency to the right of this is the next agency contacted, and so on.

Table 4.1: Top 10 patterns of contact by young people who had contact with at least two agencies

| Rank | Order of agencies contacted | Number of children | % of total* | % of contact group** |
|------|--|--------------------|-------------|----------------------|
| 1 | Child Protection → Mental Health | 602 | 8.2% | 2.2% |
| 2 | Child Protection → Mental Health | 537 | 7.3% | 2.0% |
| 3 | Corrections → Courts | 169 | 2.3% | 0.6% |
| 4 | Child Protection → Courts | 163 | 2.2% | 0.6% |
| 5 | Child Protection → Mental Health | 144 | 2.0% | 0.5% |
| 6 | Child Protection → Mental Health | 141 | 1.9% | 0.5% |
| 7 | Child Protection → Courts | 117 | 1.6% | 0.4% |
| 8 | Mental Health → Child Protection → Mental Health | 115 | 1.6% | 0.4% |
| 9 | Corrections → Courts | 102 | 1.4% | 0.4% |
| 10 | Child Protection → Courts | 87 | 1.2% | 0.3% |

Legend: One contact with agency =  Repeated contact with agency = 

* Denominator is number of young people having at least two contacts (n=7,330)

** Denominator is number of young people having at least one contact i.e. the contact group (n=27,437)

Agencies represented by a single border equate to a single contact with that agency, while an agency depicted with multiple borders indicates repeated contact with that agency (see legend). The number and % for each of the 10 patterns show the total number of young people who had this pattern of contact and proportion of multiple agency clients and of the contact group.

The most frequent patterns of contact of young people involved with two agencies were repeated and single contact with CPFS followed by repeated contacts with MHC (6%), which could partly be attributed to a deliberate referral process between these agencies. The proportion of contact with three agencies was low. The most frequent pattern observed was contact with CPFS (single or repeated), followed by contact with Corrections (single or repeated) and repeated contacts with courts (0.2%). This pattern was followed in frequency by contact with CPFS (single or repeat), repeat contacts with mental health and single or repeat contact with courts (0.1%).

4.1 Pattern and order of early contact, as experienced by the shared client group

There were distinct and repeating patterns of agency contact by individuals in the shared client group (Figure 4.1). The patterns are divided into first, second, third and fourth distinct agency contacted. Each of these contacts periods represent the number of distinct young people making at least one contact with an agency.

Of the 859 young people contacting all four agencies, 700 had their first contact with CPFS (81%), 111 with MHC (13%), 39 with Corrections (5%) and as may be expected, only 9 appeared in the Courts first (1%). The five most common sequences of agencies contacted are shown in the right most column of Figure 4.1. The agency contact order of CPFS, MHC, Corrections, and then courts represented the most frequent sequence of agencies contacted (32%). This was closely followed by the agency contact order of CPFS, Corrections, Courts, and then MHC (23%).

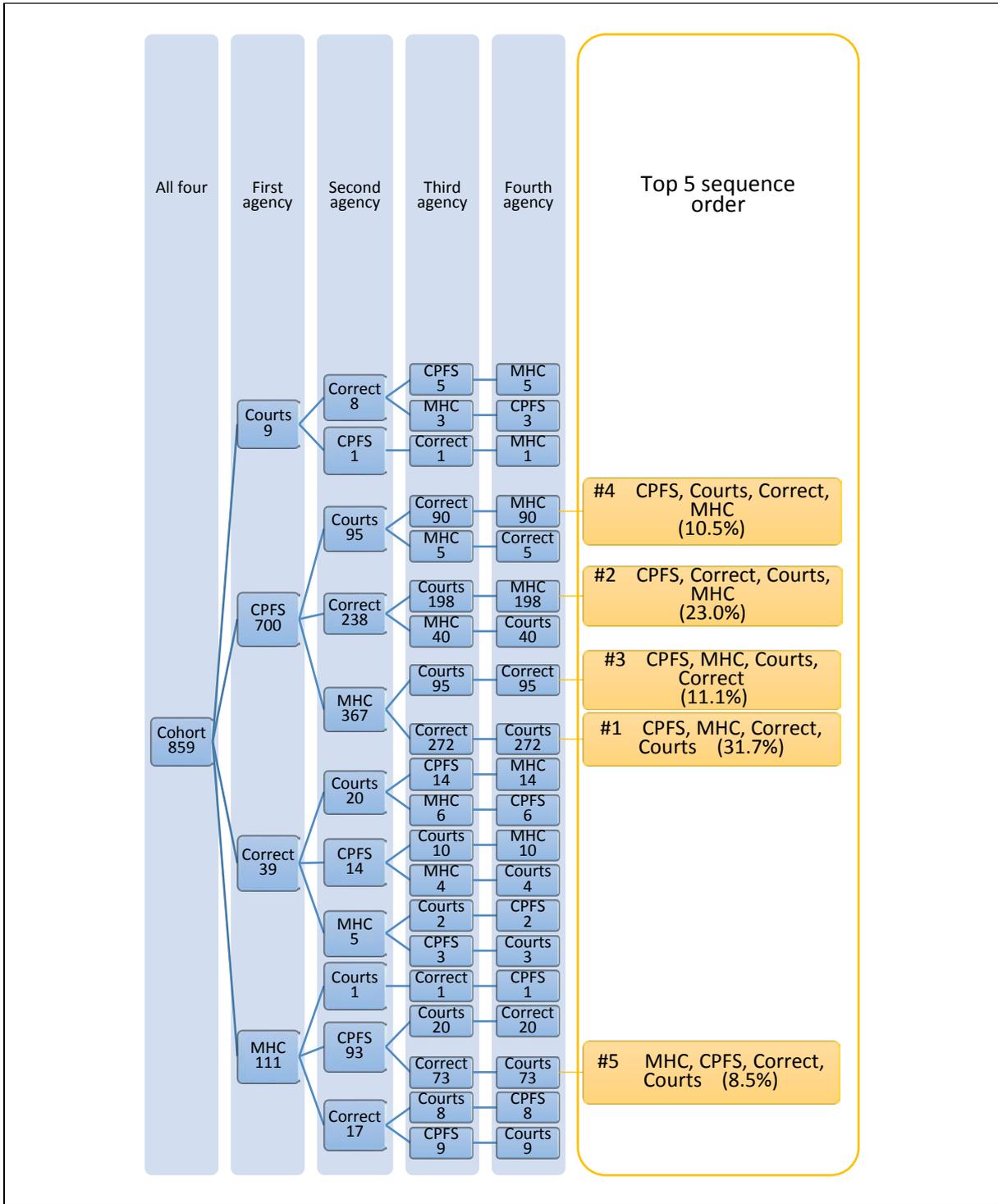


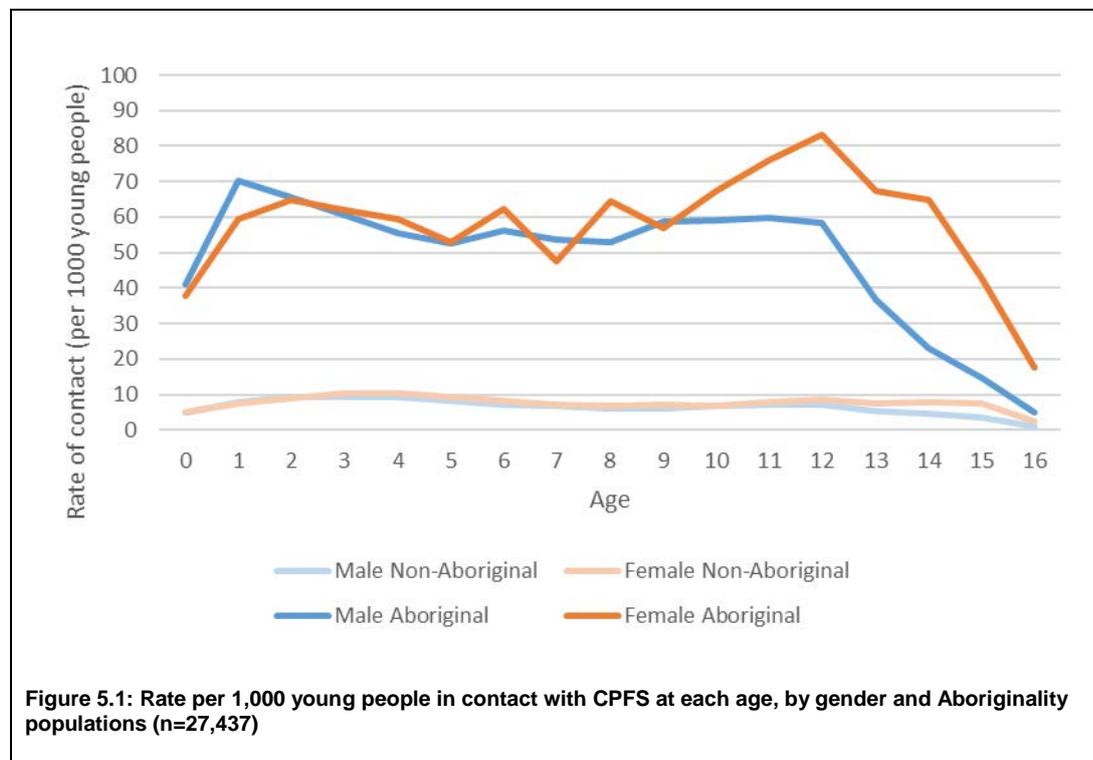
Figure 4.1: Pattern and order of early contact by persons in the shared client group (n=859)
 Note: Corrections abbreviated to "Correct".

5 Age and number of young people in the contact group by Gender and Aboriginality

This chapter provides information on the demographic characteristics of 27,437 young people in the contact group (i.e. at least one contact with any of the four agencies). It shows the number of young people (per 1,000) at each age who had contact with each agency at least once, by gender and Aboriginality. The population denominator for each rate is the gender or Aboriginal subset of the total study population. (e.g. Number of Male Aboriginal agency contacts per 1,000 Male Aboriginals). A child with multiple contacts will have a contact counted only once for each year of age.

5.1 Child Protection and Family Support

Rates of young people in contact with CPFS were much higher for Aboriginal young people than non-Aboriginal young people. Among Aboriginal young people rates of contact were high until the teenage years, with peaks in infancy for males and around age 12 for females. Non-Aboriginal young people had much lower rates of contact, which were relatively stable across ages.



5.2 Mental Health

Rates of young people in contact with Mental Health services increased through childhood, but were much higher for teenagers than younger children. Among teenagers, Aboriginal females had the highest rate of mental health contact followed by non-Aboriginal females and Aboriginal males. For pre-adolescents, Aboriginal males had the highest rates of Mental Health contact followed by non-Aboriginal males.

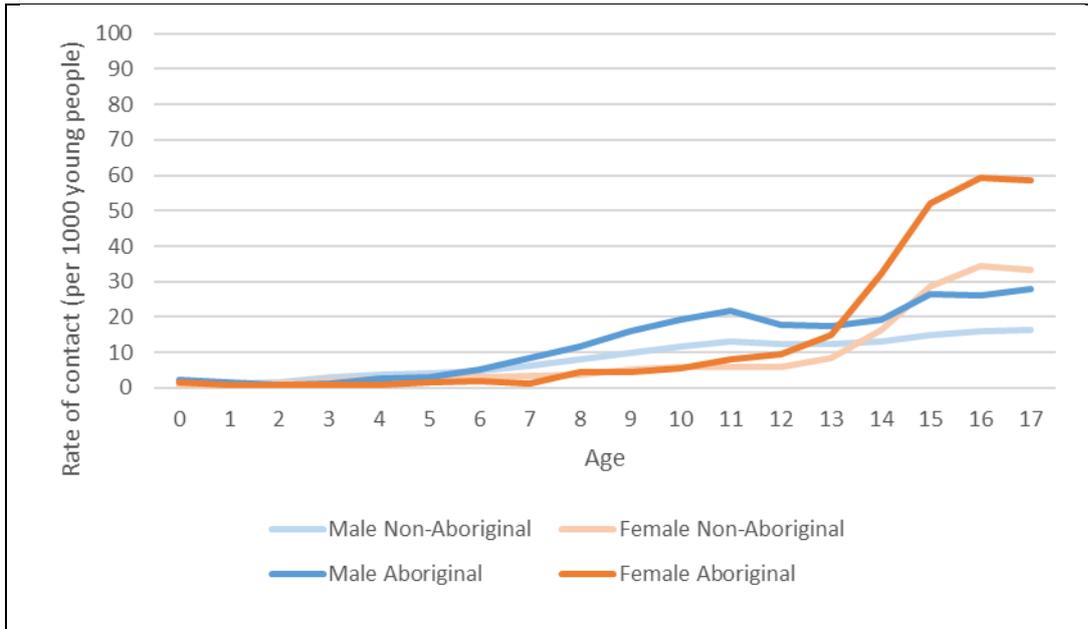


Figure 5.2: Rate per 1,000 young people in contact with Mental Health at each age, by gender and Aboriginality populations (n=27,437)

5.3 Corrections

Rates of young people in contact with Corrections peaked around 14 to 15 years of age, then declined except for Aboriginal males who had a second peak in contact rates at 17 years of age. Consistent with results for Courts, the rates of contact were highest for Aboriginal males, followed by Aboriginal females, then non-Aboriginal males. Non-Aboriginal females had low rates of contact.

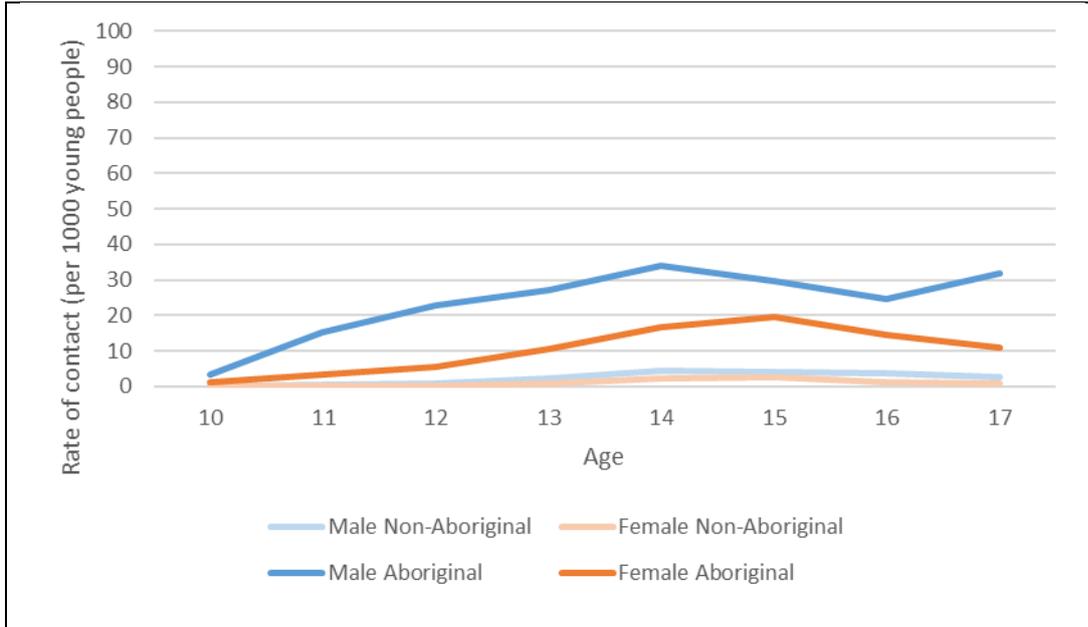


Figure 5.3: Rate per 1,000 young people in contact with Corrections at each age, by gender and Aboriginality populations (n=27,437)

5.4 Courts

Conversely, the Courts have contact with young people from age ten onwards, with most contacts occurring in adolescence with a sharp rise in the late teenage years. Rates of contact were highest for Aboriginal males, followed by Aboriginal females, then non-Aboriginal males. Non-Aboriginal females had low rates of contact with the courts.



6 Conclusions

This project has shown that young people who come into contact with multiple government agencies comprise a relatively small proportion of young people in the population (1.5% had contact with three or more agencies). Yet, this small group accounts for a disproportionate amount of service provision by the agencies (31%), thus placing a significant burden on Government services. The high economic and social costs associated with young people in contact with multiple government agencies is testament to the fact that these young people enter a revolving door of service use that is expensive and ineffective at addressing these children's complex needs (Jobs, 2004; Farrington, 2015). Furthermore, inefficient use of resources towards young people with multiple and complex needs may limit the availability of services for other young people in need. A coordinated strategy to provide early intervention for these young people is required to more effectively address these young people's issues before they become adults with entrenched problems, moving in and out of crisis services and incarceration.

This project is unique in that it quantified the nature and extent of multi-agency service use by a cohort of young people living in Western Australia. The study also described the sequence of selected agency contacts for young people in contact with multiple government agencies. This project highlighted that young people may frequently progress from contact with family related social services, such as child protection and mental health, to encounters with the youth justice system. This represents an opportunity for more effective early intervention within social services systems. However, this group of young people requires further exploration to determine whether there are other features of these young people or their family of origin that will enable young people with the future potential for high service use to be identified early on.

7 Implications

Although the proportion of young people in contact with multiple government agencies is relatively small, the cost to the government and society is high. It is imperative that this message is conveyed to decision-makers as it is a major factor in considering the need to reform service delivery.

Prior research shows that families and young people with multiple and complex problems often require assistance from more than one agency during their childhood, however providing this support is made more difficult when programs and services are governed by inconsistent agency eligibility criteria and requirements (Wayne, Alkon & Buchanan, 2008). Families with multiple and complex needs can enter a 'revolving door' of referrals and end up involved with a number of government agencies and NGOs due to the current service system, which is mainly organised around single input services and categorical funding (Delfabbro, Kettler, McCormick & Fernandez, 2012). This can result in a fragmented and 'siloed' service response that means agencies are unable to effectively respond to the 'packaged problems' of families with multiple and complex needs.

It is possible to improve responses to young people with multiple and complex needs, such as young people in repeat contact with the child protection system and/or youth justice system, however cross-sector collaboration and partnerships are imperative (Drinkwater, 2012). The objectives of many government agencies are closely related, therefore it is important to increase collaboration between agencies to achieve shared priorities (Drinkwater, 2012). For example, most families who come into contact with the child protection system have multiple and complex needs, characterised by a range of socioeconomic issues and problems such as mental illness, family and domestic violence and substance use (Bromfield, Sutherland & Parker, 2012). Many of these problems are entrenched and inextricably linked, therefore 'joined-up' solutions are required to respond to the needs of these families and children (Bromfield, Sutherland & Parker, 2012).

Bromfield, Lamont, Parker and Horsfall (2010) advocate for an integrated whole-of-government approach to service delivery, driven by early intervention and capacity building within the service system. There is a need for government services to act holistically to address interconnected problems, to support families to adequately meet the needs of their children (Bromfield, Lamont, Parker & Horsfall, 2010). It is important that interagency interventions are responsive and do not focus solely on symptom reduction, but address the social determinants of health and wellbeing (Somers, Rezansoff, Moniruzzaman & Zabarauckas, 2015). Recidivism and recurrent health crises may be reduced or alleviated by designing interventions that address the social determinants of these outcomes (Somers, Rezansoff, Moniruzzaman & Zabarauckas, 2015).

Bazley (2000) suggests that successful strategies to meet the needs and improve the long-term outcomes of children should:

- Identify at risk and high risk families;
- Address risk factors and build resilient capacity in families and children;
- Adopt an individualised and flexible mode of service delivery; and
- Intervene as early as possible in the child's developmental pathway or before problems cause significant harm.

The current project shows that many of the young people that go on to become multiple agency service users may first come into contact with CPFS. This agency may provide an important potential point of contact through which early intervention could take place, well before young people typically become involved in the justice system, as well as possibly involve more mental health services to support these children. However, there may be other government services, whose data were not linked in this project, which were the first point of contact, such as education or police contact with families. Additional data linkage is recommended to determine the true first point of contact. Although early interventions are provided, they appear to be insufficient for the subgroup of children that go on to become multiple service users. It is possible that additional, different or differently timed interventions may improve outcomes for this subgroup, but more needs to be known about this group to enable their early identification. Although additional resources would be required, identifying and targeting young people and families likely to become multiple agency service users at an early stage and providing intensive and coordinated services may be more cost-effective than allowing them to continue down the current pathway leading to 'revolving door' patterns of service use. A coordinated intervention for children and young people who are already multiple agency service users may also be beneficial.

A whole-of-family approach involves assessing and meeting the needs of children, parents and the family and ensuring support is coordinated and focused on problems affecting the whole family (Bromfield, Sutherland & Parker, 2012). Integral to the effectiveness of the whole-of-family approach is collaboration and communication across child-focused and adult-focused services (Bromfield, Sutherland & Parker, 2012). It is important for adult services to have the ability to view the adult's circumstances through the lens of the developing child and for child services to have a comprehensive understanding of parental difficulties (Bromfield, Sutherland & Parker, 2012). This will ensure service providers understand how these issues affect parents' wellbeing, their parenting capacity and children (Bromfield, Sutherland & Parker, 2012).

It is well-established that families with recurring contact with the child protection system are also likely to have problems with substance use, family and domestic violence and mental health (Center for the Study of Social Policy, 2006). However, this doesn't mean maltreated children all become offenders, and simply layering on more services will be largely ineffective unless the multiple and complex underlying reasons for the contact with child protection are understood and interventions that the family actually needs are made available (Center for the Study of Social Policy, 2006).

Strategies must be implemented to ensure children who experience abuse and neglect receive early intervention, education and mental health services and that parents simultaneously have access to

substance use treatment, family and domestic violence interventions and mental health services (Center for the Study of Social Policy, 2006). The Center for Community Partnerships in Child Welfare of the Center for the Study of Social Policy (2006) also recommends an entitlement to effective mental health services for children who experience abuse, neglect or trauma. However, families with multiple and complex needs do not always fit neatly into service categories (McArthur, Thomson, Winkworth & Butler, 2010).

Understanding and addressing the complex needs of this vulnerable group of children has the potential to reduce the high social and economic burden. This project highlights the potential for early intervention and a coordinated response to provide more effective and efficient services.

8 Future directions

The purpose of this project was to identify young people with multiple and complex needs in contact with more than one government agency, and describe their demographic characteristics and patterns of service use. Further research is recommended to inform planning and budgeting for innovative alternative interventions that improve health and social outcomes for young people and families in contact with multiple government agencies.

Future research is required to examine in more depth the characteristics and profile of young people in contact with multiple agencies; the timing of these different contacts, to quantify the extent to which multiple service use is concurrent, immediately sequential, or has extended gaps between agency contact; and longitudinal outcomes of the cohort in relation to the health, educational attainment, employment, and income. Doing this may potentially identify earlier contact with other agencies not included in this study which might better predict future offenders than maltreatment. It would also be beneficial to investigate the role of multiple deprivation in terms of housing, as well as characteristics of the physical environment such as community safety and access to services.

An understanding of the economic costs associated with multiple service use could be gained via research that investigates the costs and characteristics of young people who are high frequency and sequential users of the health, social and justice service sectors. It may be worthwhile examining the volume of service use in future research and investigate the magnitude and distribution of costs associated with different categories of service use.

Future research could evaluate the effectiveness of existing service delivery procedures in social agencies to develop the best possible practices and procedures in the future. Using linked administrative data from multiple agencies provides the potential for assessment of long-term outcomes across a range of areas, thereby allowing more comprehensive service evaluation designs. This would inform decision and policy makers about effective and cost-effective approaches in service provision across multiple-agencies for families and young people with multiple and complex needs.

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