

Therapeutic Pathways for Children

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Report on Co-design Process and Outcomes

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Therapeutic Pathways for Children

1 Report on Co-design Process and Outcomes

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Summary

This report summarises the process and outcomes from the co-design component of the Therapeutic Pathways for Children Project, including priorities, models, options and actions for delivery identified by participants, and concludes with recommendations for implementation and evaluation.

Therapeutic Pathways for Children is developing during a time when states and territories are examining responses to the behaviours of children and young people under 14. Many jurisdictions have acknowledged change is needed and made commitments to raise the minimum age of criminal responsibility (MACR), while others have already reformed their systems. At the Commonwealth Government level, in 2022 the Standing Council of Attorneys-General (SCAG) reconvened its Age of Criminal Responsibility Working Group, which in 2023 published a report setting out a principles-based framework applicable to all jurisdictions.

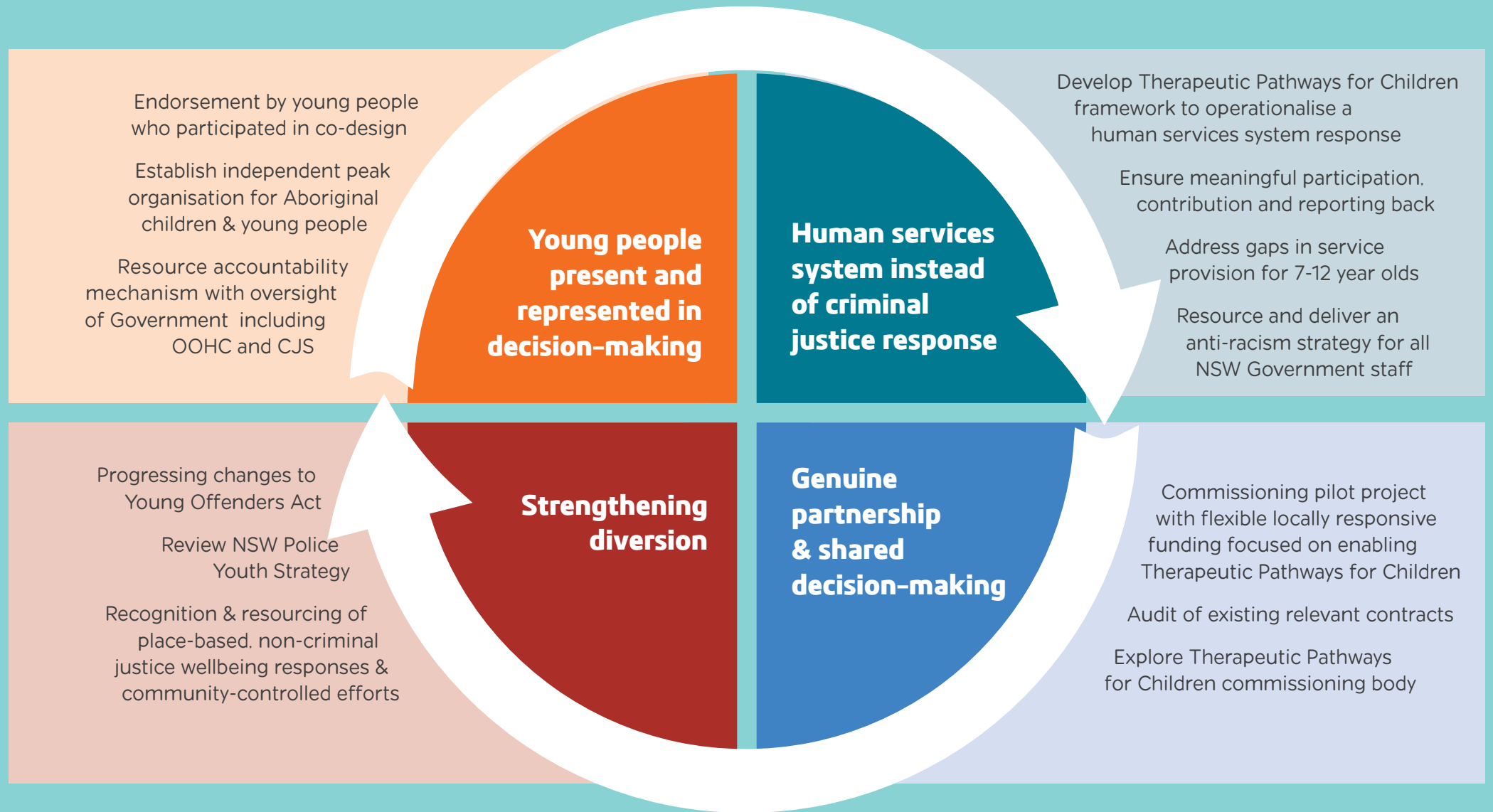
Stage 1 focused on building partnership and practising collaboration informed by research and evidence. This collaborative work between the design partners – the Department of Communities and Justice (DCJ) and the Aboriginal Legal Service (NSW/ACT) Limited (ALS) – started in March 2024 and involved partners meeting weekly with the UNSW team to work through logistical and conceptual tasks and actions for delivery of the project. Key outcomes of this process were mapping the relevant systems and stakeholders, and

negotiation and finalisation of the government and community sector representatives to participate in the co-design sessions. A system review and summary of the research and evidence-base was produced by the UNSW team as part of this stage of the project and should be read together with this report.

Stage 2 involved the facilitation and delivery of four co-design sessions using a methodology that enabled participants engaged in different parts of the system to collaborate and innovate. Participants explored definitions of Therapeutic Pathways for Children, identified four primary priorities for progressing ‘therapeutic pathways’, shared models for delivery by government, non-government and community sector partners to progress the conditions and capability, and identified options and actions for immediate and staged delivery of Therapeutic Pathways for Children.

While DCJ in partnership with ALS commissioned Therapeutic Pathways for Children and participated in the co-design, the outcomes reflected in this report are those from the co-design process and reflect the diversity of views of participants at the workshops. Views expressed in this report should not be taken to represent the views or position of DCJ or other participant Government agencies (i.e. NSW Police, Education and Health).

The diagram below summarises the priorities and actions identified through the Therapeutic Pathways for Children co-design process:



1. Co-design rationale and process

The NSW Government's commitment to the NSW Closing the Gap Partnership Agreement authorises and mandates the NSW public service to work in new ways that empower partnerships to practice shared decision-making. Therapeutic Pathways for Children presented an opportunity to operationalise this commitment through a co-design process, underpinned by a partnership between the Department of Communities and Justice (DCJ) and the Aboriginal Legal Service NSW/ACT (ALS) bringing together community priorities; the evidence base; Government and Aboriginal community-controlled organisations (ACCO) sector leaders and decision-makers; and Government, ACCO and NGO personnel working in service delivery. This process collectively considered and identified what it will take to deliver therapeutic responses for children and young people, which will necessarily involve long-term and sustained effort.

Critical to the success of Therapeutic Pathways for Children is a partnership and practices that distribute decision-making power to Aboriginal people, organisations and communities, and recognises their expertise as central to the design of effective policies and programs to improve life outcomes for Aboriginal children and young people in NSW.

Design partners and project objectives

DCJ and ALS are the design partners for the Therapeutic Pathways for Children Project, working together to deliver the objectives of the project, which are to:

- Better understand the unmet needs of children, particularly those of Aboriginal children, who are engaged in or at risk of engaging with the criminal justice system
- Identify new or emerging intervention programs, particularly those that are culturally safe and trauma-informed
- Identify options to better integrate existing responses and services (including coordination between Government agencies)
- Identify opportunities for and make recommendations to improve or change therapeutic interventions for children in or at risk of being engaged in the criminal justice system to support the reduction in Aboriginal children's interaction with this system
- Identify opportunities for increasing the role of the Aboriginal Community Controlled Sector in delivering the programs and services
- Inform any future developments regarding the proposal to increase the minimum age of criminal responsibility
- Develop practical and implementable approaches to offending depending on the seriousness of the behaviour and the needs of the child, including a culturally-informed acute response model.

The UNSW team

The selection of the UNSW team was determined by the design partners together to guide and support the delivery of the project. The UNSW team, led by Senior Research Fellow Peta MacGillivray (*Kalkutungu/South Sea Islander*) holds deep expertise and understanding of the issues impacting Aboriginal children's interactions with the criminal justice system, as well as an extensive network of relationships with key stakeholders and Aboriginal communities that contributed to the Project. A key capability brought by the UNSW team to the Therapeutic Pathways for Children Project was the practice, experience and knowledge from the Yuwaya Ngarra-li Partnership between UNSW and the Dharriwaa Elders Group in Walgett, NSW. This is a mature partnership which delivers tangible outcomes at a community level.¹ The team also brought facilitation experience and expertise using the Double Diamond design innovation method.² The UNSW team draws from researchers and project staff from the Yuwaya Ngarra-li Partnership and the Faculty of Law and Justice at UNSW:

- Dr Althea Gibson, Senior Lecturer, Faculty of Law and Justice, UNSW (OOHC and policing expertise and former member of the Family is Culture Review team)
- Dr Rebecca Reeve, Senior Research Fellow, Yuwaya Ngarra-li Partnership, UNSW (Econometrician and Quantitative analyst)
- Associate Professor Ruth McCausland, Yuwaya Ngarra-li Partnership, UNSW (Evaluation advisor and social determinants of justice researcher)
- May Miller-Dawkins, Adjunct Senior Lecturer, UNSW
- Jaanvi Jogia, Research Assistant, UNSW
- Chetan Immidi, Research Assistant, UNSW
- Ashley Shepherd, Senior Project Officer, Yuwaya Ngarra-li Partnership, UNSW
- Yssy Burton-Clark, Project Officer, Yuwaya Ngarra-li Partnership, UNSW.

¹ McCausland, R., Reeve, R., MacGillivray, P., Miller-Dawkins, M., Yuwaya Ngarra-li 2020-2023 Evaluation and Learning Report, June 2024. Available: <https://www.unsw.edu.au/content/dam/pdfs/research/2024-02-yn/2024-06-yuwaya-ngarra-li-evaluation-report-2020-2023.pdf>

² Design Council UK, The Double Diamond: a universally accepted depiction of the design process for innovation. Available: <https://www.designcouncil.org.uk/our-resources/the-double-diamond/#:~:text=The%20Double%20Diamond%20is%20a,a%20CC%20BY%204.0%20license>

Methodology of the co-design sessions

The Therapeutic Pathways for Children Project team delivered the co-design sessions in two stages over seven months. Stage 1 commenced in March 2024 and Stage 2 commenced with the delivery of four sessions held weekly through August and early September.

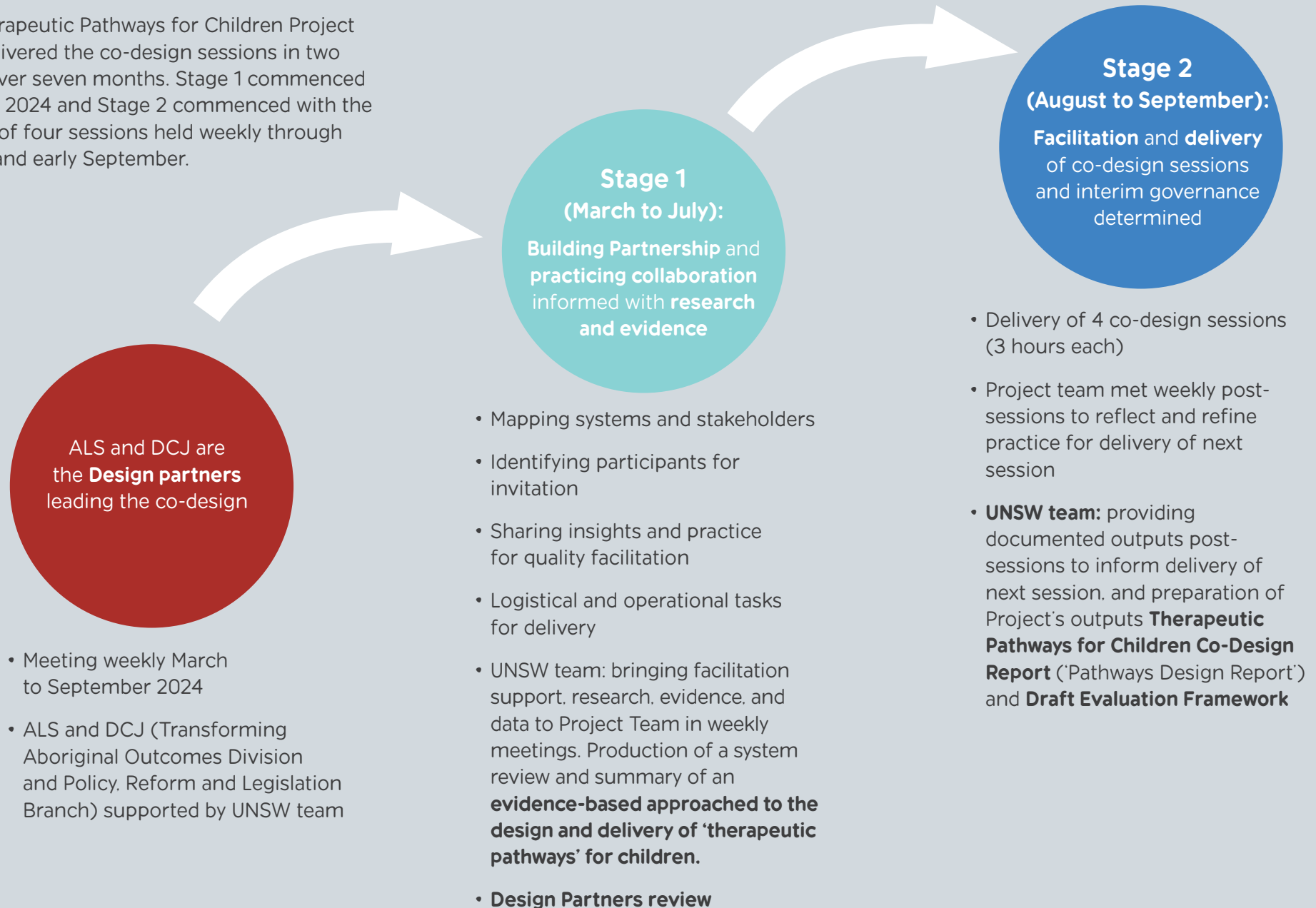


Diagram 1: As the design partners leading the co-design in Therapeutic Pathways for Children, the ALS and DCJ have met weekly March-Sept 2024 to deliver both stage 1 and stage 2 of the project.

Stage 1: Building partnership and practicing collaboration informed by research and evidence

The collaborative work between the design partners was a months-long process, with partners meeting weekly with the UNSW team to work through logistical and conceptual tasks and actions for delivery of the project. A key collaborative outcome in Stage 1 was mapping the systems and their stakeholders relevant to our purpose over a series of weeks. The UNSW team assisted the DCJ and ALS project team to jointly bring important insights from their practice and experience working in various parts of multiple systems. The second most time-intensive task was to jointly finalise the list of government and community sector personnel to be invited to participate. Careful negotiation and discussion was undertaken by the design partners with guidance from the UNSW team. Key considerations included meeting a minimum threshold of experience, knowledge, and expertise that was required at different stages of the design process, and requirements for participation by different kinds of participants, for example, those with decision-making power and influence in their areas of the relevant systems. Invitations to the co-design sessions were sent jointly by the ALS and DCJ as design partners.

Group A: Aboriginal Community-Controlled Organisation (ACCO) executive-level and policy personnel.

Group B: NSW Government service delivery personnel.

Group C: ACCO and NGO service delivery personnel, including Aboriginal young people with lived experience of the criminal justice system.

Group D: NSW Government executive-level and policy personnel.

In Stage 1, the UNSW team guided the design partners in a process of preparing for the delivery of the design sessions, as well as preparing a report on the evidence and research base for Therapeutic Pathways for Children including case studies by the ALS and related economic analysis by UNSW, and a system review using available data provided by DCJ and ALS. This key output prepared over five months in Stage 1 informed the participants in the design process in Stage 2 and made available to them prior to the sessions.

Stage 2: Facilitation and delivery of co-design sessions

The UNSW team facilitated the design and innovation process over four sessions. The Double Diamond approach to design and facilitation was determined as an appropriate method given the focus on exploring the issue more widely or deeply (requiring divergent thinking) and then taking more focused action (requiring convergent thinking).³ The goal was to keep the group in focused states of generative, creative and analytic modes while in the relevant divergent and convergent stages of the process. This was further achieved through arranging the small groups in each session with mixed representation of different sectors and expertise and providing a facilitator and note taker for each table at every session. The Double Diamond framework enables engagement between diverse actors to connect the dots and build relationships from working in different parts of the system. It brings the leadership needed to create the conditions that allow innovation, including cultural change, skills and mindsets.⁴ Given the design method's universal application in collaborations between public, private and third sector organisations, it is highly suitable for the Project's multi-disciplinary and partnership focus.

The sessions of the design process were as follows:

- 1. Discover:** The first session helped participants to understand, rather than simply assume, what the problem is. It involved speaking to and spending time with people who are affected by the issues as part of the co-design. This session involved presenting the situation, system review and analysis of the current system. The outcome from this session was the emergence and capture of a clear set of values, strengths and outcomes for Therapeutic Pathways for Children.
- 2. Define:** The insight gathered from session 1 helped define the problem in a different way. Participants received documentation that captured the work they did collectively from the first session (values, strengths

³ West, J., Fusari, G., Raby, E., Alwani, R., Meldaikyte, G., Wojdecka, A. and Matthews, E., 2018. Developing the double diamond process for implementation. https://researchonline.rca.ac.uk/3603/1/book_chapter.pdf

⁴ Design Council UK, The Double Diamond: a universally accepted depiction of the design process for innovation. Available: <https://www.designcouncil.org.uk/our-resources/the-double-diamond/#:~:text=The%20Double%20Diamond%20is%20a,a%20CC%20BY%204.0%20license>

and outcomes), which informed the discussions. These were validated by the group, with participants given the opportunity to identify if anything was missing or needed to be added. A catalytic thinking⁵ exercise was facilitated, which generated a clear set of priorities by focusing on the specific groups impacted by decisions made by the Therapeutic Pathways for Children co-design. The exercise required participants to identify the conditions needed and actions to be taken to achieve the outcomes for groups of children and young people identified and their intersectional experiences, for example, children in out-of-home care (OOHC) or children with intellectual cognitive disability. Following the catalytic thinking exercise, the co-design group collectively shared a set of priorities at the end of the session, which was captured by the UNSW team.

- 3. Develop:** This session encouraged people to give different answers to the clearly defined problem by facilitating a process of orienting perspectives towards a collective purpose, while still drawing upon their knowledge and experience. Participants had permission to seek inspiration from each other, actively co-designing with the full range of strength created through the diversity of perspectives represented in the room. The priorities from session 2 were refined into four areas of priority by the UNSW team, and these priorities were discussed and validated by the co-design group. Again, participants were given the opportunity to discuss any changes that may be required to the final list of priorities. Participants were placed into groups based on priority areas and given the opportunity to engage in discussion and further refining of all four priority areas through a World Café process.⁶ Participants were encouraged to go as deep into the detail as necessary to generate proposals and models as well as barriers and enablers to

action. Each priority area had an allocated facilitator and note taker to capture the detail generated by the co-design process in session.

- 4. Deliver:** The detail of the proposals, models, barriers and enablers to progress under each of the priority areas was distilled by the UNSW team for the final session, which focused on strategies and action to ensure effective delivery of Therapeutic Pathways for Children. **What was clear from the co-design process in sessions 1 to 3 was that all four priorities needed to be progressed to achieve improved outcomes.** Thus, session 4 focused on teasing and testing out different solutions and rejecting those that would not work and improving those that can be effectively progressed. To enable this process, a smaller participant group was convened consisting of ACCOs, Coalition of Aboriginal Peak Organisations (NSW CAPO) and NSW Government executive and senior policy representatives.

⁵ Gottlieb, H. (2020). Creating a Better World Means Asking Better Questions. *Stanford Social Innovation Review*. <https://doi.org/10.48558/Y7DC-R583>

⁶ See Löhr, K., Weinhardt, M. and Sieber, S., 2020. The "World Café" as a participatory method for collecting qualitative data. *International journal of qualitative methods*, 19, p.1609406920916976; and Recchia, V., Dodaro, A., De Marco, E. and Zizza, A., 2022. A critical look to community wisdom: Applying the World Café method to health promotion and prevention. *The International Journal of Health Planning and Management*, 37, pp.220-242.



2. Outcomes from DCJ and ALS partnership-delivered co-design process

The co-design process enabled participants to build shared understandings of what 'therapeutic pathways' for children and young people are and can be, and the associated definitions, evidence base and priorities for action.

Definitions identified in co-design

Therapeutic pathways

Responses to the question 'what does 'therapeutic pathways' mean to you?' produced rich reflections and definitions from diverse participants in the first co-design session:

- A process of change that can happen over a life course—marked by ups and downs
- Really concerned with young people not doing crime anymore
- Children and young people having the opportunity to be kids and getting the support they need to be kids
- A shift from a punitive response to responses which address the underlying factors of crime
- "My caseworker believing in me and staying on my back about the good in change, when I saw that I could change, I wanted to do that for other people"
- Changing the path from jail to health and wellbeing
- Looking at a different way of responding to children and young people in crisis
- Making sure children and young people are listened to when responding
- Supporting young people and the multi-generations of their families to find a pathway through trauma
- Overcoming barriers to access kinship care
- Transforming the justice system through adopting a human services system mind-set to achieve a needs-based response rather than a punitive response
- Providing the same level of understanding and allowances that middle-class white kids get when they make mistakes, which is seen as just a normal part of growing up and we provide them with support
- Listening and action. Listening to the community and asking ourselves "How can we do that?" and working together to be responsive
- Police and governments doing better, who are respectfully, the issue. Solutions are in relationship building
- Increasing the minimum age of criminal responsibility
- MACR [minimum age of criminal responsibility]—if we don't have people going into the system, we don't have to deal with the harms of a criminal pathway
- Kids don't have to go through the system. Ending the cycle of harm of the criminal justice system and OOHC system. Children and young people advocating for themselves and being listened to
- Not punishing children for the legacies of colonialism and giving young people in the community control and resources to determine their own futures. Giving communities control
- Recovery and healing
- How we support young people to identify what they want for their futures
- A pathway that is the norm for all children and young people
- Getting involved much earlier in a young person's experience. Youth Koori Court emulates this, but it's too late. It needs to be much earlier.
- Being led by what young people want
- Pathways without the OOHC system or criminal justice system, which cause a lot of damage and harm
- Recognising the cultural strengths of community. Recognising that issues come from trauma, and cultural connection and safety helps heal trauma
- 'Therapeutic pathways' need to be external to systems of punishment. Can't come from the same system. Needs to be localised, place-based and community-led

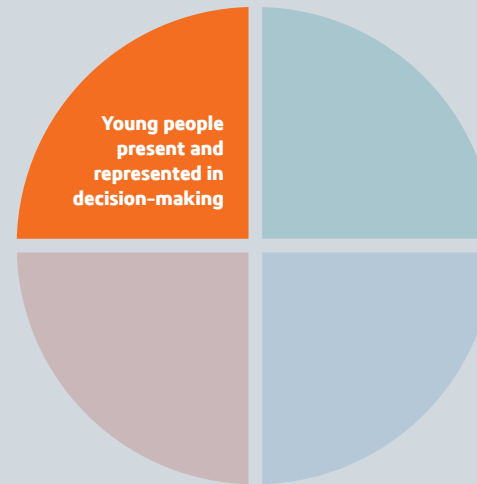
In subsequent discussions, participants explored what would make 'therapeutic pathways' real for children and young people. The following key themes were identified:

- Children and young people's voices are key
- Children and young people in the community are a diverse group, as are their needs based on age and lived experience
- There are priority groups of children and young people who need 'therapeutic pathways', including those with disability and mental health needs; having lived experience of the criminal justice system; needing culturally safe responses; and living in a regional or remote community
- 'Therapeutic pathways' must be community-based
- 'Therapeutic pathways' must be non-punitive and not led by the justice system
- Government has a role to play to enable 'therapeutic pathways'
- Creating genuine 'therapeutic pathways' will take government and ACCOs working together
- Reform is needed so children and young people can access 'therapeutic pathways'.

Building on the collective knowledge generated through the co-design process, 'therapeutic pathways' for children can be understood as the laws, policies and practices which ensure access to, support and care for all children and young people in NSW to enable them to thrive, especially for those who are systems impacted.

Priorities identified through co-design

Four core priorities for progressing 'therapeutic pathways' for children were identified.



Young people are present and represented in decision-making

One of the clearest priorities that surfaced in the co-design process was increasing the presence and representation of children and young people with lived experience of the criminal justice and OOH systems in decision-making that concerns them. This was widely recognised as important by various participants in the co-design, a significantly diverse

group including system-impacted young people, ACCOs and government representatives.

Participants identified the basic principle that system-impacted young people should be involved in active decision-making rather than just consultation regarding policy decisions that are going to affect them. As one participant stated, they 'should have a say at the very least'. Recognising that this would valuably inform and improve the quality of such policy decisions, it was suggested that young people should be compensated for their time and expertise.

One of the most consistent ideas raised to progress this priority is the creation of a peak body for Aboriginal children and young people who have lived experience of incarceration and the impacts of the criminal justice system (for example, an incarcerated parent or carer). Participants identified that an Aboriginal youth-led peak organisation would need to be independent, and its primary relationship would be with community and other ACCOs. It would be a member of NSW CAPO, representing

the interests of Aboriginal children and young people who are systems-impacted in NSW. Participants identified that it should not be run by legal services or other Government or non-government service providers.

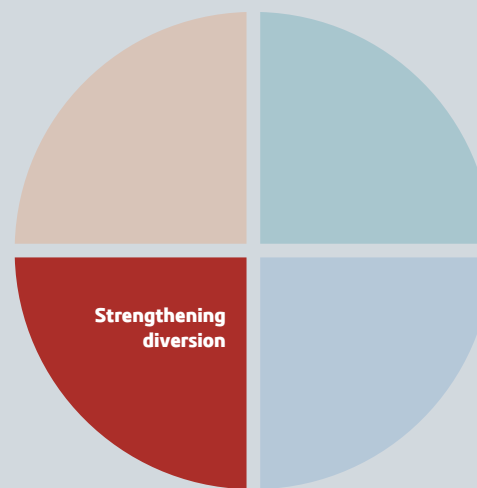
It was considered highly important that as an organisation this peak body should be representative of place-based and context-based groups, including young people with lived experience of over-policing, childhood incarceration, history of being removed from family, as well as inter-generational system impacts such as a parent who is or has been incarcerated.

The co-design process also involved deliberation of the potential limitations in the influence of peak bodies, and suggestions around the creation of this body identified the need for accountability in the way that it was formed and operated—in particular, how Government interacts with it for policy design and decision-making. Participants felt strongly that the success of this peak body would only be achieved with its authority being recognised by Government, so that it does not get treated like an advisory body that Government can ignore. Participants were of the view that accountability can be achieved with the right 'authorising environment', and through reciprocal obligations between Government and this new entity.

The benefits to Government and the community sector in the creation and establishment of this new peak body were identified in the co-design sessions. The opportunity to build their capacity and capability through working with and being led by ACCOs that are close to the ground and involved in the work of making real change in young people's lives was viewed as key. What could be achieved through this included effective sharing of data and information and having this inform ongoing policy work and reform, building relationships of trust and demonstrating accountability in practice between Government and ACCOs and children and young people, and documenting the evidence of this way of working in order to scale what it takes to reach more children and young people.

Strengthening Diversion

Strengthening diversion was repeatedly identified in the co-design sessions as an area of priority in progressing and enabling 'therapeutic pathways' for children and young people.



Importantly, 'diversion' was defined and understood not as a whole-scale solution to the provision of 'therapeutic pathways', but rather a powerful tool that could achieve improved outcomes for children and young people and other stakeholders through improving its design and operation in some contexts and broadening its definition and application in others.

Legislative and policy changes that would enable stronger diversion. For example, progressing legislative changes to the *Young Offenders Act 1997* (NSW) to enable increased diversions by police and the court was seen as a straightforward and necessary way to strengthen formal diversions within the criminal justice system. For 10-13 year olds, this would be in lieu of legislative change to raise the minimum age of criminal responsibility, which remains the most effective way to achieve meaningful diversion for children and young people aged under 14.

A proposal related to the use of warnings, cautions and Youth Justice Conferences under the *Young Offenders Act 1997* (NSW) by police, with the broadly accepted view there should be no caps on the number of cautions available to young people. Key to meaningful use of warnings and cautions as a diversionary option was identified as the empowering of local ACCOs and Elders and other figures in the community that are respected. This is a key point of connection between formal criminal justice system diversions and community-based processes which are defined more broadly than justice-system-led understandings of diversion.

Other methods participants identified to strengthen diversion included providing young people and families with the supports and information to understand AVO provisional orders as part of organisations to being resourced to respond to underlying issues and needs. Legislative changes would be needed, including changes to the current *Crimes Act 1990* (NSW) and *Crimes (Domestic and Personal Violence) Act 2007* (NSW), and new legislation may also be required. A community awareness education campaign would bring stakeholders and broader community along for all the three proposed areas of reform.

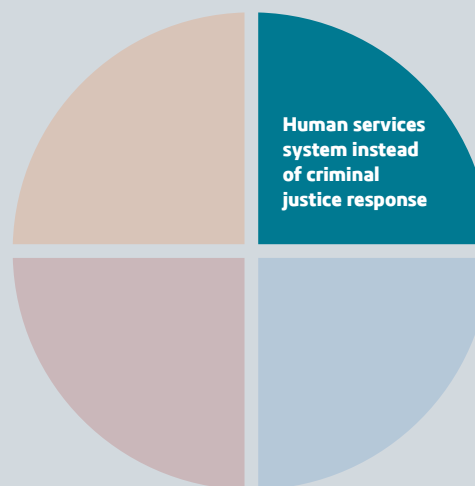
A key proposal from the sessions was introducing free public transport for children and young people in NSW. This could be a universal norm. Now, children and young people can only get free transport during the school term and during commuting hours, and only between home and school. Meanwhile, children and young people who are not attending school do not get the benefit of free transport at all, and often their presence on public transport or around train stations and bus terminals attracts scrutiny, extra surveillance, and escalated response from police and NSW transport officials, which frequently result in young people being criminalised. Universal access to transport would be of benefit to every child and young person in the state and reduce unnecessary contact between children and young people and police.

Community-based Responses

Another example that surfaced in the co-design was the identification of models which prioritise holistic and social and emotional wellbeing outcomes from diversion designed outside of the criminal justice system and its agents (that is, police, courts and Youth Justice NSW). Here, the participants identified strengthening diversion through resourcing community-based responses to children and young people's needs as an alternative to criminal justice system responses. The detail of these models can be found below, '[Models identified through the co-design](#)'. It was clearly identified through the co-design sessions that these two conceptualisations of diversion need to be in relationship with each other, but at a local level between police and community organisations and supports. This can be seen in examples such as the use of cautions as a

meaningful diversion and to enable access to community supports, and the connections to supports facilitated by police when people become subject to provisional orders. This was identified as the key to unlocking a successful diversion.

A human services system rather than criminal justice response



Through the co-design process, enabling human services system⁷ rather than criminal justice responses for children and young people and their families was identified as a crucial priority in progressing Therapeutic Pathways for Children. Participants were strongly of the view that Government could address many barriers to progressing this priority on its own, thereby creating the conditions for achieving the shared outcomes and impact. Below is a summary of the key actions and

enablers identified that could make progress in this area:

Government can break down silos in service delivery and use this to shift away from deficit-based language, mindset and systems

The co-design process identified the urgent need for a shift in systems, mindsets and language in all agencies and service delivery to take a holistic, strengths-based and recovery-focused approach to working with children and young people and their families. It also identified the need for a mechanism convened to enable key agencies to work collaboratively

⁷ Human Services System is broadly defined as having the objective of meeting human needs through an interdisciplinary knowledge base, focusing on prevention as well as solving problems, and maintaining a commitment to improving the overall quality of life of service populations. See for example, NSW Department of Communities and Justice, 'NSW Human Services Outcomes Framework', July 2024. Available: <https://dcj.nsw.gov.au/about-us/nsw-human-services-outcomes-framework/what-is-the-nsw-human-services-outcomes-framework.html>

with regards to 'complex'/'at-risk' children and young people, also involving ACCOs, non-government agencies (NGOs), carers and families, and children and young people.

The creation of shared policy and functions between agencies to prevent a siloed approach was identified as an effective mechanism that had worked in other contexts, along with a mandate to help a child or young person and ensure there is 'no wrong door' when they approach an agency or an ACCO. A clear example provided in the co-design was the Aboriginal-led innovation of the international health model for early intervention, 'First 1000 Days', which now provides cultural, community and educational supports during the early formation of First Nations families.⁸

Participants agreed that a framework should be developed together with young people, families and ACCOs to ensure shifts in the way that agencies work together, with a specific coordinating role or body overseeing its implementation.

A fundamental power shift is needed, including independent support for children and families

The co-design sessions determined that a shift to community-led service delivery is crucial because of lack of trust in Government-delivered services and inappropriate outcomes.⁹ It was suggested a layer of advocacy and support is needed between Government service delivery and children and young people and their families, that is empowered and trusted to work and represent their rights and interests. The establishment of a new type of 'navigator' role was identified to represent the interests of the child/young person and their family, to act as a trusted independent support person and advocate to ensure that reaching out for support does not create shame or expose families to greater risk. This navigator must

understand the child/young person and their wishes and be trusted by them, ideally be locally based and understand the community and context too. This person could act as an advocate for the child so they only have to tell their story once, maintaining representation and ensuring their wishes are heard. An example of this kind of role is the Barang Regional Alliance youth navigator role funded by DCJ. The role is situated within the Central Coast Community Legal Centre and recruited to by the alliance. They attend court to identify children and young people who may have support needs and support young people to navigate the service system.¹⁰

Flexibility in procurement and funding agreements

There was strong agreement that procurement and funding agreements need to involve genuine redistribution of resources and enable greater community control and place-based approaches including longer-term flexible funding that allows for localised solutions to be community-led, developed and refined. Funding agreements need to be flexible enough to allow for proactive case work and early intervention, as well as services that can organically develop in response to local need, crises, and opportunities in different models and modes. For example, 'bucket' or 'pool' funding that is committed for creating better outcomes and can be quickly and flexibly accessed as needed. It was identified that Government needs to remove barriers and embed local incentives to ensure ACCOs are able to deliver services, including purposeful sharing of information such as Government service user data. Another was building allowances for organisational capacity-building into projected time-frames, including allowing time (up to 6 months) to recruit and train local staff for service delivery. The co-design process identified that the Government, non-government and community sectors must work together to ensure budgets allow for competitive wages and conditions for local staff, so community organisations can build and retain the workforce where it is needed. Key to shifting to flexibility in procurement and funding agreements is the decentralisation of funding and allowing communities to talk to and work with each other. Consistently identified was the need to

⁸ See, <https://www.first1000daysaustralia.com/>; and Ritte R, Panozzo S, Johnston L, Agerholm J, Kvernmo SE, Rowley K, Arabena K. An Australian model of the First 1000 Days: an Indigenous-led process to turn an international initiative into an early-life strategy benefiting indigenous families. *Glob Health Epidemiol Genom.* 2016 Jun 27;1:e11. doi: 10.1017/ghg.2016.7. PMID: 29868203; PMCID: PMC5870429.

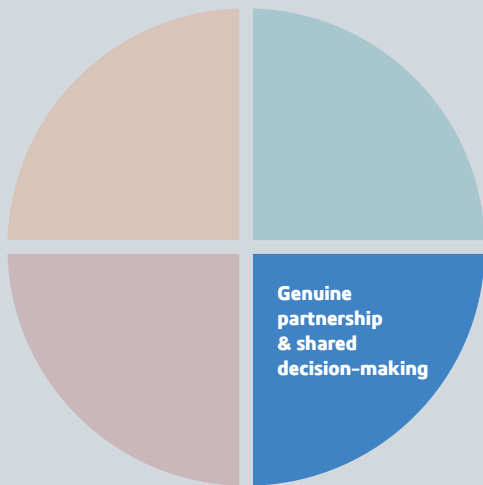
⁹ See the National Agreement on Closing the Gap, cl 43, "The Parties acknowledge that Aboriginal and Torres Strait Islander community-controlled services are better for Aboriginal and Torres Strait Islander people, achieve better results, employ more Aboriginal people and are often preferred over mainstream services". Available: <https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap/6-priority-reform-areas/two>

¹⁰ See [Central Coast Community Legal Centre | Improving Outcomes for Community \(centralcoastclc.org.au\)](http://centralcoastclc.org.au), Aboriginal Youth and Community Navigators.

shift towards investment in community workforces so they can meet the needs of children and young people before they encounter the criminal justice system. This can be progressed through outcomes-based funding that increases the flexibility of the service delivery system.

Enabling the early access to support for families and creating strong and resourced community services systems means respecting, strengthening and funding ACCOs. Participants identified that often ACCOs are already providing these services but without the resourcing which covers the operational and other associated costs. The co-design process identified the need for resourcing through funding models which enable holistic service delivery rather than by sector, that is, mental health and disability, that can exclude many children and young people with intersecting complex needs. Achieving access to supports for families through appropriately resourced ACCOs also requires the recognition of systemic impacts of intergenerational trauma, and the ongoing legacy of the Stolen Generations and other harmful Government policy.

Commitment to genuine partnership, shared decision-making, and sector strengthening for and with ACCOs and community-based leadership



Participants in the co-design sessions identified that making 'therapeutic pathways' real for children and young people would require clear and funded commitments from government to work in genuine partnership with ACCOs. This includes commitment to shared decision-making, and sector-strengthening for and with community-based leadership.

It was determined that commitment is needed at a ministerial and senior leadership

level to share power and decision-making, and an understanding at all levels of government of what this means in practice. Building understanding is achieved through education and shifting of mindsets. Participants identified that ministers and their staff as well as others working within government and non-government sectors will need education to understand what colonisation is, the ongoing impacts, and what it will take to start decolonising this work to build genuine shifts in mindsets to enable systemic change.

Government accountability for expenditure is an interest and concern shared by Aboriginal communities, who also seek outcomes for money invested in services on the ground. While government may be interested in compliance around funding agreements, participants identified that there needs to be longer term investment and trust in communities to achieve those outcomes. This can be achieved by using principles-based funding, and models which allow for 'pivoting' to the community needs and priorities when there is an underspend.

Allocation of funding to community-controlled organisations with broad and flexible parameters will enable community-led commissioning that can respond meaningfully to community needs and priorities and replace old approaches where government micro-manages commissioning. In practice, this looks like government following ACCO and community timelines, for example, enabling appropriate local recruitment and induction processes and during extended periods of Sorry Business, where community life can be disrupted for multiple weeks due to numbers of deaths. Government must listen to community members, represented through the entities and mechanisms they determine best represent community priorities and what is needed on the ground.

In the co-design sessions, a deep dialogue between government and ACCO personnel explored the need for community-led KPIs, or a different way to measure outcomes that better enables progress towards shared goals. The ability for ACCOs to say to government, 'the delivery of this service is achieving these community outcomes, and that's why its justified instead of government determined KPIs', would overcome the use of measures that are not within scope of community priorities or realistic in a particular

context. The need to listen to community right from the outset and for community to identify their issues, priorities and meaningful metrics of success was a consistent determining factor to investment effectiveness.

Another proposal that emerged from the co-design sessions is having a neutral body as the funder and not government to reduce the power imbalance, as “funding is where the power lies”. This could extend to changing the way outcomes are measured, which includes both community-based outcomes as well as measures important to government. This could provide a new way forward in making ‘therapeutic pathways’ real for children and young people in NSW.

Meeting this priority requires a fundamentally different approach and mindset that community can do as good or a better job of commissioning and managing services for Aboriginal people. While governments have committed to this under Closing the Gap, it is yet to be meaningfully operationalised in this area. ACCOs need longer term funding commitments with less strings, particularly for local solutions to build sustainably, and to have access to a longer term ‘funding envelope’ to evolve and adapt.

This also extends to building the local workforces best placed to provide the support needed, with young people receiving supports being able to go on to provide that to others. Evidence has shown that young people with lived experience are best placed to deliver peer to peer models of supports and interventions, which allow young people who are receiving services to connect with people who have had a similar experience to them, increasing access and engagement. This also increases the supports being provided to young people by local people in their area and community. As one young person shared in one co-design session, “Young people get young people”. This pathway needs to be resourced and funded and recognised as an important community development outcome from this investment. This involves long-term investment over many years, including in relationships and commitment from government, which itself builds trust.

Models identified through co-design

The co-design process produced a clear set of models that can be further developed for delivery by both government, non-government and community sector partners to make progress building the conditions and capability to deliver Therapeutic Pathways for Children.

Prevention and community-based pathways which improve service coordination

A clear outcome from the co-design process was the collective understanding that meaningful diversion was achieved through a social and emotional wellbeing response following a formal diversion mechanism being used (that is, warning, caution or youth justice conferencing). Young people need somewhere that they can go to speak to community members in a safe space, away from government services. Models which support and enable ACCOs to do the work instead are needed to enable this.

From the co-design process, an ACCO-led model was identified whereby family supports and interventions are led by culturally safe services. Any needs identified through schools or early contact with the police would be met with a response that connected a child or young person with an ACCO-led support. ACCO-led models also work to improve support for children and families through joined-up advocacy for key community priorities, such as more affordable housing, increased income support and integration of health, education and social services in local communities. ACCOs can provide culturally safe prevention, early intervention and diversionary programs including free and accessible sport, music, social and cultural programs that build connection and belonging.

ACCO-led models for providing supports to children and young people enables other restorative justice programs and child-specialist courts to have greater outcomes and impact, providing better training and support to the workforces. Government can further deliver outcomes by improving its data collection, and investing in services and responses led by ACCOs.

Co-responder or alternative responder models

The co-design group proposed the commissioning of place-based ACCOs working together as alternative responders or co-responders to children and young people where there is no imminent safety risk. Co-design participants recognised the necessity of non-police actors being prioritised as first responders, noting there is work underway and a desire by police for this to occur in the context of acute mental health incidents - shifting to a health-led response.¹¹ In NSW Police Force's internal review of its response to mental health incidents in the community, it recommended that NSWPF work with NSW Health to explore models for responding to mental health incidents in NSW consistent with the principles of 'Right Care, Right Person'.¹² Such an approach would ensure people of all ages who have health and/or social care needs are responded to by the right person, with the right skills, training, and experience to best meet their needs.¹³ It was well understood in the co-design sessions that community must retain the option to call the police in the first instance, and if they did, a new process enacted in law could enable police to trigger an alternative response from a community organisation. Participants proposed night patrol and community policing models as potential options. Similarly, in the youth justice space, it was agreed that a community-wellbeing response should be triggered rather than a police response, particularly for very young children.

Tangible examples of how this could be used practically were shared in the co-design sessions, including in remote and metro contexts. All experiences shared demonstrated that community-led responses lead to improved outcomes for all involved, especially for children and young people and the community.

11 See, NSW Police Force, Summary Internal Review of the NSW Police Force response to mental health incidents in the community, April 2024, 'Potential options for alternative deployment models', p8-11. [Internal review \(nsw.gov.au\)](#)

12 Ibid, pg 11.

13 Ibid.

Multidisciplinary panel

The co-design group grappled with the need for a response for children and young people who require a significant system response to keep themselves and family members safe from more serious behaviour due to chronic unmet support needs. While this kind of response is rare if early intervention and prevention is successful, historically entrenched gaps in services and the absence of 'therapeutic pathways' means that there are still children and young people in the system who may need this level of intensive support.

This diversionary response will be most effective for children and young people who are experiencing multiple and compounding needs which can only be addressed through various agencies coordinating their resources and expertise. A model of this kind ensures responses are more tailored to individuals needs and greater capability to respond to the needs of children and young people.

The co-design process drew upon existing models which have been implemented as part of reforms to raise the age of criminal responsibility, such as the Therapeutic Support Panel model used in the ACT. That model uses an independent panel of experts to guide and facilitate therapeutic services for children, young people, and families under a therapy plan.¹⁴

A panel would require input from people with an in-depth understanding of disability, trauma, and child development to better be able to respond to children's needs. It would need to include a clear connection and integration with community-based supports, resourced in full, to achieve the desired diversion outcomes.

14 ACT Government, Commissioning and long term service reform to support raising the age of criminal responsibility. Available: <https://www.communityservices.act.gov.au/commissioning/sectors-in-progress/minimum-age-of-criminal-responsibility>

ACCO sector strengthening

A clear need emerged for an independent team or third-party organisation to work closely with ACCOs working on the ground in communities across NSW to build their capacity and capability in developing and delivering 'therapeutic pathways' for children services in the long-term, and to scale. A key focus of this team would be supporting ACCOs with building and strengthening of operations and supporting them with new service delivery models. This team's clear purpose is supporting and enabling the capacity and capability building with community priorities and operational needs of the organisation at the centre. It does not have any contract management and compliance functions. A clear and stated proposal from the co-design sessions was that government resource a team to specifically work with ACCOs that are ready to stand-up youth wellbeing services in their communities, and to build the evidence and practice base that can be shared more broadly and embedded.

Therapeutic Pathways for Children community-led commissioning model

Clear elements of a community-led commissioning model emerged through the co-design sessions:

- Self-determination needs to be mandated so that ACCOs are not limited in their ability to promote Self-determination. The National Closing the Gap Agreement is explicit in its recognition that "Aboriginal and Torres Strait Islander community control is an act of self-determination"¹⁵ and is clear in its commitment to Self-determination
- Changing the way government asks questions of contractors, changing expectations, e.g. if it is a new ACCO we are not expecting the services to be provided from day 1, assisting with co-design for six months and then expecting them to take children after that

- Setting up a shared decision-making group between ACCOs, Youth Justice NSW, NSW Coalition of Aboriginal Regional Alliances (NCARA) and NSW CAPO
- Ongoing funding commitments from government to enable long-term contracts and to build the sector
- Authorising environment and support from top-down is essential
- Allowances and permissions for flexible service delivery while ACCOs build their services, which are resourced during this building phase
- Allowances for ACCOs to roll over funding where there is underspend in a 12-month period to do community-response work, for example using the funding to do some important family-focused work where needed. It could be the default to have this rollover, acknowledging the flexibility needed to work in a genuinely community-led way
- Conversations with communities and asking what a successful program looks like for them. There will still be KPIs, but they will be identified by ACCOs and align with community priorities
- Collaborating with Treasury to ensure requirements for different approaches to timeframes are understood and operationalised

Relevant commissioning projects that already exist and precedent for these elements were identified to draw lessons and practice and inform the development and delivery:

- The Aboriginal-led commissioning initiative, led by AbSec and commissioned by DCJ, is funded to design and deliver a new approach through a self-determined, centralised, community-controlled agency. **An evaluation is currently being conducted**
- Youth Justice NSW Aboriginal Strategic Coordination Unit and Commissioning Team

¹⁵ See the National Agreement on Closing the Gap, cl 44. Available: <https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap/6-priority-reform-areas/two>

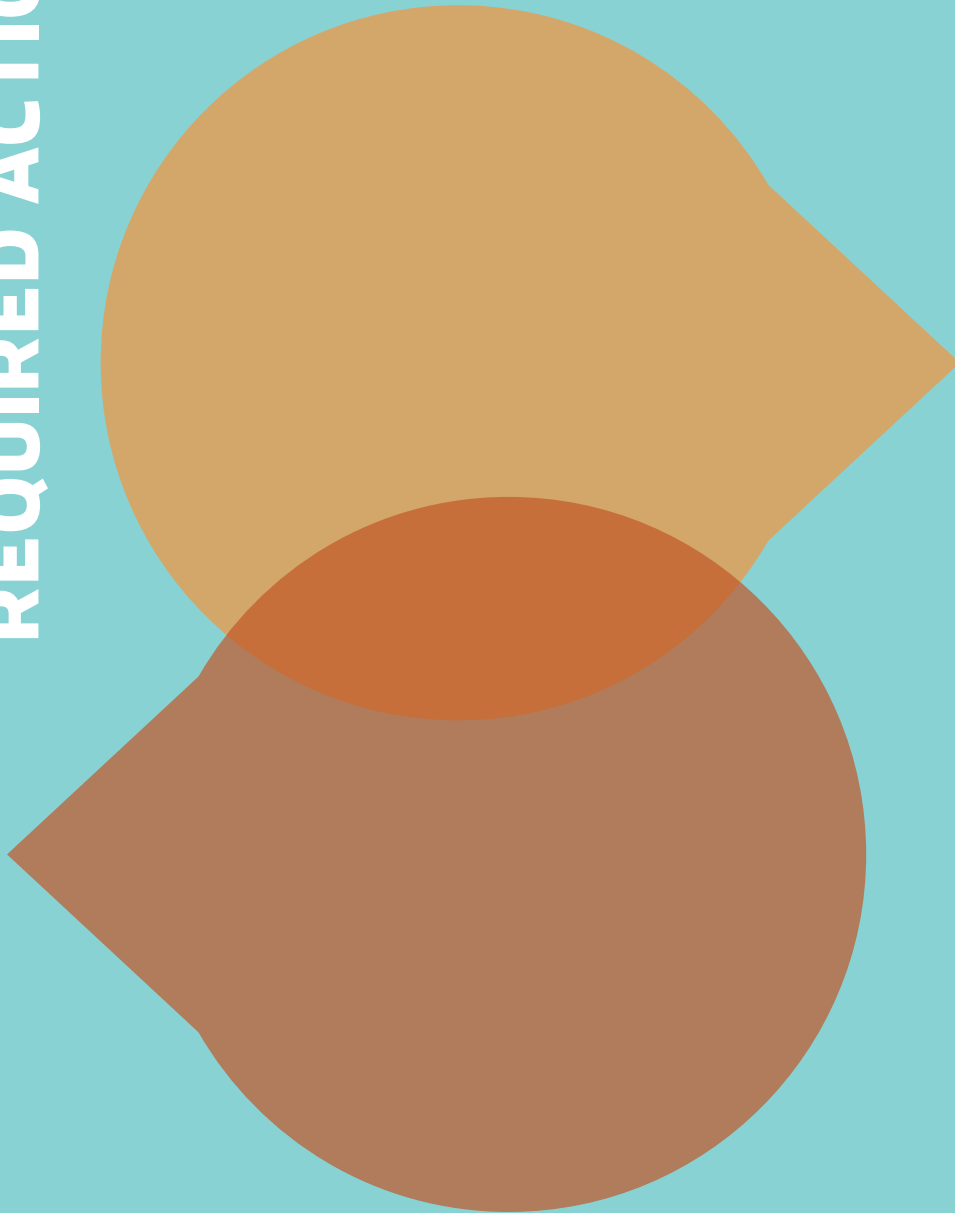
Options and actions identified for immediate and staged delivery

In co-design session 4, a smaller group of senior policy and executive personnel from NSW CAPO, NSW Government and ALS participated in a 'converge' facilitation session, and each of the four key priorities identified by the whole co-design participant group were considered in detail.¹⁶ The objective was to test the proposals that emerged from the co-design process for immediate delivery and identify actions that will build the conditions to progress the full set of priorities. Section 3 of this report recommends embedding the Therapeutic Pathways for Children governance and operational team (DCJ and ALS) in the scope of the Families and Justice Sector Committee, with its strong partnership culture and clear relevance to the priorities and actions that have emerged from the co-design. Using the record¹⁷ of co-design session 4, the UNSW team have identified and articulated a set of 'required actions' to achieve the outcomes under the draft Evaluation Framework. The required actions align with the priority areas as generated through co-design sessions 1-3 and understood to require progressing together, and were refined in co-design session 4.

The actions required for Therapeutic Pathways for Children include actions for the partnership (ALS and/or DCJ) and recommended actions for NSW Government and NSW CAPO more broadly.

¹⁶ See 'Deliver' session of the Double Diamond methodology, described on page 11 of this report

¹⁷ The UNSW team had 3 members of the research team scribing the session.



Young people are present and represented in decision-making

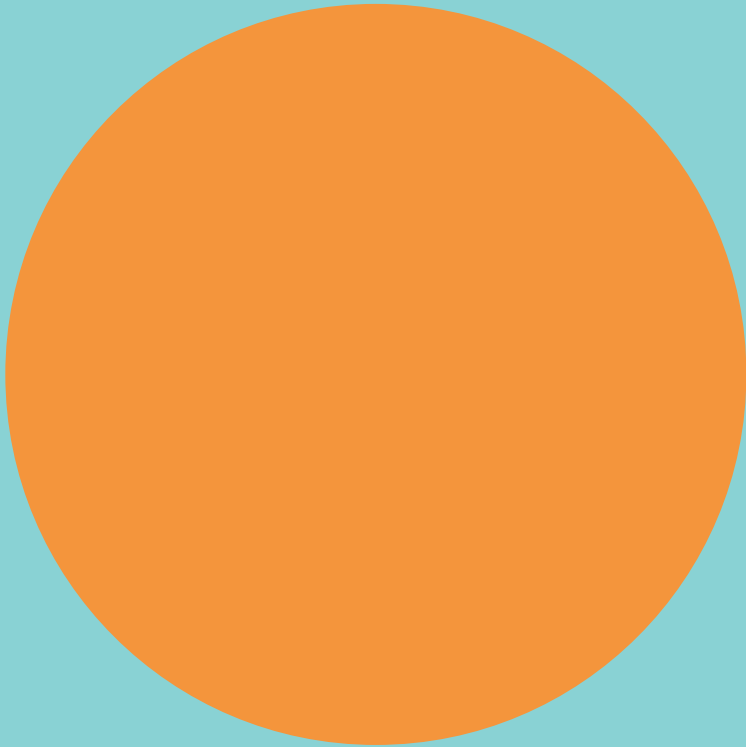
Required actions:

1. ALS to seek endorsement of this report and its options and recommendations from the young people with lived experience who participated in the Therapeutic Pathways for Children co-design sessions.
2. NSW Government to resource the establishment of a youth- and ACCO-led independent Aboriginal Children and Young People's Peak Organisation, through partnering with a group/s that is already progressing this priority and has an established commitment to the long-term capacity building of the ACCO and lived experience youth-led sector.
3. NSW Government to resource a youth-led ACCO to deliver a project which determines what kind of government accountability mechanism would best work together with a peak to achieve systems change in this area, for example an Aboriginal and Torres Strait Islander Children's Commissioner with oversight of all government agencies, including the OOHC and CJS.

Strengthening diversion

Required actions:

1. The co-design group recommends the NSW Government progress changes to the Young Offenders Act 1997 (NSW), which are critical to delivering Therapeutic Pathways to Children.
2. ALS and NSW Police to meet to discuss opportunities for NSW Police to align its next Youth Strategy with definitions and priorities for delivering therapeutic pathways for children.
3. DCJ and ALS to confirm NSW Police's involvement in ongoing work of Therapeutic Pathways for Children through representation of key Police personnel that participated in design sessions (see [section 3](#), recommendations for implementation).
4. NSW Government recognition and resourcing of place-based, non-criminal justice wellbeing responses, and recognition of community-controlled efforts to address needs of young people and achieve community safety through this approach.

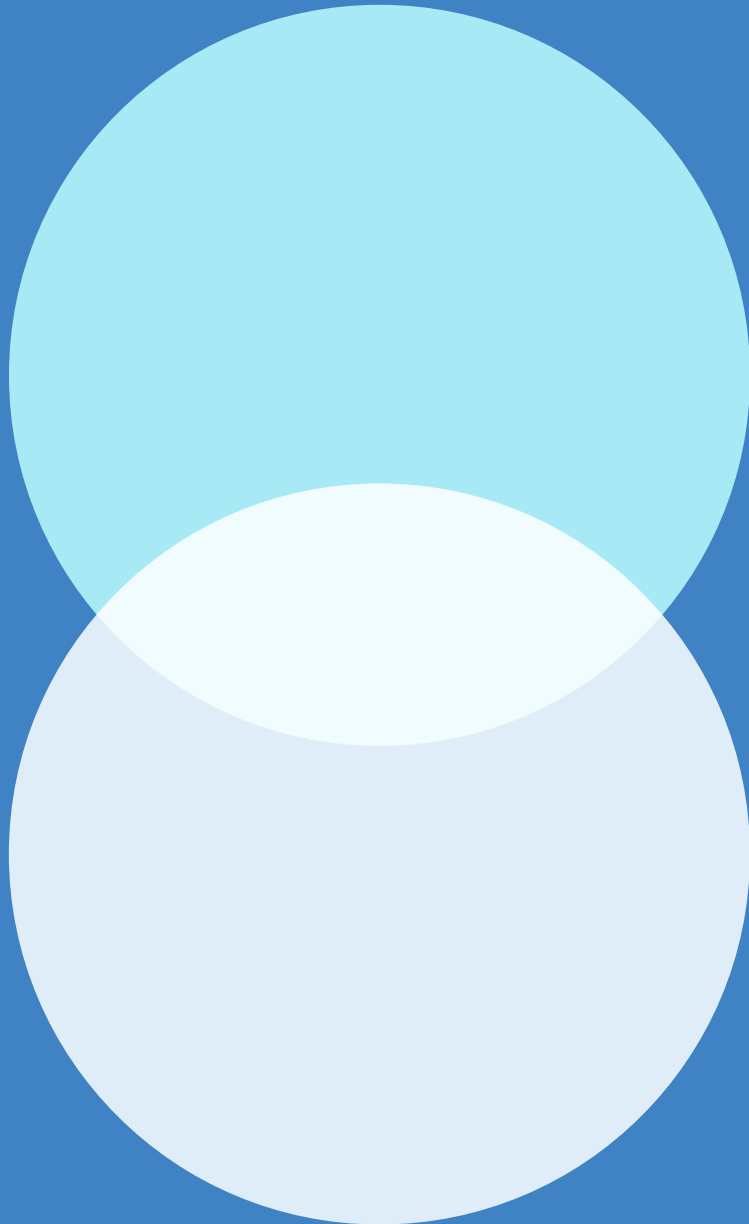


A human services system rather than criminal justice response

Required actions:

1. NSW Government to progress the development of a Framework for a human services system approach to Therapeutic Pathways for Children in partnership with NSW CAPO under the NSW Closing the Gap Partnership Agreement.
2. DCJ and ALS to ensure that the timelines for development and delivery of the Framework adequately allow for meaningful participation and contribution and reporting back to key stakeholders, including NSW CAPO members and relevant ACCOs (for example, First Peoples Disability Network) across the State and regional and remote communities.
3. DCJ and ALS to ensure the focus of the Framework is breaking down silos of agency activities to address the gap in service provision for children between the ages of 7 and 12 (early intervention).
4. NSW Government to resource, develop and deliver an anti-racism strategy specifically for Therapeutic Pathways for Children that includes learning outcomes to understand what colonisation is and its ongoing impacts on Aboriginal and Torres Strait Islander people and communities. Mandate that all NSW Government agency staff, including Ministers and their staff, must complete anti-racism and unconscious bias training.

REQUIRED ACTIONS



Clear and funded commitment to genuine partnership, shared decision-making, and sector strengthening for and with ACCOs and community

Required actions:

1. Families and Justice Sector Committee support the development and delivery of a Therapeutic Pathways for Children Commissioning Pilot providing flexible funding that can respond to local priorities and needs and can potentially be used as a proof of concept for a Therapeutic Pathways for Children Commissioning Body. Build on recent practice and lessons from DCJ (Youth Justice NSW's *Youth on Track*), and other Aboriginal-led commissioning projects being progressed in this area. Ensure incorporation of key elements of commissioning pilot identified through the Therapeutic Pathways co-design process.
2. DCJ and NSW CAPO to jointly conduct an audit of existing contracts within the scope of Therapeutic Pathways for Children across all agencies and identify which are expiring for inclusion in Commissioning Pilot.

Genuine
partnership
& shared
decision-making

work in partnership

**embed governance
and operations**

**ensure
implementation**

**develop a
business case**

**Recommendations
for implementation
and evaluation of
Therapeutic Pathways
for Children**

**seek endorsement
of this report and
its options and
recommendations**

**continue progress
formal partnership**

shared-decision-making

3. Recommendations for implementation and evaluation of Therapeutic Pathways for Children

3.1 ALS and DCJ to work in partnership to ensure the implementation of Therapeutic Pathways for Children is included in the 2025–2028 NSW Closing the Gap Implementation Plan.

3.2 Embed the governance and operations of Therapeutic Pathways for Children under the Families and Justice Sector Committee. Main stakeholders: Co-Chairs of Sector Committee (CEO of Ab-Sec and DCJ Deputy Secretary for System Reform), and ALS.

3.3 ALS and DCJ to continue to progress formal partnership and shared-decision-making relating to Therapeutic Pathways for Children through interim-governance arrangements available through the Aboriginal Justice Partnership Committee.

3.4 ALS and DCJ to continue to work in partnership and implement options and actions identified for immediate delivery from the co-design of Therapeutic Pathways for Children:

3.4.1 ALS to seek endorsement of this report and its options and recommendations from the young people with lived experience who participated in the Therapeutic Pathways for Children co-design sessions.

3.4.2 ALS and NSW Police to meet to discuss opportunities for NSW Police to align its next Youth Strategy with definitions and priorities for delivering Therapeutic Pathways for Children.

3.5 ALS and DCJ to continue to work in partnership to develop a business case for the implementation of the options and actions identified for staged delivery from the co-design of Therapeutic Pathways for Children.



Therapeutic Pathways for Children

**A System Review &
Summary of an Evidence-
based Approach to the
Design and Delivery of
Therapeutic Pathways for
Children**

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Peta MacGillivray, Althea Gibson, Rebecca Reeve, Ruth McCausland,
with research assistance from Chetan Immidi and Jaanvi Jogia

1. Introduction

This report has been prepared by a UNSW research team as part of Therapeutic Pathways for Children, a partnership initiative between the Aboriginal Legal Service (NSW/ACT) Limited (ALS) and the NSW Department of Communities and Justice (DCJ) under the NSW Implementation Plan for Closing the Gap 2022–2024. This report should not be taken as representing the views or positions of either the ALS NSW/ACT or DCJ.¹

The project aims to jointly contribute expertise and knowledge to the development of alternative, therapeutic pathways and responses for all children and young people involved in, or at risk of involvement in, the criminal justice system in NSW. It has a particular focus on children and young people aged under 14 (i.e. ages 10-13) and Aboriginal children and young people (the target cohort/s). ‘Therapeutic pathways’ can be understood as trauma-informed and culturally-safe responses which direct children and young people away from the formal criminal justice system and back into the community. This report is the output of the first stage of Therapeutic Pathways for Children. It presents key information, including current data about children and young people in the criminal justice system, to inform the project’s partners in the next stage of the project, which informed the co-design process.

¹ While this report has been prepared with the support of the DCJ and ALS NSW/ACT, it should not be taken as representing the views or positions of either.

2. Context

National Agreement on Closing the Gap: Priority Reforms, Outcomes and Targets

The ***National Agreement on Closing the Gap*** (Closing the Gap), which came into effect on 27 July 2020, **commits all Australian governments** to a fundamentally new way of designing and implementing policies and programs that impact the lives of Aboriginal and Torres Strait Islander people. This new way of working requires Australian governments to listen to the voices and aspirations of Aboriginal people and respond by changing the way that governments work with Aboriginal communities, organisations and people.

Closing the Gap is built around four Priority Reforms:²

1. Formal partnerships and shared decision-making
2. Building the community-controlled sector
3. Transforming government organisations
4. Shared access to data and information at a regional level

Closing the Gap commits parties to bring about meaningful and positive changes in Aboriginal communities across a range of socio-economic outcome areas. To measure progress against these outcomes, Closing the Gap includes a set of socio-economic 'targets' that are designed to be met at a national level, with all governments contributing towards the same goal. Outcome 11 sets a target that by 2031 there will be at least a 30% reduction in the incarceration rate of Aboriginal and Torres Strait Islander children and young people.³

² NSW also has a fifth Priority Reform of 'Economic Prosperity, Business Growth and Employment': NSW Government, *National Agreement on Closing the Gap* <https://www.nsw.gov.au/departments-and-agencies/aboriginal-affairs-nsw/national-agreement-on-closing-gap>.

³ *National Agreement on Closing the Gap (July 2020)*, Table B: Outcome 11 <https://www.closingthegap.gov.au/national-agreement/national-agreement-closing-the-gap/7-difference/b-targets/b11>.

Therapeutic Pathways for Children is a key initiative under the *NSW Implementation Plan for Closing the Gap 2022–2024*.⁴ and was funded by NSW Treasury as part of the 2022–2023 State Budget.

The project directly responds to priorities identified by Aboriginal communities across NSW in consultation sessions held by the NSW Coalition of Aboriginal Peak Organisations (NSW CAPO) in April 2021 and March 2022. This consultation process gave Aboriginal communities a voice in guiding the development of the *2022–2024 NSW Implementation Plan for Closing the Gap* to ensure that initiatives forming the Plan were driven by community voices and designed for community interests.

The project contributes to Priority Reforms 1 (formal partnerships and shared decision-making), 2 (building the community-controlled sector) and 3 (transforming government organisations) under Closing the Gap and progresses commitments to achieve Outcome 11—to reduce the overrepresentation of Aboriginal and Torres Strait Islander children and young people in the criminal justice system.

NSW Partnership and NSW CAPO

On 12 February 2024, the NSW CAPO, the NSW Government and Local Government NSW signed a new **NSW Closing the Gap Partnership Agreement**.⁵ The agreement, which is designed to strengthen relationships between government and Aboriginal organisations, builds on the National Partnership Agreement, signed in March 2020, and the National Agreement on Closing the Gap, signed in July 2020. It acknowledges the landscape and dynamics specific to NSW and provides guidance on what partnership looks like in the NSW context.

⁴ NSW Government and NSW Coalition of Aboriginal Peak Organisations. *2022–2024 NSW Implementation Plan for Closing the Gap*. 98–99 [https://www.aboriginalaffairs.nsw.gov.au/media/website_pages/closingthegap/nsw-implementation-plan/2022-24-implementation-plan/NSW-Closing-the-Gap-Implementation-Plan-2022-2024-\(4\)-accessible-Up-dated-\(1\).pdf](https://www.aboriginalaffairs.nsw.gov.au/media/website_pages/closingthegap/nsw-implementation-plan/2022-24-implementation-plan/NSW-Closing-the-Gap-Implementation-Plan-2022-2024-(4)-accessible-Up-dated-(1).pdf).

⁵ NSW Government, NSW Coalition of Aboriginal Peak Organisations and Local Government NSW. *NSW Partnership Agreement (February 2024)* <https://www.aboriginalaffairs.nsw.gov.au/closingthegap/nsw-partnership/nsw-partnership-agreement>.

The Agreement highlights the **NSW Government’s commitment to Closing the Gap** and to achieving tangible outcomes for Aboriginal communities. It demonstrates the importance of embedding the principles of partnership in NSW.

NSW CAPO is a coalition that represents the interests of Aboriginal Community-Controlled Organisations (ACCOs) and the Aboriginal peoples of NSW. It is currently made up of:

- AbSec (NSW Child, Family and Community Peak Aboriginal Corporation)
- Link-Up (NSW) Aboriginal Corporation
- Aboriginal Health & Medical Research Council
- Aboriginal Legal Service (NSW/ACT) Limited
- NSW Aboriginal Land Council
- NSW Aboriginal Education Consultative Group
- First Peoples Disability Network Australia
- BlaQ Aboriginal Corporation
- Aboriginal Culture, Heritage & Arts Association (Affiliate Member)

The ALS is the Peak in NSW for all justice-related outcomes under Closing the Gap (Outcomes 10, 11 and 13).

2022–2024 NSW Implementation Plan for Closing the Gap

Each state and territory that signed the National Agreement has developed an Implementation Plan and reports annually on activities undertaken to achieve the outcomes under Closing the Gap.

The current Implementation Plan in NSW outlines the policies, programs, and reforms being implemented to advance Closing the Gap in NSW under each of the five Priority Reforms and the 17 Socio-Economic Outcomes, totalling 144 initiatives. These initiatives were co-designed by the parties to the NSW Partnership Agreement and driven by the needs and priorities that communities expressed through NSW CAPO community

consultations in April 2021 and March 2022. Some initiatives have been funded for delivery by, and with, Aboriginal people.

Community consultations and Therapeutic Pathways for Children

In March 2022, NSW CAPO met with almost 400 people in 28 locations across NSW to seek feedback in relation to key Closing the Gap focus areas.⁶ During these consultations, community members identified the need to **urgently reduce the number of children and young people entering the justice system through improved availability of supports and services driven by the needs of children and young people.**⁷

Under Key Action Area 2 in the *2022-2024 NSW Implementation Plan for Closing the Gap*, the NSW Government and NSW CAPO have committed to embedding programs that will prevent and respond early to behaviours of children and young people that are currently met with a criminal justice response. The Implementation Plan acknowledges:

Early contact with the justice system increases the risk of reoffending and poor life outcomes, and can compound intergenerational disadvantage. Prevention and early intervention are therefore the most effective way to reduce the number of Aboriginal children and young people in the justice system. By addressing the drivers of contact with the justice system and reducing the number of young people in contact with the justice system, and any escalation through the system, we can curtail and even dramatically reduce the over-representation of Aboriginal young people in custody.

⁶ NSW Coalition of Aboriginal Peak Organisation, *CAPO NSW Closing the Gap Community Engagement Report* (2022), 5 <https://alc.org.au/wp-content/uploads/2023/01/NSW-CAPO-Community-Engagement-Report-2022.pdf>.

⁷ NSW Government and NSW Coalition of Aboriginal Peak Organisations, *2022-2024 NSW Implementation Plan for Closing the Gap*, 99; NSW Coalition of Aboriginal Peak Organisations, *NSW CAPO Closing the Gap Community Engagement Report* (2022), 46.

Focus Area:

To urgently reduce the number of children and young people entering the justice system through improved availability of supports and services driven by the needs of children and young people

Communities told NSW CAPO during consultations:

- We need to urgently reduce the number of children entering the justice system: *'it's senseless locking kids up'*:⁸ and
- We need better support networks, meaningful community activities and cultural programs, all driven by the needs of young people, to prevent entry into the justice system: *'We need to figure out what's missing for kids in their lives. The kids should be driving that. As opposed to adults coming in and assuming what they need and want'*.⁹

Therapeutic Pathways for Children responds to these community-led priorities by identifying and designing, in partnership, the key enablers needed to build and deliver therapeutic responses that meet children and young people's individual needs, such as:

- enhancing integration of responses and services, including health, mental health, disability supports, education and housing;
- increasing opportunities for service delivery by the Aboriginal community-controlled sector;
- ensuring services are culturally appropriate and trauma-informed; and
- proposing staged responses depending on the seriousness of offending behaviour.

Governance of Therapeutic Pathways for Children

Project governance is provided by the Aboriginal Justice Partnership Committee (AJPC) via the Target 11 Working Group.

The AJPC is responsible for designing and implementing justice policies and programs to support the objectives and outcomes of Closing the Gap in NSW, including Outcomes 10, 11 and 13; embedding the Priority Reforms across the NSW justice system; and supporting and contributing to the National Justice Policy Partnership.¹⁰

⁸ NSW Government and NSW Coalition of Aboriginal Peak Organisations. *2022–2024 NSW Implementation Plan for Closing the Gap*. 98.

⁹ Ibid.

¹⁰ Aboriginal Justice Partnership Committee. *Terms of Reference*. Supplied by ALS and DCJ.

The AJPC is intended to operate as a genuine and equal partnership between NSW CAPO members and the NSW Government at all stages of the development process. It is currently co-chaired by the Deputy Secretary of System Reform in DCJ and the Chief Executive Officer of the ALS.

The AJPC carries out work as prescribed by the NSW Partnership Working Group (PWG) and the NSW Joint Council (NSW JC). Information and proposals generated by the AJPC will be considered by the NSW PWG as required and may be communicated to the NSW JC for endorsement.¹¹

Priority Reform 1: Shared Decision-Making

Critical to the success of *Therapeutic Pathways for Children* is a partnership that distributes decision-making power to Aboriginal people, organisations and communities, and recognises their expertise as central to the design of effective policies and programs to improve life outcomes for Aboriginal children and young people in NSW.

Despite strong commitments to genuine partnership and shared decision-making in NSW, a 2024 review of Closing the Gap by the Productivity Commission determined that governments across Australia continue to fall short of implementing this Priority Reform.¹² The Commission found that:

- government organisations continue to implement versions of shared decision-making that involve consulting with Aboriginal and Torres Strait Islander people on a pre-determined 'solution' rather than working together to identify priorities and co-design solutions with Aboriginal people and organisations.¹³

¹¹ At the time of writing the NSW Closing the Gap governance arrangements are being refreshed in response to a decision of NSW Joint Council, and the Partnership Working Group will be replaced by several Sector Committees. SEOs 10, 11, 12 and 13 will be governed by a Families and Justice Sector Committee co-chaired by representatives of the NSW Government and NSW CAPO with the interface between the JPC and Sector Committee to be determined by the Sector Committee.

¹² Australian Government Productivity Commission. *Review of the National Agreement on Closing the Gap: Study Report Volume 1* (January 2024). 4 <https://www.pc.gov.au/inquiries/completed/closing-the-gap-review/report/closing-the-gap-review-report.pdf>.

¹³ Ibid.



**Priority Reform 1:
Shared
Decision-Making**

- there appears to be an assumption that ‘governments know best’, which is contrary to the principle of shared decision-making under Closing the Gap;¹⁴
- existing power imbalances between government agencies and Aboriginal organisations remain in place and partnerships are not consistently being used to empower shared decision-making and support processes of self-determination—for instance, ACCOs reported being treated as passive funding recipients rather than necessary partners in the delivery of government services and experts in the development of culturally-safe programs that address the needs of their communities;¹⁵ and
- many governments do not recognise that ACCOs are critical partners in delivering services tailored to the priorities of their communities.¹⁶

In its evaluation, the Commission provided useful guidance to governments about what *government personnel* is required to do to shift from ‘business as usual’ practice to meaningful engagement, thereby operationalising the Agreement:

Priority Reform 1 is about power sharing, and this requires more than consultation and partnerships with Aboriginal and Torres Strait Islander people. It requires governments to relinquish some control over decisions and to trust that in doing so, they are enabling better outcomes for Aboriginal and Torres Strait Islander people.¹⁷

The Commission stated that shared decision-making:

requires governments to engage fully and transparently, in a way that enables Aboriginal and Torres Strait Islander people to have a leadership role in the design and conduct of engagements and to understand how feedback has been taken into account in government decisions.¹⁸

¹⁴ Ibid.
¹⁵ Ibid. 5.
¹⁶ Ibid.
¹⁷ Ibid.
¹⁸ Ibid.

The Commission also provided guidance in understanding what decision-making entails in practice:

[joint decision-making] requires governments to engage fully and transparently, in a way that enables Aboriginal and Torres Strait Islander people to have a leadership role in the design and conduct of engagements and to understand how feedback has been taken into account in government decisions.¹⁹

The NSW Government's signing of and commitment to the NSW Closing the Gap Partnership Agreement is what authorises and mandates the NSW public service to work in new ways that empower partnerships to practice shared decision-making. **Therapeutic Pathways for Children presents a unique opportunity to hold a design process, in partnership between DCJ and the ALS, that brings together community priorities, the research and evidence-base, government decision-makers and the service sector leaders, to collectively consider what it will take to deliver therapeutic responses for Aboriginal children and young people. This necessarily involves long-term and sustained effort.**

What do we know about the link between the unmet needs of children and young people and their criminalisation?

Evidence has consistently indicated that punitive measures such as incarceration can have a negative impact on reoffending²⁰ and that early contact with the criminal justice system can lead to more serious offending and ongoing justice system contact.²¹

¹⁹ Ibid. 46.

²⁰ Don Weatherburn. *The effect of prison on adult re-offending (Crime and Justice Bulletin No. 143, August 2010, BOCSAR); Justice Reform Initiative. Alternatives to Incarceration in NSW (Report, March 2024), 5 https://assets.nationbuilder.com/justicereforminitiative/pages/337/attachments/original/1710872157/JRI_Alternatives_Report_NSW_FULL_49_.pdf?1710872157.*

²¹ Don Weatherburn and Stephanie Ramsey. *Offending over the life course: Contact with the NSW criminal justice system between age 10 and age 33 (Crime and Justice Statistics Bureau Brief Issues Paper No 132, April 2018, BOCSAR).*

Recent research has identified the eight 'social determinants of justice' that greatly increase a person's chance of ending up in prison, identified through analysis of the NSW Government's administrative data:²²

1. having been in out of home (foster) care
2. receiving a poor school education
3. being Indigenous
4. having early contact with police
5. having unsupported mental health issues/disorders and/or cognitive disability
6. having problematic alcohol and other drug use
7. experiencing homelessness or unstable housing
8. coming from or living in a disadvantaged location

These social determinants have a cumulative and compounding effect: the more of these factors people experienced, the more likely they were to be incarcerated and reincarcerated.

Underpinning these eight social determinants are what the researchers refer to as the 'causes of the causes' of who goes to prison. These are:

- entrenchment of poverty and unequal access to resources in families and neighbourhoods
- structural racism and discrimination, in particular experienced by Aboriginal and Torres Strait Islander communities and people with disability
- failure to adequately respond to the abuse, violence and trauma experienced by many children and young people and
- the criminogenic nature of the criminal legal system which increases rather than reduces the likelihood of future incarceration²³

The correlation between factors, including the presence of mental health disorders or cognitive impairments, poor physical health, low educational attainment, unemployment, experience of out-of-home care, domestic

²² Ruth McCausland and Eileen Baldry. 'Who does Australia lock up? The social determinants of justice' (2023) 12(3) *International Journal for Crime, Justice and Social Democracy*, 37.

²³ Ibid.

and family violence, low socio-economic status, harmful behaviours like excessive alcohol or substance misuse, social isolation and self-harm among children and young people, and subsequent entry into the criminal justice system, has been well established.²⁴

The earlier that children and young people are in contact with the criminal justice system, the greater the likelihood they will become enmeshed in the criminal justice system as adults. For example, a longitudinal study which followed the life trajectory of a sample of 'young offenders' in NSW found that 57% of those who appeared before the Children's Court had at least one appearance in an adult court in the following 8 years.²⁵ Similarly, appearances in the court system at a younger age have been found to be significantly correlated with reappearances in the court system, with some young people becoming entrenched in a cycle of recidivism and incarceration. In addition, people who have been incarcerated in their youth are more likely to be reincarcerated within the following ten years.²⁶

The provision of therapeutic pathways through early intervention programs has been found to 'reduce crime at a population level by as much as 31% [and] reduce offending among at-risk populations by 50%'.²⁷ These pathways can also enhance the health and wellbeing outcomes of young people, their families and the wider community. While such programs exist, they are not widespread and have a limited capacity due to chronic underinvestment, leaving many communities without necessary social and therapeutic supports.

24 Eileen Baldry, Leanne Dowse and Melissa Clarence, *People with mental and cognitive disabilities: Pathways into prison* (Background Paper, 2013, UNSW).

25 Shuling Chen et al. 'The Transition from Juvenile to Adult Criminal Careers' (Contemporary Issues in Crime and Justice No 86, NSW Bureau of Crime Statistics and Research, 2005), cited in Australian Law Reform Commission, *Pathways to Justice: Inquiry into the Incarceration Rate of Aboriginal and Torres Strait Islander People* (ALRC Report 133, December 2017) <https://www.alrc.gov.au/publication/pathways-to-justice-inquiry-into-the-incarceration-rate-of-aboriginal-and-torres-strait-islander-peoples-alrc-report-133>.

26 Jason Payne and Don Weatherburn, 'Juvenile Reoffending: A Ten-Year Retrospective Cohort Analysis' (2015) 50(4) *The Australian Journal of Social Issues* 349.

27 Justice Reform Initiative, *Alternatives to Incarceration in NSW (Report, March 2024)*, 8.

In order to minimise children and young people's contact with the criminal justice system to improve their wellbeing and life pathways, including reducing contact with the criminal justice system as an adult, there is an urgent need to provide, strengthen, and expand 'therapeutic pathways for children and young people'. Therapeutic pathways can be understood as trauma-informed and culturally-safe responses which seek to direct children away from the formal criminal justice system, and back into the community, with community-led initiatives and the development of strong relationships with adults to address the social determinants and harmful behaviours which may lead to criminalisation.

In targeting these social factors at an early age, therapeutic pathways such as specialist disability supports, educational programs and culturally appropriate mental health and drug and alcohol services²⁸ can be used to meet the specific needs of and accordingly empower children and young people and their communities. Therefore, by addressing the underlying social determinants of justice, therapeutic pathways can provide protective factors to prevent children and young people from criminal justice system contact, particularly those 'at risk' due to systemic factors. Early prevention of children and young people's contact with the criminal justice system reduces their likelihood of adult criminal justice system contact.

It is critical that governments are working towards building long-term solutions to addressing the 'causes of the causes' of contact with the criminal justice system for children and young people, including through law reform and whole-of-government approaches to address systemic inequity. **Building therapeutic pathways is a key short-term contribution that government can make to prevent and reduce children and young people's contact with the criminal justice system which will have lifelong positive benefits for individuals, families and communities.**

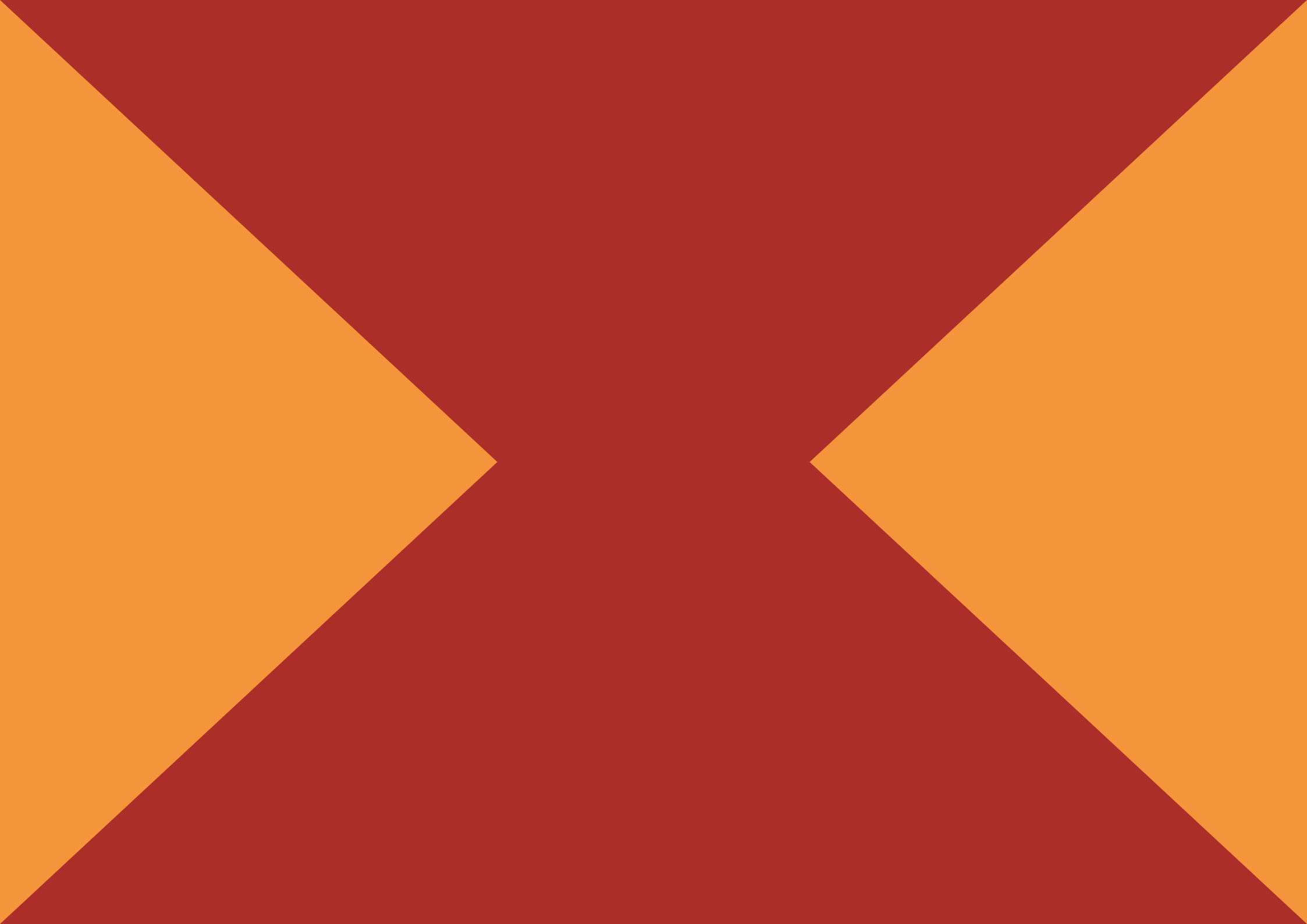
28 Ruth McCausland and Leanne Dowse, 'The Need for a Community-Led, Holistic Service Response to Aboriginal Young People with Cognitive Disability in Remote Areas: A Case Study' (2020) 45(4) *Children Australia* 326.

Laws that align with best evidence

Therapeutic Pathways for Children is developing during a time when states and territories are examining responses to the behaviours of children and young people under 14. Many jurisdictions have acknowledged change is needed and made commitments to raise the minimum age of criminal responsibility (MACR), while others have already reformed their systems.²⁹ At the Commonwealth government level, in 2022 the Standing Council of Attorney's-General (SCAG) reconvened its Age of Criminal Responsibility Working Group, which in 2023 published a report setting out a principles-based framework applicable to all jurisdictions.³⁰

²⁹ States and territories that have committed to raising the minimum age of criminal responsibility include Victoria and Tasmania: see Premier of Victoria, [Keeping Young People Out of the Criminal Justice System](#) (20 April 2023) and Tasmania Government, [Youth Justice Blueprint 2024-2034](#) (December 2023) [Keeping Young People Out Of The Criminal Justice System | Premier Youth Justice Blueprint 2022-2032](#) ([education.tas.gov.au](#)). Both the Northern Territory and the Australian Capital Territory have already passed the changes into law: see Northern Territory Government, [Raising the minimum age of criminal responsibility](#) [Raising the minimum age of criminal responsibility | NT.GOV.AU](#); ACT Government, [Raising the Age](#) [Raising the Age - Justice and Community Safety Directorate](#) ([act.gov.au](#)). South Australia is considering raising the minimum age to 12 and has sought public views on alternative diversion models under a raised MACR: see Government of South Australia, [Alternative diversion model for children under a raised age of criminal responsibility](#) [Alternative diversion model for children under the raised age of criminal responsibility | YourSAy](#).

³⁰ Standing Council of Attorneys-General, [Age of Criminal Responsibility Working Group Report](#) (September 2023) [Age of Criminal Responsibility Working Group report: September 2023](#) ([apo.org.au](#)).



3. Understanding the experience and needs of children and young people in the criminal justice system

The following section presents a comprehensive body of evidence at the system, community and individual levels about children and young people who are criminalised and their needs. Mixed methods are employed using quantitative and qualitative data to understand the circumstances, pathways, economic cost and unmet needs of children and young people in contact with the criminal justice system in NSW. A mixed methods approach enables a comprehensive understanding of the criminalisation of children and young people from multiple perspectives to inform the development of appropriate solutions. This provides essential information about the *Therapeutic Pathways for Children* cohort. These understandings are critical in designing, building, and delivering models and responses that are core to children and young people accessing a therapeutic as opposed to criminalising pathway.

The key sources of data and research presented in this section are:

1. Quantitative analysis of **administrative data** collected by NSW Government agencies, which illustrates the criminal justice system interactions and experiences of children and young people and the associated costs to government. The cohort description in this section provides analysis that is critical to understanding the offending behaviour, criminal justice responses, and the backgrounds of the cohort.
2. Qualitative analysis of the **lived experience of children and young people** themselves. This key data from the voices of Aboriginal children

and young people in two NSW communities provides important and vital insights about what is working well and which features or elements of models or approaches could have the most impact and achieve positive outcomes for children and young people and their communities.

- 3. Academic research** identifying therapeutic, trauma-informed and holistic solutions to address children and young people's unmet health and social needs as the most effective way to prevent contact with the criminal justice system. Given the vast volume of potentially relevant research, the findings of key studies and analysis specific to the objectives of *Therapeutic Pathways for Children* has been summarised and illustrated through a detailed case study compiled from linked administrative data.

Together, these sources of data, research and information provide a **holistic understanding of the needs of children and young people in the criminal justice system** and must inform any proposed therapeutic pathway models and responses.

Cohort description

The Therapeutic Pathways cohort are children and young people in contact with the criminal justice system in NSW, with a particular focus on those aged under 14 (i.e. ages 10-13) and Aboriginal children and young people. This section summarises what is known from available data about the characteristics of children and young people in contact with the criminal justice system in NSW. Further details are provided in [Appendix 1: Data describing the cohort](#).

Children and young people proceeded against by the police

In 2022/23, there were a total of 28,700 police proceedings against children and young people (ages 10-17) in NSW.³¹ This includes 12,227

³¹ BOCSAR reference sw24-23511, Table 1a (including transport regulatory offences and breaches of bail).

proceedings to court and 16,473 proceedings to diversion under the *Young Offenders Act 1997* (NSW) (including Youth Justice Conferences, cautions and warnings). Note that this may not be a distinct count of individual children and young people if an individual had proceedings against them more than once in the year.³²

Age group

- Children aged 10-13 made up 21% of all legal actions by police against children and young people (13% of proceedings to court and 27% of diversions).
- For children and young people aged 14-17, the most frequent legal action by the police was proceeding to court (47%), followed by warning (26%) and caution (24%).
- Children aged 10-13 were more likely to receive a warning (39%) or caution (30%); however, more than one quarter (27%) were proceeded to court.
- Youth Justice Conferences made up a very small proportion of police proceedings in 2022/23 (3% for ages 14-17 and 4% for ages 10-13).

Aboriginal identity

- Of all police proceedings against children and young people aged 10-17, 42% were for Aboriginal children and young people, including 58% of proceedings to court and 29% of diversions.
- More than half (53%) of all police proceedings against children aged 10-13 were for Aboriginal children, including 3/4 of proceedings to court (76%) and 44% of diversions for this age group.

Gender

- One-fifth of proceedings to court (20%) and 1/3 diversions (33%) were for girls (ages 10-17).

³² Distinct counts of young people were not available for 2022/23. However, children aged 10-13 proceeded against by the police in 2022 had 2 police proceedings each, on average, excluding warnings; see Appendix 1.

- Four-fifths of proceedings to court were for boys (80%) and 2/3 diversions (67%) were for boys (ages 10–17).
- For children aged 10–13, almost 1/4 proceedings to court (23%) and just over 1/3 diversions (36%) were for girls.
- Around 3/4 proceedings to court (77%) and just under 2/3 diversions (63%) were for boys in the 10–13 age group.
- For 1% of diversions for children aged 10–13 their gender was unknown.

Geographical location³³

- Two-thirds (66%) of police proceedings against children and young people aged 10–17 were in metropolitan areas, including 60% of proceedings to court and 71% of diversions.
- Among children aged 10–13, a smaller proportion of proceedings were in metropolitan areas (60%), and a greater proportion were in regional areas (37%).

The type of legal action by the police against children and young people (10–17) differed by remoteness. Of children and young people proceeded against by the police:

- The majority of children and young people in remote areas were proceeded to court (61%), and almost half (49%) of children and young people in regional areas were proceeded to court. In metropolitan areas, 39% of young people were proceeded to court.
- Children and young people proceeded against in metropolitan areas were more likely to receive a warning (36%) than children and young people proceeded against in regional or remote areas, for whom 15% (regional) and 10% (remote) received warnings.

Offence type

The five most frequently recorded offence types for all children and young people aged 10–17 proceeded against by NSW police in 2022/23 were transport regulatory offences (5,351), theft (4,676), non-domestic assault

³³ The variable for this analysis is 'remoteness', which is based on ABS remoteness areas (Metro = Major Cities of Australia, Regional = Inner Regional and Outer Regional, Remote = Remote and Very Remote).

(2,817), offences against justice procedures³⁴ (2,383), and disorderly conduct (2,115).

- Theft and offences against justice procedures made up the largest proportions of offences that resulted in court appearances (19% and 18% of offences proceeded to court, respectively).
- Only 6% of offences against justice procedures received a diversion.

The five most frequently recorded offence types for children aged 10–13 were transport regulatory offences (1,424), theft (900), non-domestic assault (786), disorderly conduct (550), and offences against justice procedures (457).

- Offences against justice procedures (which include breaches of bail and AVO conditions) made up the largest proportion of recorded offences for children aged 10–13 that resulted in court appearances (26%).
- This is consistent with previous research, which concluded that the youth justice system is further criminalising children and young people by imposing conditions and then punishing them for not complying with those conditions.³⁵

Children's Court finalisations

There were 5,871 finalised appearances in the NSW Children's Court in the 2022/23 financial year for children and young people aged 10–18 at the time of finalisation.³⁶

- Of these appearances, 72% were found guilty (i.e. the child or young person either pleaded guilty or was found guilty by the Court for at least one charge).

³⁴ Offences against justice procedures include the the BOCSAR categories of breach AVO, escape custody, breach bail conditions, fail to appear, and resist/hinder officer; see NSW Bureau of Crime Statistics and Research, *Definitions and explanations—Crime and policing statistics* https://www.bocsar.nsw.gov.au/Pages/bocsar_crime_stats/bocsar_glossary.aspx.

³⁵ Fabrice Crégut et. al. *Replacing the Youth Justice System for Children Aged 10-13 Years in NSW: A 'Best Interests' Response* (Centre for Crime, Law and Justice, Faculty of Law and Justice, UNSW, September 2021) 15–16 <https://www.unsw.edu.au/content/dam/pdfs/research/2023-10-coop/CCLJ%20Best%20Interests%20Response%20Report%20September%202021.pdf>.

³⁶ BOCSAR reference sw24-23511, Table 2.

- The proportion of Children’s Court finalisations that resulted in a finding of guilt did not vary substantially by Aboriginal identity, gender or remoteness area (metropolitan, regional or remote).

There were 426 finalised appearances for children aged 10–13 at the time of finalisation. Of these:

- less than one in five (18%) were found guilty of at least one charge;
- more than half (53%) had their charges withdrawn;
- a quarter (26%) were found not guilty; and
- 4% were dismissed under ss 14 or 19 of the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* (NSW).

Penalties

Overall, for children and young people (aged 10–18) who were found guilty in the Children’s Court, 36% received a penalty that involved supervision by DCJ. This included 31% who were given a supervised community sentence, and 5% who received a custodial sentence.³⁷ The average sentence length (non-parole period) was 10.5 months for supervised community sentences and 5.2 months for custodial sentences.³⁸

- No children aged 10–13 at the time of finalisation received a custodial sentence in 2022/23.
- 35% of Aboriginal children and young people found guilty in the Children’s Court received a supervised community sentence, and 7% of Aboriginal children and young people found guilty in the Children’s Court received a custodial sentence.
- 26% of non-Aboriginal children and young people found guilty in the Children’s Court received a supervised community sentence, and 2% of non-Aboriginal children and young people found guilty in the Children’s Court received a custodial sentence.

³⁷ Ibid. Table 3.

³⁸ Ibid. Table 4.

Children and young people supervised in the community

During 2022/23, a total of 1,741 children and young people were supervised in the community in NSW.³⁹ The average daily number of children and young people in NSW under community-based supervision was 807.⁴⁰

- Approximately half of the children and young people supervised in the community were Aboriginal.
- Only 2% of children and young people supervised in the community were aged 10–13.⁴¹

Children and young people in custody

During 2022/23 a total of 1,489 children and young people were in youth detention in NSW.⁴² The average daily number of children and young people in youth detention was 200.⁴³

- Just over half of children and young people in detention were Aboriginal.
- Around one in ten children and young people in detention were children aged 10–13.

The majority of children and young people in custody are on remand, as opposed to sentenced. At the end of the March quarter of 2024, 223 children and young people were in youth custody, of whom 75.8% were on remand, 66.4% were Aboriginal, and 91.5% were male. Quarterly youth custody data since the fourth quarter of 2016 shows that the proportion of the youth custody population who are Aboriginal was higher in the first quarter of 2024 (66.4%) than in any previous quarter.⁴⁴

³⁹ Productivity Commission, *Report on Government Services 2024 (2024)* Table 17A.9.

⁴⁰ Ibid. Table 17A.20.

⁴¹ Age calculated as at start of financial year if first period of supervision in the relevant year began before the start of the financial year, otherwise age is calculated as at start of first period of supervision in the relevant year: see Productivity Commission, *Report on Government Services 2024 (2024)*, Table 17A.9 fn b.

⁴² Productivity Commission, *Report on Government Services 2024 (2024)* Table 17A.9.

⁴³ Ibid. Table 17A.21.

⁴⁴ NSW Bureau of Crime Statistics and Research, *Custody*, https://www.bocsar.nsw.gov.au/Pages/bocsar_custody_stats/bocsar_custody_stats.aspx.

Custody episodes for children aged 10-13

During the 2022 calendar year,⁴⁵ 138 children aged 10–13 were received into youth custody, of whom 57% were Aboriginal. The 138 children aged 10–13 had a total of 391 custody episodes, almost 3 episodes per child on average. The majority of custody episodes for children aged 10–13 were for one day or less (68%).⁴⁶ This is consistent with the majority of episodes being remanded as opposed to sentenced.

Cost to government of the status quo

In 2022/23 in NSW, the estimated total net cost to the government of police proceedings against children and young people, criminal proceedings in the Children’s Court, Youth Justice Conferences, community-based supervision of children and young people and youth detention was \$399,768,954. Table 1 provides a breakdown of these costs by type of contact with the criminal justice system. Data sources and methods for the cost calculations are provided in [Appendix 2](#).

Table 1: Criminal justice system costs for children and young people in NSW in 2022/23

Type of contact	Unit	Unit cost	Annual cost
Proceeded against by the police	Incident	\$3,047.42	\$87,460,954
Children’s (criminal) court	Finalisation	\$1041.00	\$8,942,000
Youth justice conferences (YJC)	Completed YJC	\$964.04	\$966,000
Community based supervision	Day	\$342.94	\$101,028,000
Youth detention	Day	\$2,759.13	\$201,372,000
Total			\$399,768,954

Where possible costs were obtained directly from relevant sections of the Productivity Commission’s Report on Government Services, 2024 (RoGS).

⁴⁵ Data at this level not available for 2022/23 financial year.

⁴⁶ BOCSAR data provided by DCJ. ‘Children aged 10–13 in contact with the criminal justice system, 23 October 2023’.

The exception is the cost of police proceedings against young people which was derived by the UNSW research team from RoGS data, previous research, and agency data made available to the team by BOCSAR. As a result, the total costs are an estimate and may not reflect the actual overall costs of the NSW youth justice system.

The current cost to government is important context for considering (re) allocation of resources to meet the needs of children and young people in or at risk of contact with the criminal justice system to break the cycle of criminalisation.

Complex needs

Research has demonstrated that children and young people involved in the criminal justice system have complex service needs. For example, Goldson et al’s comparative analysis of the Australian and UK youth justice systems found that both systems tended to ‘sweep up’ children and young people from the most ‘damaged, disadvantaged and distressed families, neighbourhoods and communities’.⁴⁷ These children and young people had backgrounds characterised by low income and poverty, structural unemployment, low education levels, and disproportionate levels of alcohol, drug and substance misuse.⁴⁸ This disadvantage is often compounded further by racialised, gendered and class-based injustices,⁴⁹ as well as histories of social welfare and child protection intervention, mental ill-health and/or cognitive/neuro-disabilities.⁵⁰ Further, children aged 10–13 years who are involved in the youth justice system are often physically and neurodevelopmentally vulnerable with high rates of pre-existing trauma.⁵¹

Figure 1 shows the high rates of complex needs among children aged 10–13 who appeared in the Children’s Court in 2022.⁵²

⁴⁷ Goldson, Barry et al, *Youth Justice and Penalty in Comparative Context* (Routledge, 2020) ch 6.

⁴⁸ Ibid

⁴⁹ Jehonathan Ben et al, ‘Racism in Australia: A Protocol for a Systematic Review and Meta-Analysis’ (2022) 11(1) *Systematic reviews* 47.

⁵⁰ Goldson, Barry et al, *Youth Justice and Penalty in Comparative Context* (Routledge, 2020), ch 6.

⁵¹ Royal Australasian College of Physicians, Submission to the Council of Attorneys General Working Group Reviewing the Age of Criminal Responsibility (June 2019) https://www.racp.edu.au/docs/default-source/advocacy-library/b-20190729racp-submission-cag-review_final-gm-approved.pdf?sfvrsn=b384e61a_6.

⁵² BOCSAR data provided by DCJ. ‘Children aged 10–13 in contact with the criminal justice system, 23 October 2023’.

Taking a closer look at children aged 10-13 going to court

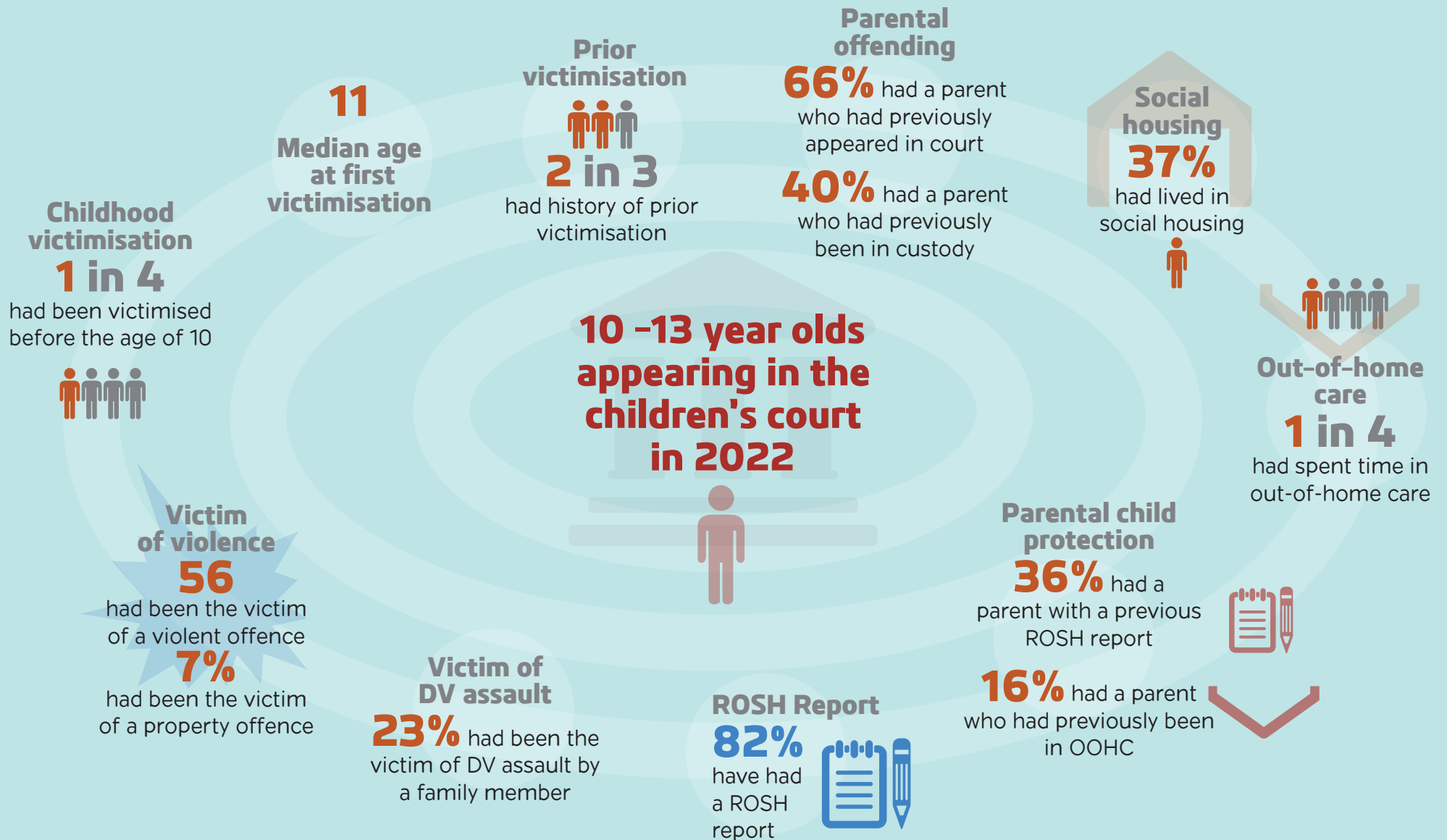


Figure 1: Complex needs among children aged 10-13 appearing in court in 2022

A 2023 study by the NSW Bureau of Crime Statistics and Research (BOCSAR) found that while most people with disability do not offend, almost a quarter of alleged young offenders - including individuals with finalised court appearances and diversions under the *Young Offenders Act 1997 (NSW)* - were identified as people with disability, and more than 2 in 5 young people with sentenced custodial episodes were identified as people with disability⁵³. Rates of disability were higher among Aboriginal people in contact with the criminal justice system than non-Aboriginal people, and Aboriginal people with disability were also more likely to have been victims of crime.

Previous research highlights the cumulative social and economic disadvantage, intergenerational and current trauma, discrimination and complex needs underpinning the over-representation of Aboriginal children and young people in the criminal justice system. The impact of incarceration is further traumatising, compounds existing disadvantage, and adds to the complexity of rehabilitation and recovery. An appropriate response requires culturally safe, holistic, therapeutic solutions to address the underlying causes of young people's contact with the criminal justice system, and to support rehabilitation and recovery for those in the system.⁵⁴

Figure 2 on the following page shows the complex needs of Aboriginal young people in custody in 2022.⁵⁵ The vast majority (78%) were on remand.

53 Clare Ringland, Stewart Boiteux and Suzanne Poynton, *People with disability and offending in NSW: Results from the National Disability Data Asset pilot (Crime and Justice Statistics Bureau Brief Number 1674, January 2023)* <https://bocsar.nsw.gov.au/documents/publications/bb/bb151-200/bb164-report-people-with-disability-and-offending-in-nsw.pdf>.

54 See House of Representatives Standing Committee on Aboriginal and Torres Strait Islander Affairs, *Doing Time - Time for Doing - Indigenous youth in the criminal justice system (2011)* ch 2 https://www.aph.gov.au/Parliamentary_Business/Committees/Committees_Exposed/atsia/sentencing/report/chapter2; Helen Milroy et al. 'First Nations People and the Law' (2021) 50 *Australian Bar Review* 510; Australian Institute of Health and Welfare (AIHW), *Youth detention population in Australia 2023—First Nations Young People (13 December 2023)* <https://www.aihw.gov.au/reports/youth-justice/youth-detention-population-in-australia-2023/contents/understanding-youth-detention-in-australia/first-nations-young-people>; Australian Institute of Health and Welfare and National Indigenous Australians Agency, *Aboriginal and Torres Strait Islander Health Performance Framework, 2022 Tier 2 Determinants of Health, 2011 Contact with the criminal justice system* 2.11 *Contact with the criminal justice system - AIHW Indigenous HPF*.

55 BOCSAR 'Aboriginal kids in custody hexagon' provided to UNSW Team by BOCSAR, 26 April 2024.

Taking a closer look at Aboriginal young people in custody

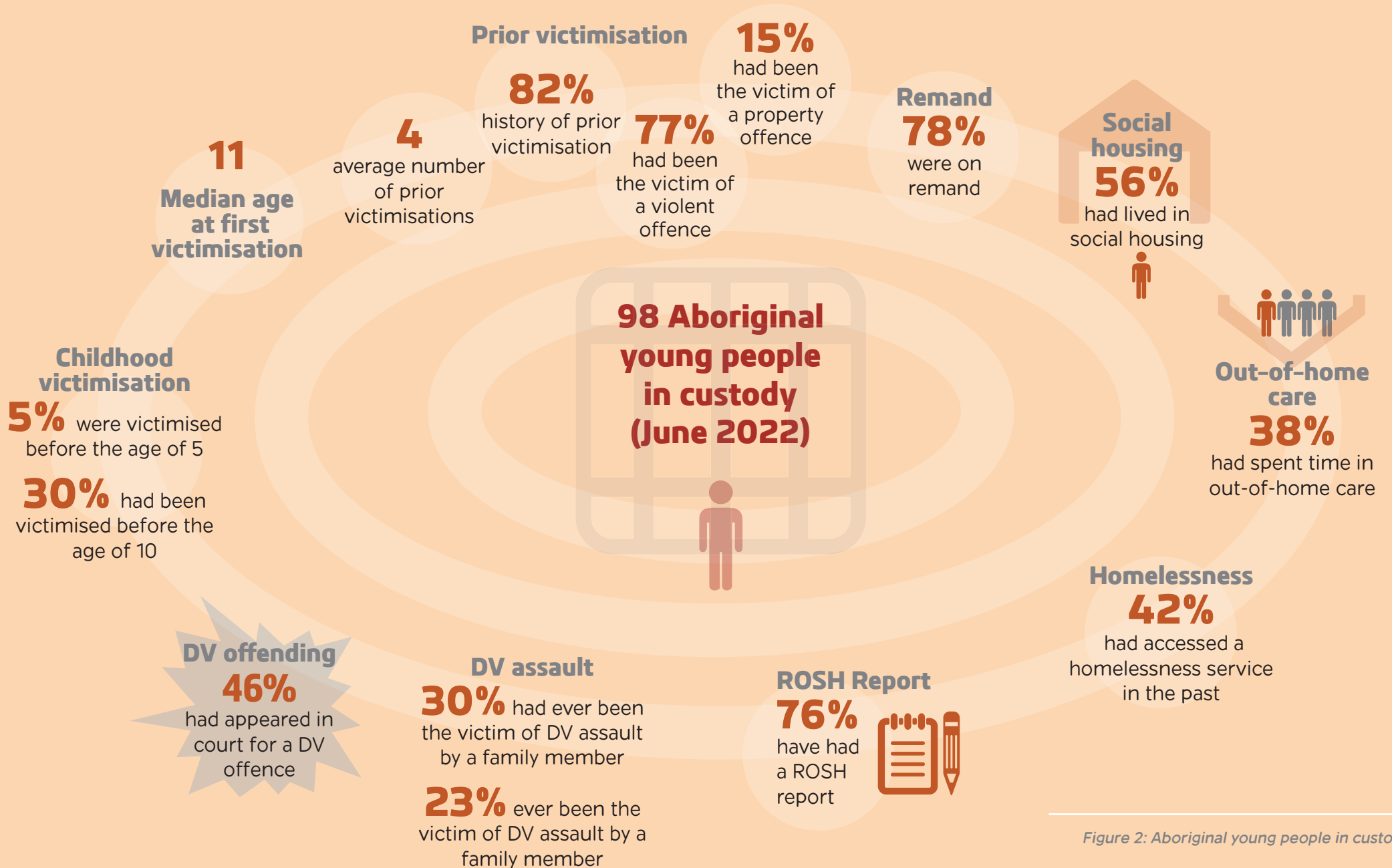


Figure 2: Aboriginal young people in custody

What do young people living with the impact of the criminal justice system say they need to break the cycle of harm?

It is a widely recognised principle in international human rights conventions that children and young people should be heard and their views be taken into consideration when decisions are being made on matters that affect them, although this principle is not always implemented outside of formal legal proceedings (even by countries who have ratified those conventions such as Australia).⁵⁶ This principle is fundamental to the aims of this project and integral to the practice of shared decision-making under Closing the Gap:

'Decision-making is shared between government and Aboriginal and Torres Strait Islander people. Shared decision-making is...(iv) where a wide variety of groups of Aboriginal and Torres Strait Islander people, including women, young people, elders, and Aboriginal and Torres Strait Islander people with a disability can have their voice heard'.⁵⁷

Initiatives to prevent children and young people coming in to contact with the criminal justice system can benefit greatly from the growing effort led by Aboriginal children and young people to have their voices heard and to encourage others to learn from their experiences to prevent further generations of children and young people being criminalised. *Therapeutic Pathways for Children* recognises and builds on the principle that lived experience should be centred and inform solutions to reduce criminal justice system contact and improve outcomes for children and young people, their families and communities.

⁵⁶ Convention on the Rights of the Child, opened for signature 20 November 1987, 1577 UNTS 3 (entered into force 2 September 1990) art 12.

⁵⁷ See *National Agreement on Closing the Gap* (July 2020), Part 6 Priority Reform One—Formal Partnerships and Shared Decision-Making.

Mounty Yarns is a youth-led project from Mt Druitt in Western Sydney NSW. It shares stories, expertise and knowledge by and with Aboriginal young people with lived experience of the criminal justice system and its impacts on individuals and their families.⁵⁸ *Mounty Yarns: Lived Experiences of Aboriginal Young People in Mt Druitt* (Report, 2023) collates the lived experiences of Aboriginal young people living in Mount Druitt who have been in contact with the criminal justice system. Experiences of these young people were gathered through interviews, yarning circles and sessions in schools and youth justice centres with approximately 100 young people ranging from 6 years old to 26 years old. The majority of in-depth contributors being between the ages of 15–23.

This section draws upon the Mounty Yarns Report as a significant primary source of data, as well as the views expressed by young people at the Just Reinvest NSW Moree Youth Forum held on 17–18 March 2022.

The Mounty Yarns Report and Moree Youth Forum Report provide valuable qualitative documentation of children and young people's own stories and truths, detailing experiences of legal, social and welfare services and systems.

This rich data grounds *Therapeutic Pathways for Children* as a collective effort to improve outcomes and positive impacts for the children and young people in NSW, the cohort to whom this work is accountable. The Aboriginal young people from Mt Druitt who are a part of Mounty Yarns are clear they want to be a part of the solutions, and their aspirations for strong, thriving and self-determining communities should be recognised:

We want to tell young people that you need to talk up and tell people where you want to see change in your community.⁵⁹

58 Mounty Yarns. *Lived Experiences of Aboriginal Young People in Mt Druitt* (Report, 2023). <https://static1.square-space.com/static/644e27ff8602074e9b8ef945/t/64fe4341bf2ec6376e5d5db8/1694385003181/Mounty+Yarns.pdf>.

59 Ibid. 5.

Without the voices of children and young people who have directly experienced contact with the criminal justice system, there is a knowledge gap about their histories and circumstances that is often filled by stigma and unhelpful stereotypes, especially for Aboriginal children and young people. As the Mounty Yarns young people have stated:

We want everyone to be able to learn from the experiences, strengths, challenges and resilience of us as young people. We speak for those young people who aren't usually given a voice or listened to, young people who are actively disbelieved.⁶⁰

Therapeutic Pathways for Children recognises the knowledge of children and young people who have experienced contact with the criminal justice system. This knowledge and experience have too often been absent from important conversations and decision-making, as much well-meaning effort is led by policy makers and criminal justice system advocates on behalf of children and young people.

Aboriginal young people involved in Mounty Yarns have directly called for their lived experiences to be included in the development of solutions. *Therapeutic Pathways for Children* responds to this call, and we try to centre and elevate their voices and expertise. In doing so, we can contribute to the effort to correct biases that exacerbate their contact with the criminal justice system, including stigma, judgements and pathologised narratives about this group and their social needs, and meet their aspiration to build belonging and connection in the broader community. As Youth Project Leads from Mounty Yarns, Terleaha Williams and Isaiah Sines, have stated:

60 Ibid. 7.

We don't want the next generation to go through what we went through. We want to be a voice so others don't have to keep rotating their stories. We need to make sure young fullas' voices are being heard now.⁶¹

Our aim is that *Therapeutic Pathways for Children* and its recommended responses will be informed by the expertise and wisdom of children and young people with lived experience of the criminal justice system. In particular, the insights and knowledge of Aboriginal young people provides critical information about the models and interventions that can achieve the improved outcomes so urgently needed.

There are current and robust community-led efforts that young people have reported work or are working well to make things better for them. We can use these to fill service gaps and build the enabling environment to improve and embed therapeutic pathways.

⁶¹ Ibid. 5.



Being locked up, being away from family, having anxiety, and being locked up in small spaces and stuff, it messes with you mentally.

Young people's voices on what doesn't work

Police and police adjacent responses

Aboriginal young people involved in Mounty Yarns have reported that they have had negative interactions with the police, experienced as underlying racist and antagonistic attitudes, as well as an emphasised power imbalance.

We need more police who care, that the job isn't a power trip, where they actually want to form relationships and listen and respond to what community wants...It's actually a community service job for them.⁶²

Aboriginal young people involved in Mounty Yarns have indicated a significant distrust of youth justice services provided and/or delivered by state actors such as the Police Citizens Youth Club (PCYC). Young people expressed feeling and thinking that such services are used by police to elicit incriminating information from young people about their friends and associates, contrary to the stated purpose of the programs. In addition, young people noted that the programs are often run by personnel who have no lived experience of the criminal justice system or cannot relate to Aboriginal young people, a key feature for successful engagement. However, young people have demonstrated a willingness to engage with services that are Aboriginal led.

The court kept trying to get me to go to PCYC programs. Everyone knows you can't trust the police. The PCYC 'engaged' with us but then they'd come back and flog us, and use everything they learnt about us against us.⁶³

⁶² Ibid. 42.

⁶³ Ibid. 20.

Court services

Aboriginal young people involved in Mounty Yarns have shared feeling their voice and participation in court processes are marginal in the court system, with other justice personnel such as prosecutors and solicitors talking on behalf of them. Young people say this misrepresents their experience.

Just listen more to us, not to the coppers and prosecutors. Because they are talking shit all the time.⁶⁴

Bail conditions

Aboriginal young people involved in Mounty Yarns have explained that bail conditions are practically and logistically impossible for them to meet due to factors such as their housing and family situations. Inability to meet bail conditions results in further criminalisation through subsequent bail breaches and the imposition of penalties like fines.

I've had a lot of shit bail conditions, like once I had to report to Mount Druitt police but was living in Parramatta and I got fines just going to report. Even this time, that non-association was with a cousin I was living with, where I was bailed to at the time, so I had to be there. I even had one that said I wasn't allowed in Mount Druitt, when I was 11 years old. But everyone I knew lived in Mount Druitt. No one was offering me help to live somewhere else.⁶⁵

Fines

Aboriginal young people involved in Mounty Yarns highlighted that fines are an ineffective penalty as they don't have any income to pay their fines.

⁶⁴ Ibid. 44.

⁶⁵ Ibid. 16.

which accumulate as debts owed to the state. Young people have said this form of penalty is not a deterrent despite the knowledge that it makes it harder to get back on track.

I can't afford the \$200 fine. I have friends that have more than \$10,000 worth of fines. I only have \$4000. It's all fake money, it only really affects you when you're trying to get your life back on track, when you want to get your licence and that.⁶⁶

Youth incarceration

Aboriginal young people involved in Mounty Yarns have described the harmful effects of youth incarceration and identified several needed changes in the carceral system both during and after imprisonment. Aboriginal young people have expressed in the strongest terms that incarceration is damaging to them, that it fails to achieve rehabilitation and makes reintegration into the community long-term to live a good life impossible.⁶⁷

It even feels like they drag out the whole meal routine, eat, sweep, mop, wipe the benches, so you barely have any time outside of your cell. Even if you've finished your meal in five minutes, you still have to wait for the whole routine. They don't give you a proper chance, they want you to get institutionalised right away.⁶⁸

⁶⁶ Ibid. 27. See also the ALS NSW/ACT. Short Term Remand: A Snapshot (29 September 2020) [https://www.alsnswact.org.au/short_term_remand_snapshot#:~:text=In%202019%2D2020%2C%20the%20ALS.10%20%E2%80%9317%20years%20old\).](https://www.alsnswact.org.au/short_term_remand_snapshot#:~:text=In%202019%2D2020%2C%20the%20ALS.10%20%E2%80%9317%20years%20old).)

⁶⁷ Ibid. 17-18, 24, 45, 46.

⁶⁸ Ibid. 17.

Many have indicated that incarceration immediately enforces a harsh and daunting environment on them whilst simultaneously removing any positive or protective factors, such as frequent and regular visitation benefits from family and friends, which are needed to build connection and belonging in the community which they will return.

Aboriginal young people involved in Mounty Yarns have reported that incarceration has been significantly detrimental to their wellbeing, with many experiencing mental health issues such as anxiety, as well as a lack of identity and understanding of self.

Being locked up, being away from family, having anxiety, and being locked up in small spaces and stuff, it messes with you mentally. Messes with your head, being in environments like that. You overthink stuff. Think of bad stuff.⁶⁹

In relation to the staff in youth prisons, Aboriginal young people have consistently reported that they lack trust in prison personnel and other State-affiliated organisations and thus are unwilling to engage with and confide in these figures.⁷⁰

Importantly, Aboriginal young people involved in Mounty Yarns have recognised that they would be much more willing to talk to a non-government figure, particularly, an independent member of the Aboriginal community or someone with lived experience of incarceration and who is doing better, as they are more likely to be able to relate to the experiences and circumstances of the young person.

⁶⁹ Ibid. 17.

⁷⁰ Ibid. p 17-18, 45-46.

Better to have mob coming and talk to boys who they trust. We do need a role of an independent respected community person – who's not tied to government. Even the Ombudsman is seen as part of the government.⁷¹

No one is ever going to talk to a worker about their problems...An Aboriginal person, a mentor or something yeah. If we have one of them in there, 100% the boys will trust that worker, 100%. Some of the boys will trust someone who will just give them a bit of time, but they will never trust that the officers are looking after them. Ever. ...So I guarantee that someone that's been through it, and has like, been in there, a similar situation, and has come out, and is doing better than what he is, will be a big help, like you know what I mean.⁷²

Throughcare

Aboriginal young people involved in Mounty Yarns reported that the youth prison system fails to provide them with post-prison support to help them reintegrate back into society and establish healthy relationships and lifestyles. Rather, they are required to facilitate this transition themselves and have often been unsuccessful, leading to inevitable re-engagement with the criminal justice system.

⁷¹ Ibid. 45.

⁷² Ibid. 46.

The last time I got out, I felt like the workers didn't want me to succeed, no one helped me find accommodation ... left custody without any photo ID, no licence, no working bank card.⁷³

This highlights the need for a more robust and sustained support system upon the release of Aboriginal young people back into the community to facilitate a smooth and successful transition to reduce recidivism.

There's no throughcare in Mount Druitt. It would of been good having support getting, a job, car, licence, housing, things that make you feel better and you're achieving goals in your life.⁷⁴

The last time I got out, I felt like the workers didn't want me to succeed, no one helped me find accommodation ... left custody without any photo ID, no licence, no working bank card.

⁷³ Ibid. 18.

⁷⁴ Ibid. 47.

We have nowhere to go, even if we do want to get clean or want help to stop drinking.

Young people's voices on what they need

Better pathways to healthcare, in particular mental health services

Aboriginal young people in Moree have highlighted the lack of proper healthcare in regional areas and the poor availability of health pathways to clinics and healthcare professionals. In the Moree Youth Forum young people have advocated for more doctors and health centres, as well as free contraception.⁷⁵ In addition, they voice the need for holistic mental health support which is catered towards the specific needs of young people.⁷⁶

Aboriginal young people involved in Mouny Yarns have said they need mental health and wellbeing support in the community to help them process the issues that they face daily, as well as the deep-rooted injustices and disadvantages that they have experienced as part of the continued effects of colonisation. Incarceration can be the first time they access mental health support and specialists.⁷⁷

These young people experience the stigma of poor mental health within the Aboriginal community, particularly along gender lines and the view that boys should not discuss their emotions nor express vulnerability.

... a lot of the boys don't have anyone to talk to. So, they just do dumb things and end up in jail. Yeah that's their version of Headspace, what I know about mental health is jail. We don't get any help until we are in jail, then, it's too late.⁷⁸

Young people express the urgency to provide mental health services and spaces for Aboriginal young people to discuss the challenges they

⁷⁵ Just Reinvest NSW. *Moree Youth Forum Report 17-18 March 2022* (Report, 2022). 17. <https://www.justreinvest.org.au/wp-content/uploads/2023/09/Moree-Youth-Forum-Report-Mar-2022.pdf>.

⁷⁶ Ibid. 34.

⁷⁷ Mouny Yarns. *Lived Experiences of Aboriginal Young People in Mt Druitt* (Report, 2023). 46.

⁷⁸ Ibid. 24.

are enduring so as to provide proactive support and enhance youth wellbeing.⁷⁹ Such services would likely need to be run by members of the Indigenous community given their unique knowledge and understanding of the experiences that Aboriginal children and young people are facing.

The lived experience of Aboriginal young people in Mt Druitt also tells us we need community supports which normalise and reduce fear of seeking help for mental health needs within the Aboriginal community. This will increase the willingness of young people to seek help to address and work through mental health challenges. For example, proactive mental health educational programs for Aboriginal young people on what mental health is, how to maintain a positive mental state and what to do in situations where their mental health has been negatively impacted by events and circumstances which are unable to change in the short- and medium-term.

We are all carrying so much of our own stuff, such heavy burdens, but also all of the stuff that our families went through and the impacts of racism that we experience from police, teachers, shop owners, security, community members, every day. It's huge. It weighs on us.⁸⁰

Youth-specific drug and alcohol services and supports

Both young people in Mt Druitt and Moree have identified the need for supports and rehabilitation programs for alcohol and drug use.⁸¹ Aboriginal young people have said there is increasingly widespread alcohol and drug usage in their locality, with children starting to consume substances such as alcohol at a younger age. Young people have noted the absence of alcohol and other substance support for them in the community, while existing programs are catered towards adults.

79 Ibid. 17. 24. See also Just Reinvest NSW, *Moree Youth Forum Report 17-18 March 2022* (Report, 2022), 34.

80 Ibid.

81 See Mouny Yarns, *Lived Experiences of Aboriginal Young People in Mt Druitt* (Report, 2023); Just Reinvest NSW, *Moree Youth Forum Report 17-18 March 2022* (Report, 2022).

...only one Aboriginal alcohol and drug service near Mount Druitt and that's for adults. They have helped out my aunties and uncles. But they have different problems to us and if you're a young person, you don't want to sit around with fully grown men and women talking about your problems.⁸²

This illustrates the need for both preventative substance abuse programs that educate children about the harms of alcohol and drug use, as well as responsive evidence-based rehabilitation services tailored to the specific needs of young people and operated by youth specialists.

We have nowhere to go, even if we do want to get clean or want help to stop drinking.⁸³

Accommodation

Aboriginal young people involved in Mouny Yarns have expressed they often lack stable housing, shifting through multiple short-term living options. This is experienced acutely by children and young people in out-of-home care when cycling in and out of periods of custody in youth prisons.

I grew up in foster care, moving from one placement to another, spending time in kinship placements, foster care, and emergency accommodation. I never had stable accommodation until I came into custody, where I finally had a bed to sleep in ...⁸⁴

82 Mouny Yarns, *Lived Experiences of Aboriginal Young People in Mt Druitt* (Report, 2023), 25.

83 Ibid. 30.

84 Ibid.

Aboriginal young people involved in Mounty Yarns have suggested that combining housing with adjacent youth-centred services would help them build a stable lifestyle.⁸⁵

Got accommodation and then wasn't given any support. I didn't hear from my youth workers for a month. Things had already fallen apart by then.⁸⁶

⁸⁵ Ibid. 39.

⁸⁶ Ibid.

Young people's voices on what kinds of models will work

After hours services

Aboriginal young people involved in Mounty Yarns indicated that criminal justice system-led services and responses provide only artificial support, as many programs only operate during daytime working hours. As a result, young people report that they commonly resort to anti-social behaviours to keep themselves preoccupied.

We done dumb shit 'cos there's nothing to do around here. There's no places to go and just hang out, especially after hours. That's when we really need stuff and support, outside of 9-5pm. Case workers think they aren't responsible or don't care about us after 5pm, they clock off.⁸⁷

Importantly, this indicates that young people would benefit from persistent and consistent engagement through social activities available both before and after standard service work hours. This would ensure that young people are continuously supported, kept occupied, have a sense of purpose, and can positively and safely socialise with other young people in the community. Examples of activities suggested by young people include activities such as sports games, music groups, and opportunities to prepare and share meals at barbeques and so on.

Furthermore, Aboriginal young people involved in Mounty Yarns have indicated the desire for such programs to be run by workers who are culturally informed and have positive relationships with the Aboriginal community.

⁸⁷ Ibid. 20.

**... once you hit 18,
it looks like you just
get dumped on the
ground again, and
there's no one to
reach out for**

**Young people in Mount Druitt want services that operate
outside nine-to-five, they want youth workers who
care, who know the system well, who have Aboriginal
connections and knowledge...⁸⁸**

Accessibility, duration, and continuation of services

Aboriginal young people involved in Mounty Yarns have acknowledged that while there are available justice system-led services to assist them (court services, Youth Justice supervision), services like social housing which are most important are not readily available, resulting in deterioration in their circumstances while they wait for help.⁸⁹ Young people also identified short-term services as a problem, with renewals only available upon certain eligibility criteria being satisfied which was hard to do.

**I had one program that helped me, but it only
lasted 12 weeks, they renewed me for another
12 but then that was it.⁹⁰**

Similarly, many have flagged the discontinuation of supports as well as the general absence of support as they turn 18 and identified the need for sustained youth justice support through to young adulthood.

**... once you hit 18, it looks like you just get dumped on the
ground again, and there's no one to reach out for because
there literally isn't many supports for people 18 and over ...⁹¹**

⁸⁸ Ibid. 37.

⁸⁹ Ibid.

⁹⁰ Ibid. 20.

⁹¹ Ibid. 20.

What does the academic research tell us about the needs of young people?

The Mounty Yarns report and Moree Youth Forum, centring the lived experience of Aboriginal young people in Mt Druitt and Moree, paint a compelling picture of how the traditional 'law and order' pathway can be inadequate to meet the underlying causes of some young people's contact with the criminal justice system. Paired with the analysis of government administrative data on this cohort, we can clearly see that while efforts to address incarceration for young people have seen some success, for example the overall reduction in numbers of young people in detention in NSW youth justice settings⁹², this has, overall, not extended to those with the most complex needs, in particular Aboriginal young people for whom the enduring trend of overrepresentation continues⁹³.

For more than a decade, UNSW researchers have been analysing and documenting the web of causative and systemic factors and conditions which actively work to create and exacerbate intersectional disadvantage for Aboriginal young people, in particular those with unmet mental health and disability needs, and lead to their default management via the criminal justice system⁹⁴.

Presented below is a case study compiled from government administrative data from NSW health, human services and criminal justice agencies held in the UNSW Mental Health Disorders and Cognitive Disability (MHD/CD) Databank⁹⁵ of one young Aboriginal woman from a remote NSW community: 'Casey'. Casey's institutional interactions and pathways from

ages 12 to 21 highlight the significant social and economic costs of failing to appropriately support a young Aboriginal person with cognitive disability and mental health issues, leading to increasingly complex needs and punitive criminal justice system responses.⁹⁶

This case study also illustrates the significant responsibility that often falls to police in relation to responding to young peoples' complex needs within the criminal justice system. Given police are often the only agency that is available outside of normal business hours, particularly in regional and remote communities, police are often called by members of the community to respond to incidents involving young people with cognitive disability and mental health issues, as was the case in the case study below.

⁹² See Australian Institute of Health and Welfare, *Youth Justice in Australia 2021–22: New South Wales (2023)* <https://www.aihw.gov.au/reports/youth-justice/youth-justice-in-australia-2021-22/contents/state-and-territory-fact-sheets/new-south-wales>

⁹³ Ruth McCausland and Leanne Dowse, 'The Need for a Community-Led, Holistic Service Response to Aboriginal Young People with Cognitive Disability in Remote Areas: A Case Study' (2020) 45(4) *Children Australia* 326, 330.

⁹⁴ Ibid.

⁹⁵ The Mental Health and Disorders and Cognitive Disability (MHD/CD) Databank is a UNSW Sydney NSW longitudinal linked dataset containing administrative information from human service and criminal justice agencies for a cohort of 2,731 persons who have been in prison in NSW and whose diagnoses of mental and cognitive disability are known. It has been used for multiple research studies over the past decade: see E Baldry, Leanne Dowse and M Clarence, *People with intellectual and other cognitive disability in the criminal justice system* (Report prepared for Ageing, Disability and Home Care, Family & Community Services, 2012, UNSW Sydney).

⁹⁶ Ibid, 55.

Case study: the lived experience of system failure

'Casey' is a young Aboriginal woman, born in 1989, who has been diagnosed with a range of mental and cognitive conditions, including behavioural and emotional conditions emerging in childhood and adolescence. These include ADHD, Conduct Disorders, Adjustment Disorders and Personality Disorder. These diagnoses are maintained as she enters adulthood with an additional diagnosis of Bipolar Affective Disorder made at age 17. Casey has also been identified as having a developmental delay and intellectual disability. She has been assessed as having an IQ score of 64 (Verbal IQ 66, Non-verbal IQ 68) placing her in the intellectual disability range. She has a long history of self-harm, physical abuse and trauma. As a young adult Casey is identified as experiencing recurrent depressive disorder, is obese and suffering from asthma. Corrective Services notes indicate alcohol abuse from a young age and other indicators of a drug problem. After the age of 13 Casey barely attends school.

From the age of 12 Casey begins a long and intensive pattern of contact with criminal justice and human service agencies beginning with a notification by her mother of concerns for her child who is 'walking the streets' of her remote NSW town at night. Her first police contact occurs at this age as a result of this notification, in which police note that she is threatening suicide and is 'highly agitated and suffering from a mental illness'. Casey is conveyed to the local hospital by an ambulance where, due to her distress, she is restrained by police and medical staff and sedated. [Community Services] are notified. Soon after, Casey begins a pattern of repeated 'nuisance calls to 000', resulting in police attending. In some instances Casey is observed to be distressed or irrational. As a result she is admitted to hospital under the *Mental Health Act (2007)* on multiple occasions where she is usually sedated and restrained and released the following morning. On several occasions in her teenage years Casey is refused admission to the hospital

with police and doctors concurring that 'the young person just enjoyed the attention her behaviour generated'. Police records indicate that a range of community, mental health, education and other agencies attempt to develop plans to 'deal with her' but 'difficulties lie with the fact that there are little or no facilities in the state to deal with a young child with this behavioural problem'.

As a young person Casey has very frequent interaction with police. For instance, when she is 13 she is the subject of 87 police events, as a result of which she is taken into police custody 35 times and charged on 56 different counts. Often, Casey is violent and resists police intervention and is restrained. Police also note frequent threats and attempts at self-harm when she is taken into custody. On numerous occasions services fail to support Casey. For example, workers from a local mental health service will no longer have Casey released from police into their custody, and child protection services inform the police 'they have nowhere to place the child' and 'refuse to have her in their custody'. As a result, Casey's mother is the sole support person, and on numerous occasions indicates that she is 'unable to control the child and is not prepared to sign a bail agreement'. Since the hospital is also no longer prepared to admit Casey, 'there is no other option available to police than to house the child'. In one incident at her family home when she is 13, Casey's mother contacts police to request assistance 'because she can't control' her daughter who is damaging property in the house with a pair of scissors. Casey's mother indicates to police that 'she did not want her daughter charged, she just wanted support. She states that 'child protection services wouldn't help her and the only thing she could do was ring the Police'.

As Casey moves into her middle teen years, as a result of her frequent offending she also has multiple juvenile custody episodes. She is frequently suspended and ultimately expelled

CASE STUDY

from school when she is 15 and continues to be scheduled under the *Mental Health Act 2007 (NSW)* and admitted to both the local hospital and regional psychiatric hospital. Police note their concern that 'this child is in need of medical and mental treatment. She is being bounced around between Police and the Hospital at least three times in the past two weeks'. They make multiple child protection reports as they hold fears 'that the young person may be physically, emotionally or psychologically abused'. When it becomes clear that the relationship between Casey and her mother has broken down, [Community Services] struggles to find Casey appropriate foster care. At this time Casey's bail conditions continue to require that she 'reside in her family home and not be absent between the hours of 6pm and 6am' creating a situation in which Casey will almost inevitably breach her bail conditions.

When she is 14 Casey is placed in temporary out-of-home residential care with a private service organisation which provides specialist support to young people at risk. During this period Casey frequently assaults her carers, damages property and absconds from her accommodation. Police note on one occasion that 'it appears the child is desperately home sick and has no family or friends down here'. Threats and attempts at self-harm during this time are noted to be escalating.

At the age of 17 Casey is transferred into a residential setting with a disability focus, where her pattern of frequent self-harm, assaulting carers, damaging property, absconding from the facility and resisting arrest continues. She is admitted to hospital for overnight stays on three occasions and following this she is placed on a control order and serves a further two months in a juvenile detention centre where she attempts to set fire to the mattress in her cell. Police events throughout this year follow a similar pattern, with 41 events resulting in 29 charges. Casey continues to be admitted to juvenile detention, serving two months on a control order. Three other stays of short periods

are as a result of being remanded by the court and Police charges.

Casey completes her final stay in youth justice custody on her eighteenth birthday and returns to her residential placement. At this time, a guardianship order is granted whereby the Office of the Public Guardian assumes responsibility for Casey. In her residential placement, her patterns of self-harm and suicide attempts, absconding and offending continue, resulting in further psychiatric admissions. During one of these stays she is sexually assaulted.

Aged 18, Casey serves time in adult corrections where she is placed in a specialist acute female unit where she 'maliciously' damages the flooring of her cell and is restrained with a belt and handcuffs to prevent harm to herself and correctional staff. On release she becomes a client of the Community Justice Program, an intensive 24 hour supported accommodation service which obviates her police and other criminal justice contacts for the first time in her life.

Agency	12-13 yrs	14-17 yrs	18-21 yrs	Total Cost
Police	\$202,683.84	\$504,598.31	\$50,670.96	\$ 757,953.11
Out of home care	\$11,069.00	\$684,598.40	-	\$695,667.40
Courts	\$7,266.00	\$15,208.72	\$1,849.69	\$24,324.41
Juvenile Justice	\$225,379.43	\$472,295.79	-	\$697,675.22
Adult corrections	-	-	\$46,721.50	\$46,721.50
Legal Aid	\$6,740.00	\$17,720.00	\$380.00	\$24,840.00
Health	\$28,399.72	\$382,742.08	\$15,278.83	\$426,420.63
Justice Health	-	-	\$116,297.94	\$116,297.94
Centrelink	-	\$44,429.84	\$48,907.39	\$93,337.23
Community Justice Programme	-	-	\$3,924,481.62	3,924,481.62
Total	\$481,538	2,121,593	4,204,588	6,807,719.09

Table 1: Casey's institutional costs over time⁹⁷

Casey's intellectual disability appears to be a key factor precipitating her institutional contact. She is a client of multiple government agencies and community-based services from a young age, and yet due to her 'problematic behaviour', responsibility for responding to her significant and increasingly complex needs is consistently left to the police.

The provision of intensive 24-hour supported accommodation and multiple case-managers was costly, but ultimately effective in keeping Casey out of the criminal justice system for the first time since her high level of contact had begun as a young teenager. If even a fraction of these resources had been engaged early in Casey's life to support her, her mother, and local

staff in her community to respond to her needs, Casey's trajectory could have been significantly different.⁹⁸

97 Ruth McCausland and Leanne Dowse, 'The Need for a Community-Led, Holistic Service Response to Aboriginal Young People with Cognitive Disability in Remote Areas: A Case Study' (2020) 45(4) *Children Australia* 326, 332.

98 Ibid. 331.



4. Economic analysis of case studies of ALS clients for the Therapeutic Pathways for Children project

This section of the report presents the findings of analysis undertaken by the UNSW research team of two case studies of young people, 'Jack' and 'Jane' (pseudonyms), clients of the Aboriginal Legal Service (NSW/ACT) Limited (ALS), and the estimated costs to the NSW Government of their institutional contacts at different ages. To explain the data underlying the findings summarised in the report, detailed unit costs are provided in [Appendix 3](#) and ALS methodology is provided in [Appendix 4](#).

Case studies and institutional data on Jack and Jane were deidentified by ALS before being provided to the UNSW team for analysis. Calculations underlying Jack and Jane's costings were provided by the UNSW research team for discussion with the Therapeutic Pathways for Children project team. However, the level of disaggregation of data in the case studies and cost calculations could potentially lead to reidentification, so these details have been redacted from this report.

Introduction

The 2023–2024 *Indigenous Expenditure Report* highlights that the over-representation of Aboriginal people in the criminal justice, child protection and out-of-home care (OOHC) systems are large drivers of NSW Government Indigenous expenditure, and the potential benefits from investment in more appropriate early intervention and diversionary options to reduce interactions with these systems.⁹⁹

Treasury estimates that if the First Nations' share of spending on justice, OOHC and child protection in New South Wales matched the First Nations population share, there would be avoided costs of around \$1.8 billion per year. Opportunities for investment in early intervention and diversion should be considered in light of these long-term potential avoided costs. Reducing interaction with these systems has a range of benefits for long-term outcomes at both the individual and community level. This represents a significant reform opportunity to create a more sustainable, effective and appropriate justice and child protection system for First Nations people and families in New South Wales.¹⁰⁰

This report presents findings from a quantitative analysis undertaken by the UNSW research team of the estimated costs to NSW Government of Jack and Jane's institutional contacts at different ages. Viewing Jack and Jane's case studies through an economic lens helps to visualise their institutional experiences (in monetary terms) and shows the drivers and changes over time in the estimated costs to government. The analysis demonstrates the escalating costs associated with criminogenic responses and the economic benefits from culturally appropriate therapeutic responses which reduce contact with the criminal justice system (as seen in Jane's case study).

⁹⁹ NSW Treasury, 2023–24 *Indigenous Expenditure Report* (2024) 7 <https://www.treasury.nsw.gov.au/ier>
¹⁰⁰ Ibid.

Methodology

The methodology for costing Jack and Jane's case studies uses a similar approach to previous studies conducted by members of the UNSW research team.¹⁰¹

Costings have been determined by the UNSW research team, using average unit costs subject to data availability. Costs data were obtained from government reports where possible or were derived from previous research or from agency data made available to the research team. As a result, costings are estimates and do not reflect the actual overall costs or savings of the NSW youth justice system.

The ALS provided the UNSW research team with deidentified case studies and data of Jack and Jane's institutional contacts by age. Each contact was costed and aggregated over different ages. This enables changes in their trajectories over time to be visualised and evaluated in terms of the estimated cost to government.

Vignettes of the case studies, prepared by the UNSW research team from the more detailed ALS case studies, are included for context while removing potentially identifying details. Graphs and summary tables of costs by type of institutional contact and age corresponding to Jack and Jane's case studies are presented below the vignettes. Unit costs and data sources, and ALS methodology, are provided in the appendices.

¹⁰¹ Eileen Baldry et al. *Lifecourse institutional costs of homelessness for vulnerable groups* (Report for the Department of Families, Housing, Community Services and Indigenous Affairs, 2012); Ruth McCausland et al. *People with mental health disorders and cognitive disability in the criminal justice system: cost-benefit analysis of early support and diversion* (Report for the Australian Human Rights Commission, 2013); Rebecca Reeve et al. Economic evaluation of criminal justice support network: Intellectual Disability Behaviour Support Program (2017); Ruth McCausland, Rebecca Reeve and Piers Gooding, 'The economic case for improving legal outcomes for accused persons with cognitive disability: an Australian study' (2019) 15 *International Journal of Law in Context*, 367; Chris Martin et al. *Exiting prison with complex support needs: the role of housing assistance* (Report for AHURI Ltd, 2021) 361.

Jack

Jack is a young Aboriginal man diagnosed as a child with several cognitive and mental health conditions and alcohol and other drug usage. He has significant trauma from childhood abuse and removal from his family and Aboriginal community, and a history of self-harm and suicidal ideation. By age 10 Jack is disengaging from school and is already well known to police and child protection services as a frequently missing person and child at risk. He is scheduled multiple times under the *Mental Health Act 2007 (NSW)*. As recommended by an Aboriginal caseworker, Jack begins to connect with and learn about Aboriginal culture through a local Aboriginal Community-Controlled Organisation just before being placed into OOHC. Jack enters OOHC when he is 9 years old, initially in short-term hotels/motels supervised by Family and Community Services (now DCJ), followed by secure intensive residential care arrangements over the next 3 years. The conditions of Jack's OOHC placements cause him further psychological damage and limit his access to culturally appropriate therapeutic services, and he absconds from his placements with increasing frequency. Jack's substance usage escalates and by the time Jack is 13 years old he has transitioned from being a child in need of protection, to a young person who is the subject of frequent arrest. By his 15th birthday, Jack has spent over 500 days in youth detention. Multiple psychological and psychiatric reviews while Jack is in detention identify his experiences of extensive childhood trauma, placement in OOHC, and his cognitive disabilities as significant factors contributing to his contact with police and courts. He finally receives a holistic tailored treatment plan that considers his cultural identity while in custody at age 16.

Jane

Jane is a young Aboriginal woman with cognitive and mental health conditions who presents with behavioural challenges at primary school. However, the first time she is formally diagnosed is as a teenager. She changes school multiple times due to housing instability and is frequently suspended. At age 11, Jane begins socialising with older children with whom she begins using illicit substances and engages in behaviour that brings her into contact with the criminal justice system. She receives her first charge and remand episode at age 12, and over the following 3 years is detained more than 20 times and spends more than 500 days in custody. From age 12 to 17 she also spends more than 800 days on community-based supervision orders. At age 15 Jane is admitted to the Youth Koori Court where she receives an action and support plan providing her with a range of holistic supports, graduating after 3 years. During this time Jane gives birth to her two children, engages with an Aboriginal-led parenting support program and participates in a youth-led community program where she receives cultural and social support and eventually gains employment. Jane develops strong cultural and community connections, excels at her job, and becomes an advocate for her people. From the time Jane enters the Youth Koori Court at age 15 she receives no new custodial sentences and following her graduation at age 18 has only two further custodial episodes on remand and is granted bail at her first court appearance. Had Jane received earlier diagnoses and therapeutic supports when she first presented as a child with complex needs her outcomes may have improved when she was much younger.

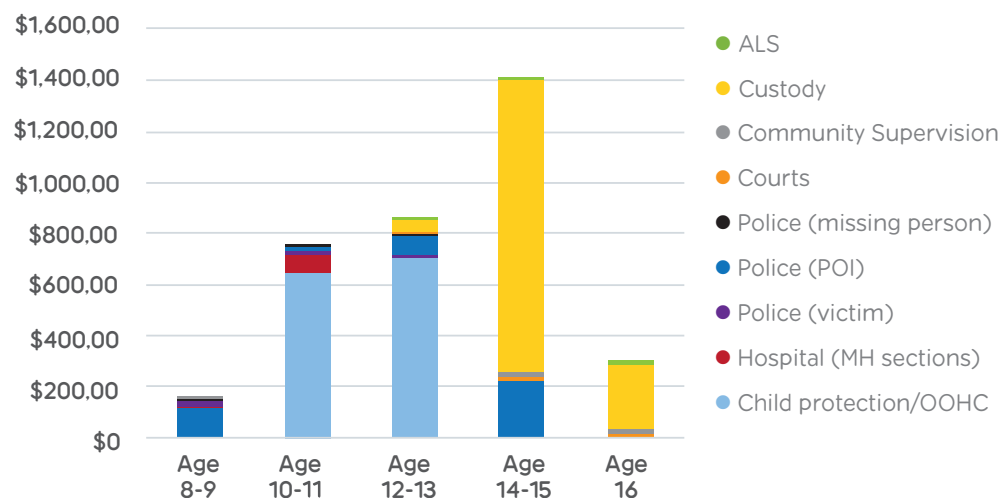
Jack - costings

From ages 8–13 Jack’s costs to government are increasing, driven by contact with the child protection/OOHC system which, as noted in his case study, was initially in short-term hotels/motels followed by secure intensive residential accommodation, limiting his access to culturally appropriate therapeutic services.

Jack’s criminal justice contacts and associated costs shift over time, initially with police as a victim and missing person, to becoming a person of interest (POI). By the time Jack is 14–15 his costs to government are more than \$1.4m, dominated by days in custody.

This illustrates the failure to provide therapeutic support when Jack was a child at risk and the trajectory of increasingly intensive engagement with the criminal justice system and potentially avoidable costs amounting to millions of dollars.

Jack - costs by age and type



Costs by age and type	Age 8-9	Age 10-11	Age 12-13	Age 14-15	Age 16 ¹⁰²	Total (age 8-16)
Child protection/OOHC	\$119,647.64	\$638,928.62	\$704,180.00	\$4,618.00	\$0.00	\$1,467,374.26
Hospital (MH sections)	\$12,682.80	\$72,926.10	\$3,170.70	\$0.00	\$0.00	\$88,779.60
Police (victim)	\$9,142.26	\$18,284.52	\$9,142.26	\$0.00	\$0.00	\$36,569.04
Police (POI)	\$0.00	\$12,189.68	\$73,138.08	\$219,414.24	\$9,142.26	\$313,884.26
Police (missing person)	\$3,008.20	\$15,041.00	\$4,512.30	\$1,504.10	\$0.00	\$24,065.60
Courts	\$0.00	\$0.00	\$8,251.04	\$14,574.00	\$16,127.00	\$38,952.04
Community supervision	\$0.00	\$0.00	\$0.00	\$18,861.70	\$6,858.80	\$25,720.50
Custody	\$0.00	\$0.00	\$44,146.08	\$1,125,725.04	\$253,839.96	\$1,423,711.08
ALS	\$0.00	\$0.00	\$7,471.00	\$15,750.00	\$16,568.00	\$39,789.00
Total	\$144,480.90	\$757,369.92	\$854,011.46	\$1,400,447.08	\$302,536.02	\$3,458,845.38

102 Note that Jack’s data at age 16 is only for a short part of the year.

Jane - costings

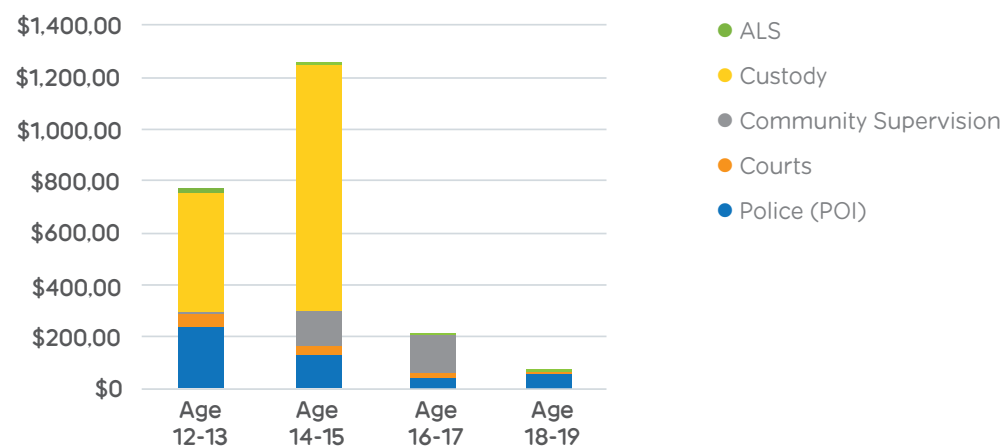
By the time Jane is aged 12-13 her costs to the criminal justice system already amount to nearly \$800,000, of which 30% relates to her engagement with police and more than 50% is from time spent in custody.

Jane spends even more time in custody at ages 14-15 and her costs to government over these two years alone reach over \$1.25 million.

After Jane enters the Youth Koori Court at age 15 she receives no new custodial sentences. Her costs reduce substantially and continue to reduce following Jane's graduation from Youth Koori Court at age 18.

This illustrates that the Youth Koori Court, and the culturally appropriate holistic support it enables, greatly improves Jane's life and future and provides significant cost-saving to government. However, it also illustrates the missed opportunity for earlier investment in therapeutic pathways rather than via the youth justice system.

Jane - costs by age and type



Costs by age and type	Age 12-13	Age 14-15	Age 16-17	Age 18-19	Total (age 12-19)
Police (POI)	\$243,793.60	\$131,039.06	\$42,663.88	\$60,948.40	\$478,444.94
Courts	\$46,828.00	\$36,580.60	\$22,091.00	\$7,117.00	\$112,616.60
Community supervision	\$5,487.04	\$133,403.66	\$144,034.80	\$0.00	\$282,925.50
Custody	\$458,015.58	\$943,622.46	\$0.00	\$875.66	\$1,402,513.70
ALS	\$20,207.00	\$12,736.00	\$7,864.00	\$7,435.00	\$48,242.00
Total	\$774,331.22	\$1,257,381.78	\$216,653.68	\$76,376.06	\$2,324,742.74



5. The current NSW service system

The following section provides an overview of the service system for children and young people aged under 14 (i.e. aged 10–13) and Aboriginal children and young people in NSW. It begins by outlining the results of a preliminary ‘mapping exercise’ of the current system before moving into a discussion of how to understand the current system and the pathways into and through it.

Mapping the current system

The UNSW research team focused on current services, programs, supports, activities or pathways available for children and young people in NSW that aim to:

1. address the ‘risk factors’ commonly identified as leading to children and young people’s involvement in the criminal justice system; and
2. respond to children and young people who have had any level of contact with the criminal justice system.

For ease, these services, programs, supports, activities or pathways are collectively referred to as ‘responses’. However, where appropriate, the individual descriptors (e.g. ‘service’ or ‘program’) are used.

Classification of responders

Government responders: Responders were classified as ‘government’ responders if they were NSW Government entities, such as a government department or agency.

Non-government organisations (NGOs): Responders were classified as non-government organisations if they were formally structured entities

that operated independently from government control (whether or not they received funding from government agencies).

Aboriginal organisations: Responders were classified as 'Aboriginal organisations' if they met the definition of either 'Aboriginal and Torres Strait Islander organisation' or 'Aboriginal Community-Controlled Organisation' under Closing the Gap:

Aboriginal and Torres Strait Islander organisation: (other than an Aboriginal and Torres Strait Islander community-controlled organisation) – a business, charity, not-for-profit organisation, incorporated under Commonwealth, state or territory legislation, that has at least 51% Aboriginal and/or Torres Strait Islander ownership and/or directorship and is operated for the benefit of Aboriginal and Torres Strait Islander communities

Aboriginal Community-Controlled Organisations (ACCOs): an Aboriginal and/or Torres Strait Islander Community-Controlled Organisation delivers services, including land and resource management, that builds the strength and empowerment of Aboriginal and Torres Strait Islander communities and people and is:

- a. incorporated under relevant legislation and not-for-profit
- b. controlled and operated by Aboriginal and/or Torres Strait Islander people
- c. connected to the community, or communities, in which they deliver the services
- d. governed by a majority Aboriginal and/or Torres Strait Islander governing body.

Aboriginal Community-Controlled Health Organisations (ACCHOs):

Responders were classified as ACCHOs if they were in NSW and listed as a 'member' on the National Aboriginal Community-Controlled Health Organisations website.

Classification of responses

Adopting the public health approach to the classification of interventions and models of care,¹⁰³ the responses outlined in this section are generally characterised as either 'secondary' or 'tertiary' responses. 'Secondary' responses are those aimed at children or young people considered to have an elevated risk of becoming involved in the criminal justice system, including those who are disengaged from education, are homeless or in unstable accommodation, are involved in the child protection system, or who have mental health or alcohol or drug use disorders. 'Tertiary' responses are those aimed at children or young people who have been in contact with the criminal justice system (e.g. police), and include diversionary responses to youth offending.

Primary (or 'universal') responses aimed at either the general population or all children and young people (such as programs about healthy relationships in schools or parenting programs for young families) were outside the scope of this project. Despite this, some responses for children and young people who were not necessarily classified as 'at risk' of being involved in the criminal justice system were included in the mapping exercise. These were generally programs designed to build and enhance connections within specific Aboriginal communities or between Aboriginal children and young people and their culture. Given the importance of these factors in reducing or limiting the involvement of Aboriginal children and young people in the criminal justice system, these responses were included in the mapping exercise.

¹⁰³ A key component of the 'Spectrum of Care' model is the provision of coordinated and integrated primary health care services that: (i) encompass health promotion and illness prevention (primary prevention); (ii) provide early detection and intervention (secondary prevention); and (iii) provide continuing care for people with chronic and complex conditions through multi-disciplinary planned care (tertiary prevention designed to minimise impact and improve function through effective treatment and rehabilitation): See NSW Health, Spectrum of Care. Available: <https://www.health.nsw.gov.au/healthone/Pages/spectrum-of-care.aspx#>. For criminal justice system applications of prevention approaches see: Samantha Battams et al. 'Reducing Incarceration Rates in Australia Through Primary, Secondary, and Tertiary Crime Prevention' (2021) 36(6) *Criminal Justice Policy Review* 618 <https://doi.org/10.1177/0887403420979178>.

Data sources

At the beginning of the project, DCJ and the ALS each provided the research team at UNSW with a spreadsheet of relevant responses (i.e. services, programs, supports, activities or pathways) that had been prepared internally for the purpose of this mapping exercise. The team at UNSW then combined this information into one spreadsheet, removed duplicates and any responses that fell outside the scope of the research (for instance, programs designed to train adults to work with children and young people), and supplemented the data with further publicly available information gathered from desktop research. Further information about how the mapping exercise was undertaken, including the criteria used to determine whether responses should be included in the spreadsheets prepared by the partnership members, is included in [Appendix 5: Mapping exercise methodology](#).

It is important to note that the number of responses identified during the mapping exercise is very likely an undercount of the actual responses available to the target cohort for several reasons, including:

- The publicly available material about some potentially relevant responses, such as mental health services/programs and alcohol and other drug (AOD) responses, did not indicate whether they were accessible to children and/or young people and the time constraints of the project did not allow for more in-depth follow up with individual service providers.
- Some of the identified responses, such as the Targeted Earlier Intervention (TEI) program provided by DJC, were 'umbrella' responses that could be delivered via various programs or activities tailored to local community priorities and needs. Information about the actual services or programs provided under the 'umbrella' response was not always readily available.
- Due to the significant complexity of the task and the time constraints of the project, searches were not conducted to identify the responses available to children and young people in the target cohort in some

particular but relevant contexts, such as in non-government schools or religious institutions.

- In some cases, it was difficult to determine which non-government providers had been funded to deliver some government programs, such as DCJ-designed and -funded child protection programs. However, attempts were made to capture these data where possible.
- It is possible that some locally based programs delivered by grassroots non-government organisations or Aboriginal community-controlled organisations were not captured by the data collection process.

Despite these limitations, the information presented in this section represents the collective effort of the partnership to produce a comprehensive and up-to-date overview of responses available to children and young people in the target cohort in NSW. It provides significant insight into the nature and scope of the relevant 'service system' and establishes a solid foundation upon which to build a more permanent database in the future, such as an online and searchable database available to all response providers.

Number of responses and response providers

In total, 405 different responses to children and young people in the target cohort were identified (that is, 405 different services, programs, supports, activities or pathways). These are set out in [Appendix 6](#). The total number of responses that children and young people in the target cohort can access throughout NSW, however, is greater than 405. This is because several of the responses are delivered in multiple locations throughout NSW. For example, the Casework Support Program and the Homeless Youth Assistance Program are delivered at various locations by different response providers. Similarly, school counsellors are available in all publicly funded schools. However, for the purpose of attempting to identify the number of different responses, each of these programs and services was counted only once.

The 405 different responses were provided by at least 166 different response providers (noting that not all providers of government-funded

programs could be identified for the reasons outlined above). Of these 166 response providers:

- 11 were Government response providers
- 92 were Non-Government Organisations (NGOs)
- 31 were Aboriginal Community-Controlled Health Organisations (ACCHOs)
- 30 were Aboriginal organisations or Aboriginal Community-Controlled Organisations (ACCOs)
- 2 were 'other' response providers, including a partnership and a volunteer program.

The primary Government response providers were DCJ, NSW Health, the NSW Police Force and the NSW Department of Education, while large NGO service providers included Mission Australia, Centacare and the Ted Noffs Foundation.

While some Aboriginal organisations provided multiple responses (for example, Deadly Connections), the majority provided one or two locally based services or programs. The ACCHOs provided a wide range of responses in primarily regional and remote areas, including alcohol and drug services, mental health services, homelessness services and family preservation services.

Based on the publicly available information, it was generally not possible to determine which of the responses delivered by NGOs, Aboriginal organisations and ACCHOs were designed and/or funded in whole or part by the Commonwealth or NSW Governments.

Primary targeted need or risk factor

Of the 405 different responses, approximately one-third (n=133) addressed more than one need or risk factor. These included mentoring services, case management services (generally aimed at both children and young people and their families), counselling services, behaviour schools, Children's Court responses (e.g. the Youth Koori Court) and multiagency or multi-disciplinary responses. In addition, this category included a small

number of 'triage' or 'referral' mechanisms designed to assess and refer children and young people to appropriate services, such as Child Wellbeing Units and the RISEUP Program run by the NSW Police Force and PCYC NSW.

Of the remainder of the responses:

- 73 were focused on mental health issues among children and young people, including services provided by psychologists, psychiatrists, social workers, mental health nurses and school counsellors, as well as services designed to provide family counselling and telephone mental health support lines.
- 42 were aimed at addressing disengagement from education and included programs to help young people prepare for employment and find work; programs for children who have been suspended or are otherwise disengaged with school; tutoring services; and case planning services (such as that provided by the Education Court Liaison Officer Program).
- 35 addressed family preservation and/or child protection concerns, including DCJ-led responses (such as Functional Family Therapy Child Welfare and Multisystemic Therapy for Child Abuse and Neglect), as well as services and programs provided by Aboriginal organisations and NGOs.
- 27 aimed to address AOD misuse by children and young people. These included counselling and support services, as well as treatment and residential rehabilitation programs.
- 24 focused on homelessness or housing instability among children and young people, including services providing accommodation support for young people on bail, crisis accommodation services, and assistance provided under the Homeless Youth Assistance Program.
- 20 focused on cultural connection, including programs that included cultural education, cultural activities, cultural mentoring, and connection to other community members (including Elders) and Country. One of these programs addressed cultural connection for

non-Indigenous children and young people (the Pasifika Program in the Cobham Youth Justice Centre).

- 13 primarily aimed to support social connections among the target cohort, including after-hours, drop-in and recreational centres designed to foster pro-social connections.
- 12 primarily aimed to address violent behaviours displayed by children and young people, with most focusing on adolescent boys who use violence in a domestic or family-related context.
- 7 provided night patrols or other forms of youth transport. These responses, such as the Safe Aboriginal Youth (SAY) and Bummers Boomerang Bus in La Perouse, aimed to ensure that children and young people could access transport at night, thereby helping to reduce the risk of them becoming victims of crime or persons of interest in relation to criminal offences.
- 5 aimed to address victimisation, including responses providing counselling and support for children and young people who are victim-survivors of sexual assault or domestic and family violence.
- 4 aimed to promote and facilitate Aboriginal and Torres Strait Islander community-led decision-making with respect to children and young people in the target cohort, including Mounty Yarns and Yuwaya Ngarra-Li.
- 4 primarily aimed to address harmful sexual behaviours by children and young people, including the NSW Health Safe Wayz program for children under 10 who have displayed problematic or harmful sexual behaviours.
- 3 were disability-specific, including a program aiming to assess and diagnose fetal alcohol spectrum disorder (FASD) in youth at risk, and a pathway to transfer non-ROSH reports from DCJ to the Engagement and Family Support Program.
- 2 focused on job preparedness and aimed to help at risk young people find employment.
- 1 aimed to address family involvement with the criminal justice system (run by Shine for Kids).

Timing of response

The vast majority of the 405 services (n=283) were classified as secondary responses that were aimed at children or young people considered to have an elevated risk of involvement in the youth justice system.

A total of 45 tertiary responses were identified, most of which were provided by government responders. These included a range of responses for children in contact with the criminal justice system, including:

- accommodation services and referral mechanisms, such as Youth Justice NSW's Bail and Accommodation Support Service.
- mentoring for children and young people charged with offences, such as Breaking the Cycle, provided by Deadly Connections.
- diversionary responses, such as that available under the NSW Youth Justice NSW's Youth on Track program.
- Offence-focused responses, such as Youth Justice NSW's Changing Habits and Reaching Targets program.
- multi-disciplinary responses, such as the Broadmeadow Children's Court Pilot Program and Youth Justice NSW's A Place to Go.
- programs for young people in custody, including the Teen Parents in Custody program.
- post-release responses, such as the Creating Futures Justice Program run by Weave Youth and Community Workshops.

An additional 54 responses (services, programs, supports, activities or pathways) were classified as primary responses. These were generally programs designed to build and enhance connections within specific Indigenous communities or between Aboriginal or Torres Strait Islander children and young people and culture. They included, for example, responses that organised and promoted youth community events or culturally appropriate activities for Aboriginal and Torres Strait Islander children. However, they also included a small number of other programs designed to build social connections for non-Indigenous children and young people.

A small number of services (n=23) were classified as both primary and secondary or both secondary and tertiary.

Table 2: Timing of response

Primary, Secondary, Tertiary	No.
Secondary	283
Primary	54
Tertiary	45
Primary/Secondary	18
Secondary/Tertiary	5
Total	405

'First' and 'secondary' responses

The 2023 Standing Council of Attorneys-General *Age of Criminal Responsibility Working Group Report* separates alternative responses for children under a raised minimum age of criminal responsibility into 'first' and 'secondary' responses. A first response is defined as an 'initial response to a negative behaviour displayed by a child', including intervention to address the immediate safety risks caused by the child's behaviour; returning the child to carers; ensuring the child has access to safe accommodation; responding to the needs of victims; and/or referring the child to secondary responses. A secondary response involves 'a longer-term approach to assessing and responding to the ongoing needs of the child and the provision of services and supports to address therapeutic needs'.¹⁰⁴

An attempt was made to categorise the data collected in the mapping exercise into 'first responses' and 'secondary responses'. On close analysis, however, few responses appeared to be able to be classified as 'first responses', with a number of responses initially included in this category by the UNSW research team being better classified as 'secondary responses' (for example, behaviour schools; mentoring by the NSWPF Youth Command; and short-term anger management programs).

¹⁰⁴ Standing Council of Attorneys-General. *Age of Criminal Responsibility Working Group Report* (September 2023). 38.

The responses that did appear to fall into the 'first response' category as defined by the SCAG Report included:

- Responses to assist children and young people to access short term accommodation (such as A Place to Go and the Bail and Accommodation Support Service); and
- Responses to assist children and young people to access safe transport (such the Safe Aboriginal Youth Patrol Program).

The remainder of the responses mapped were secondary responses involving longer-term approaches to children and young people in the target cohort.

Location of services

The identified responses were mapped according to their location, with a focus on determining the nature and number of responses available to members of the cohort in different parts of NSW.

Using the 2021 Australian Statistical Geography Standard Edition 3, services were classified as belonging to one of the following three categories.

1. Metropolitan: Responses were classified as being metropolitan if they were based in a major city in NSW.
2. Regional: Responses were classified as being regional if they were based in either an 'inner regional' or 'outer regional' area.
3. Remote: Responses were classified as being remote if they were based in either 'remote' or 'very remote' areas.

If a service was available in more than one location, it was classified as either: metro/regional (if available in both a metropolitan and a regional area); regional/remote (if available in both a regional and remote area); or 'statewide' (if available in a metropolitan, regional and remote area).

In summary, 82 of the responses were classified as being 'statewide'. These tended to be government child protection, youth justice, mental health or homelessness services, as well as online and/or telephone counselling services.

Of the responses available in only one location, 116 were located in metropolitan areas, 111 in regional areas, and 24 in remote areas. A further 72 responses were available in both metropolitan and regional areas, 14 were available in both regional and remote areas, and one in both metro and remote areas (see Table 3).

Table 3: Location of responses

Location of service	No.
Metropolitan	116
Regional	111
Statewide	82
Metro/regional	60
Remote	24
Regional/remote	11
Metro/remote	1
Total	405

Eligibility for response based on age

An attempt was made to identify responses available to children aged 10 to 13 years of age. In summary, a total of 359 responses were identified as being available to children in this age range (including all responses aimed at family preservation or child protection concerns). Of these:

- 2 were specifically available to children aged 10–11 years
- 14 were specifically available to children aged 10–12 years
- 3 were available to children over the age of 11
- 88 were available to children over the age of 12, and
- 12 were available to children aged 13 and above.

A total of 35 responses initially identified were not available to children aged 10–13 years, while for 11 responses, there was not enough publicly available information to determine whether they were available to children aged 10–13 years.

Table 4: Availability for 10- to 13-year-olds

Available to 10–13 year olds?	No.
Yes	239
12+	88
No	35
10 to 12	14
Further details required	12
13+	12
11+	3
10 to 11	2
Total	405

Specific responses for Aboriginal and/or Torres Strait Islander children and young people

Of the 405 responses identified, 127 were targeted specifically at Aboriginal children and young people. These included:

- mentoring programs;
- mental health and AOD programs provided by ACCHOs;
- programs or activities aimed at fostering cultural connection; and
- specialist support services for Aboriginal children involved in the criminal justice system (such as Breaking the Cycle program run by Deadly Connections).

Of the 127 programs available specifically for Aboriginal children and young people, 13 were classified as statewide programs. A further 56 were available in regional areas, 28 in metropolitan areas, 14 in both metropolitan and regional areas, 14 in remote areas, and 2 in both regional and remote areas.

All of the 14 responses available in remote areas were provided by Aboriginal organisations and ACCHOs, with responses available in Bourke (n=3), Walgett (n=3), Coonamble (n=2), Coomealla (n=2), Wilcannia (n=1), Brewarrina (n=1), Lake Cargelligo (n=1) and Moree (n=1).

Understanding the current service system and pathways

From the outset, it is important to recognise that the 'service system' for children in the target cohort is far broader than the criminal justice system, and includes the large, adjacent systems of education, health and child protection. Programs and services in all of these systems can and do address some of the 'risk factors' or unmet needs of children and young people in the target cohort, including but not limited to AOD misuse, mental health issues, involvement in the child protection system, and disengagement from education. As such, each of these systems and the programs and services delivered within them represent potential opportunities to identify and divert children and young people in the target cohort into therapeutic pathways. In addition, community organisations in contact with children in the target cohort represent another possible opportunity for such diversion.

The mapping exercise revealed some examples of collaborative or multiagency responses to children and young people in the target cohort, including the Elver Program (a partnership between DCJ and NSW Health) and the Wellbeing and Health In-Reach Nurse Coordinator Program (a partnership between the Department of Education and NSW Health). Most Government responses, however, were delivered by discrete government agencies, often in collaboration with NGO providers. As such, it appears there is much greater scope for collaborative and coordinated responses to children and young people among DCJ (including the areas of youth justice and child protection), NSW Health and the Department of Education. Greater coordination between these government agencies would enable children and young people with multiple and complex unmet needs to receive more individualised and flexible responses.

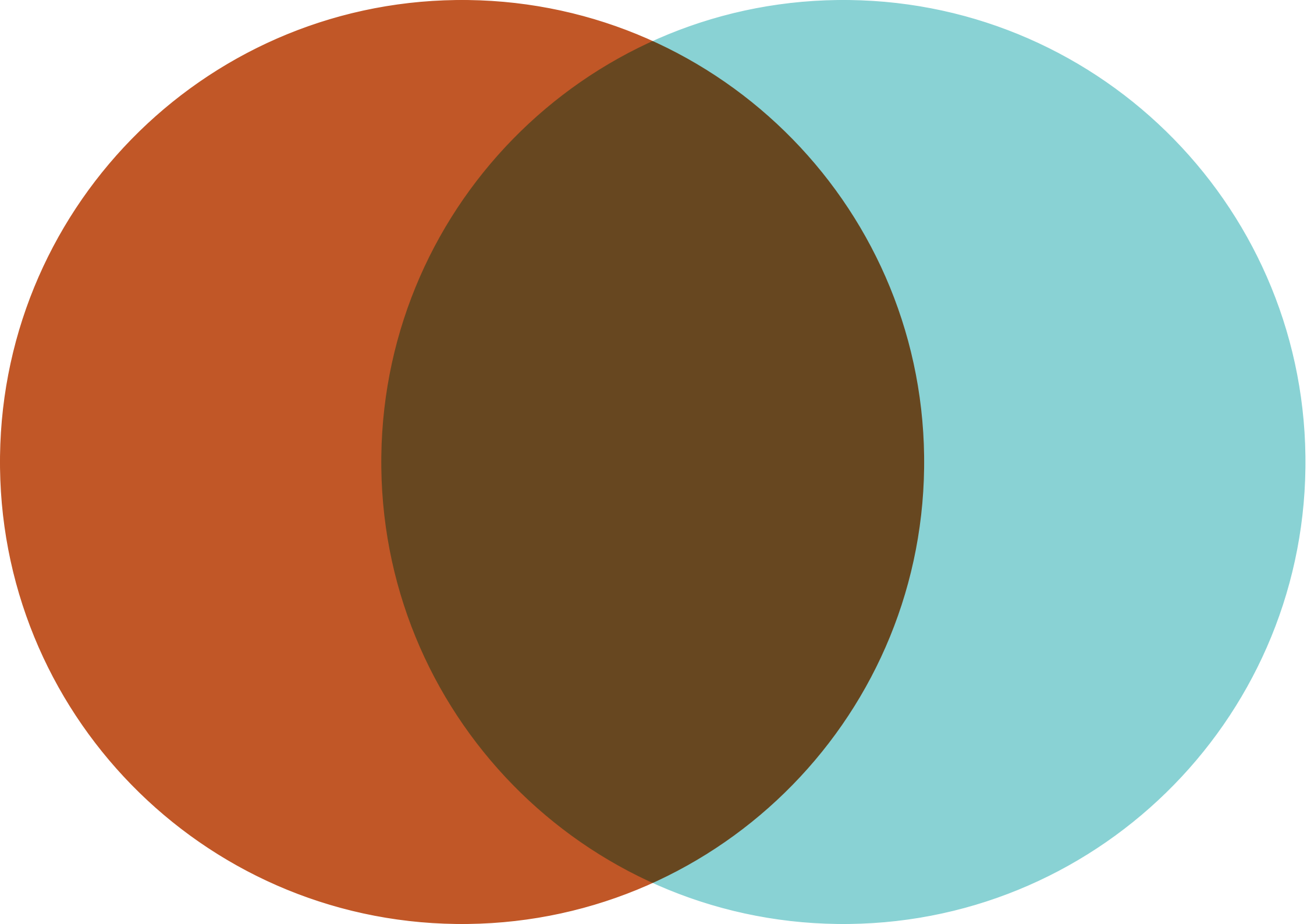
The analysis of response providers revealed a strong non-government service sector, with many programs being delivered by large faith-based NGOs such as Mission Australia. In addition, the service system has a robust number of Aboriginal organisations delivering responses for Aboriginal and Torres Strait Islander children and young people, some of

which are innovative initiatives designed to enhance community cohesion and connection to culture. In addition to Aboriginal organisations, most ACCHOs delivered responses to children and young people in the target cohort, with these responses generally focusing on social and economic wellbeing, mental health and AOD problems. ACCHOs are geographically dispersed throughout NSW and, as such, are well-placed to provide a 'backbone' of responses to children and young people in regional and remote areas.

While many of the responses mapped were specifically available to Aboriginal and Torres Strait Islander children and young people, there were limited responses available to children and young people from other culturally or linguistically diverse or refugee backgrounds. Additionally, there were limited responses designed to address homelessness or housing instability for any children under 12 years of age.

The mapping exercise revealed the presence of a substantial number of secondary responses designed for at-risk children that are not dependent on contact with the criminal justice system, as well as the expected tertiary responses. Many of the identified secondary responses, however, addressed single 'risk factors', such as mental health disorders or homelessness. It appears there is greater scope for the development of more holistic services that address multiple intersecting unmet needs.

The mapping exercise provides a solid foundation upon which to develop further knowledge about the existing service system for children and young people in the target cohort. However, in order to understand the efficacy of the responses identified in this report, more research is needed into a number of issues, including the eligibility criteria for individual responses (for instance, whether the responses have narrow eligibility criteria); the capacity of responders to work with children and young people (including any staffing or funding concerns); the availability of responses in individual Local Government Areas; and the ability of responses to meet the cultural needs of children and young people. This research would necessarily include consultation with children and young people in the target cohort and responders from government, NGOs and Aboriginal community-based organisations.



Appendices

The purpose of these appendices is to provide greater detail on the methodologies and data sources used for this report. [Appendix 1](#) pertains to the cohort description ([section 3 of the report](#)). [Appendix 2](#) relates to the costings in the costs to government analysis ([section 3 of the report](#)). [Appendices 3 and 4](#) relate to economic analysis of the case studies of ALS clients ([section 4 of the report](#)) and [Appendices 5 and 6](#) are related to the systems mapping ([section 5 of the report](#)).

Appendix 1: Data describing the cohort

This appendix contains a descriptive analysis of children and young people in contact with the justice system in NSW by age group, gender, Aboriginal identity, and remoteness (depending on the data available).

Data sources include:

- Data for 2022/23 provided by the Bureau of Crime Statistics and Research (BOCSAR) to the research team at UNSW (BOCSAR reference sw24-23511), including NSW police proceedings (ages 10–17), Children’s Court finalisations (ages 10–18 at time of finalisation) and the average length of sentence/supervision for young people (ages 10–18) found guilty in the Children’s Court.
- BOCSAR data provided by DCJ, ‘Children aged 10–13 in contact with the criminal justice system, 23 October 2023’.
- BOCSAR Youth Offending Dashboards, data last updated 03/04/2024, available at <https://bocsar.nsw.gov.au/statistics-dashboards/open-datasets.html>.
- Data for 2022/23 from the Productivity Commission Report on Government Services (ROGS 2024), available at <https://www.pc.gov.au/ongoing/report-on-government-services/2024>.
- BOCSAR snapshot of young people in custody at March 2024, available at https://www.bocsar.nsw.gov.au/Pages/bocsar_custody_stats/bocsar_custody_stats.aspx.
- BOCSAR ‘Aboriginal kids in custody hexagon’ June 2022, provided to the UNSW research team.

Children and young people proceeded against by the police in NSW

In 2022/23, there were a total of 28,700 police proceedings against children and young people (ages 10–17) in NSW (see Table A1).¹⁰⁵ This includes 12,227 proceedings to court and 16,473 proceedings to diversion under the *Young Offenders Act 1997* (NSW) (including Youth Justice Conferences, cautions and warnings). Note that these data may not be a distinct count of children and young people if an individual was proceeded against more than once in the year.

Age group

Children aged 10–13 made up 21% of all legal actions by police against children and young people (13% of proceedings to court and 27% of diversions).

Table A1: Children and young people proceeded against by police in 2022/23 by age group

Age group	Proceeded to court		Diversions		Total	
	No.	%	No.	%	No.	%
10-13	1,649	13%	4,393	27%	6,042	21%
14-17	10,578	87%	12,080	73%	22,658	79%
Total	12,227	100%	16,473	100%	28,700	100%

¹⁰⁵ Data source: BOCSAR reference sw24-23511, Table 1a (including transport regulatory offences and breaches of bail)

As shown in Figure A1, Youth Justice Conferences made up a very small proportion of police proceedings in 2022/23 (3% for ages 14-17 and 4% for ages 10-13). For children and young people aged 14-17, the most frequent legal action by the police was proceeding to court (47%), followed by warning (26%) and caution (24%). Children aged 10-13 were more likely to receive a warning (39%) or caution (30%); however, more than one quarter (27%) were proceeded to court.

Aboriginal identity

As shown in Table A2, 42% of all police proceedings against children and young people aged 10-17 were for Aboriginal children and young people, including 58% of proceedings to court and 29% of diversions. More than half (53%) of all police proceedings against children aged 10-13 were for Aboriginal children, including 3/4 of proceedings to court (76%) and 44% of diversions for this age group.

Table A2: Children and young people proceeded against by police in 2022/23 by age group and Aboriginal identity

Age group and Aboriginal identity	Proceeded to court		Diversions		Total	
	No.	%	No.	%	No.	%
10-13 Aboriginal	1,250	76%	1,933	44%	3,183	53%
10-13 Non-Aboriginal	399	24%	2,439	56%	2,838	47%
10-13 Unknown	0	0%	21	0%	21	0%
10-13 Total	1,649	100%	4,393	100%	6,042	100%
14-17 Aboriginal	5,869	55%	2,867	24%	8,736	39%
14-17 Non-Aboriginal	4,648	44%	9,143	76%	13,791	61%
14-17 Unknown	61	1%	70	1%	131	1%
14-17 Total	10,578	100%	12,080	100%	22,658	100%
10-17 Aboriginal	7,119	58%	4,800	29%	11,919	42%
10-17 Non-Aboriginal	5,047	41%	11,582	70%	16,629	58%
10-17 Unknown	61	0%	91	1%	152	1%
10-17 Total	12,227	100%	16,473	100%	28,700	100%

Children and young people proceeded against by police 2022/23 by age group and type of proceeding

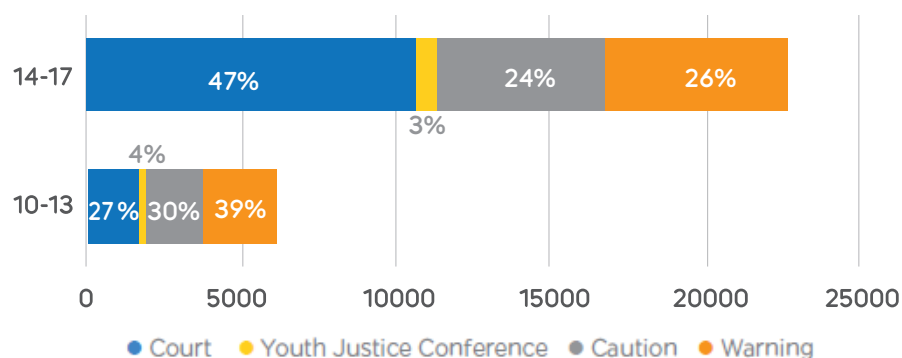


Figure A1: Children and young people proceeded against by police in 2022/23 by age group and type of proceeding

Gender

Table A3 shows that 1/5 proceedings to court (20%) and 1/3 diversions (33%) were for girls (ages 10–17). For children aged 10–13, almost 1/4 proceedings to court (23%), and just over 1/3 diversions (36%) were for girls.

Table A3: Children and young people proceeded against by police in 2022/23 by age group and gender

Age group and gender	Proceeded to court		Diversions		Total	
	No.	%	No.	%	No.	%
10-13 Female	382	23%	1,597	36%	1,979	33%
10-13 Male	1,265	77%	2,770	63%	4,035	67%
10-13 Unknown	2	0%	26	1%	28	0%
10-13 Total	1,649	100%	4,393	100%	6,042	100%
14-17 Female	2,057	19%	3,806	32%	5,863	26%
14-17 Male	8,509	80%	8,243	68%	16,752	74%
14-17 Unknown	12	0%	31	0%	43	0%
14-17 Total	10,578	100%	12,080	100%	22,658	100%
10-17 Female	2,439	20%	5,403	33%	7,842	27%
10-17 Male	9,774	80%	11,013	67%	20,787	72%
10-17 Unknown	14	0%	57	0%	71	0%
10-17 Total	12,227	100%	16,473	100%	28,700	100%

Remoteness

Two-thirds (66%) of police proceedings against children and young people aged 10–17 were in metropolitan areas, including 60% of proceedings to court and 71% of diversions. Among children aged 10–13, a smaller proportion of proceedings were for children in metropolitan areas (60%), and a greater proportion were for those in regional areas (37%). See Table A4.

Table A4: Children and young people proceeded against by police in 2022/23 by age group and remoteness

Age group and remoteness	Proceeded to court		Diversions		Total	
	No.	%	No.	%	No.	%
10-13 Metro	831	50%	2,822	64%	3,653	60%
10-13 Regional	747	45%	1,477	34%	2,224	37%
10-13 Remote	66	4%	75	2%	141	2%
10-13 Unknown	5	0%	19	0%	24	0%
10-13 Total	1,649	100%	4,393	100%	6,042	100%
14-17 Metro	6,486	61%	8,814	73%	15,300	68%
14-17 Regional	3,609	34%	3,024	25%	6,633	29%
14-17 Remote	232	2%	113	1%	345	2%
14-17 Unknown	251	2%	129	1%	380	2%
14-17 Total	10,578	100%	12,080	100%	22,658	100%
10-17 Metro	7,317	60%	11,636	71%	18,953	66%
10-17 Regional	4,356	36%	4,501	27%	8,857	31%
10-17 Remote	298	2%	188	1%	486	2%
10-17 Unknown	256	2%	148	1%	404	1%
10-17 Total	12,227	100%	16,473	100%	28,700	100%

As illustrated in Figure A2, the type of legal action by the police against children and young people (aged 10–17) differs by remoteness. The majority of children and young people proceeded against in remote areas were proceeded to court (61%), and almost half (49%) of children and young people proceeded against in regional areas were proceeded to court. In metropolitan areas, 39% of children and young people proceeded against were proceeded to court. Children and young people proceeded against in metropolitan areas were more likely to receive a warning (36%) than young people proceeded against in regional or remote areas, for whom 15% (regional) and 10% (remote) received warnings.

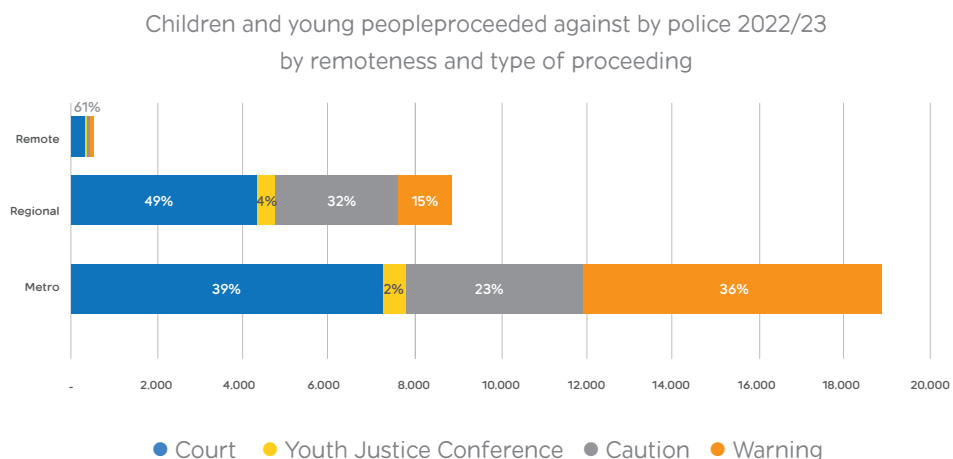


Figure A2: Children and young people proceeded against by police in 2022/23 by remoteness and type of proceeding

Offence type

The BOCSAR Youth Offending Dashboard notes that:

Certain types of offences (such as graffiti, vandalism, shoplifting and fare evasion) are committed disproportionately by children and young people. Conversely, very serious offences (such as homicide) are rarely perpetrated by children and young people. On the whole, children and young people are more frequently apprehended by police in relation to offences against property than offences against the person.¹⁰⁶

Table A5 lists police proceedings against children and young people aged 10–17 in 2022/23 in order of the most frequently recorded offence type. The five most frequently recorded offence types for all children and young people proceeded against by NSW police in 2022/23 were: transport regulatory offences (5,351), theft (4,676), non-domestic assault (2,817), offences against justice procedures (2,383), and disorderly conduct (2,115). Theft and offences against justice procedures made up the largest proportions of offences that resulted in court appearances (19% and 18% of offences proceeded to court, respectively).

¹⁰⁶ BOCSAR Youth Offending Dashboards, quote above section 3. Offence Breakdown <https://bocsar.nsw.gov.au/topic-areas/young-people.html>

Table A5: Police proceedings against children and young people aged 10-17 in 2022/23 by type of recorded offence

Offence type	Proceeded to court		Diversions		Total	
	No.	%	No.	%	No.	%
Transport regulatory offences	40	0%	5,311	32%	5,351	19%
Theft (including fraud)	2,368	19%	2,308	14%	4,676	16%
Non-domestic assault	941	8%	1,876	11%	2,817	10%
Against justice procedures	2,235	18%	148	1%	2,383	8%
Disorderly conduct	570	5%	1,545	9%	2,115	7%
Break and enter	1,365	11%	583	4%	1,948	7%
Intimidation, stalking and harassment	1,378	11%	504	3%	1,882	7%
Malicious damage to property	538	4%	1,035	6%	1,573	5%
Driving offences	1,037	8%	430	3%	1,467	5%
Drug offences	256	2%	963	6%	1,219	4%
Domestic violence related assault	457	4%	709	4%	1,166	4%
Prohibited and regulated weapons offences	134	1%	409	2%	543	2%
Robbery	505	4%	31	0%	536	2%
Other offences	133	1%	401	2%	534	2%
Sexual offences	185	2%	26	0%	211	1%
Arson	30	0%	52	0%	82	0%
Pornography offences	9	0%	62	0%	71	0%
Liquor offences	1	0%	57	0%	58	0%
Other offences against the person	30	0%	23	0%	53	0%
Homicide	10	0%	0	0%	10	0%
Abduction and kidnapping	4	0%	0	0%	4	0%
Blackmail and extortion	1	0%	0	0%	1	0%
Grand Total	12,227	100%	16,473	100%	28,700	100%

Table A6 lists police proceedings against children aged 10-13 in 2022/23 in order of the most frequent recorded offence type. The five most frequently recorded offence types for 10-13 year-olds were: transport regulatory offences (1,424), theft (900), non-domestic assault (786), disorderly conduct (550), and offences against justice procedures (457). Offences against justice procedures (which include breaches of bail and AVO conditions) made up the largest proportion of recorded offences for children aged 10-13 that resulted in court appearances (26%). This is consistent with previous research, which concluded that the youth justice system is further criminalising children and young people by imposing conditions and then punishing them for not complying with those conditions.¹⁰⁷

¹⁰⁷ Fabrice Crégut et. al. *Replacing the Youth Justice System for Children Aged 10-13 Years in NSW: A 'Best Interests' Response* (Centre for Crime, Law and Justice, Faculty of Law and Justice, UNSW, September 2021) 15-16.

Table A6: Police proceedings against children aged 10-13 in 2022/23 by type of recorded offence

Offence type	Proceeded to court		Diversion		Total	
	No.	%	No.	%	No.	%
Transport regulatory offences	1	0%	1,423	32%	1,424	24%
Theft (including fraud)	302	18%	598	14%	900	15%
Non-domestic assault	160	10%	626	14%	786	13%
Disorderly conduct	102	6%	448	10%	550	9%
Against justice procedures	434	26%	23	1%	457	8%
Malicious damage to property	102	6%	348	8%	450	7%
Break and enter	161	10%	214	5%	375	6%
Intimidation, stalking and harassment	171	10%	120	3%	291	5%
Domestic violence related assault	54	3%	120	3%	174	3%
Driving offences	28	2%	99	2%	127	2%
Prohibited and regulated weapons offences	13	1%	111	3%	124	2%
Other offences	12	1%	100	2%	112	2%
Robbery	69	4%	15	0%	84	1%
Drug offences	6	0%	75	2%	81	1%
Arson	5	0%	30	1%	35	1%
Sexual offences	27	2%	8	0%	35	1%
Pornography offences		0%	28	1%	28	0%
Other offences against the person	2	0%	6	0%	8	0%
Liquor offences		0%	1	0%	1	0%
Grand Total	1,649	100%	4,393	100%	6,042	100%

Figure A3 shows the proportion of each type of offence recorded for children and young people aged 10-17 that was proceeded by police to diversion compared to court. Notably, only 6% of offences against justice procedures received a diversion.

Recorded offences for children and young people aged 10-17 in 2022/23

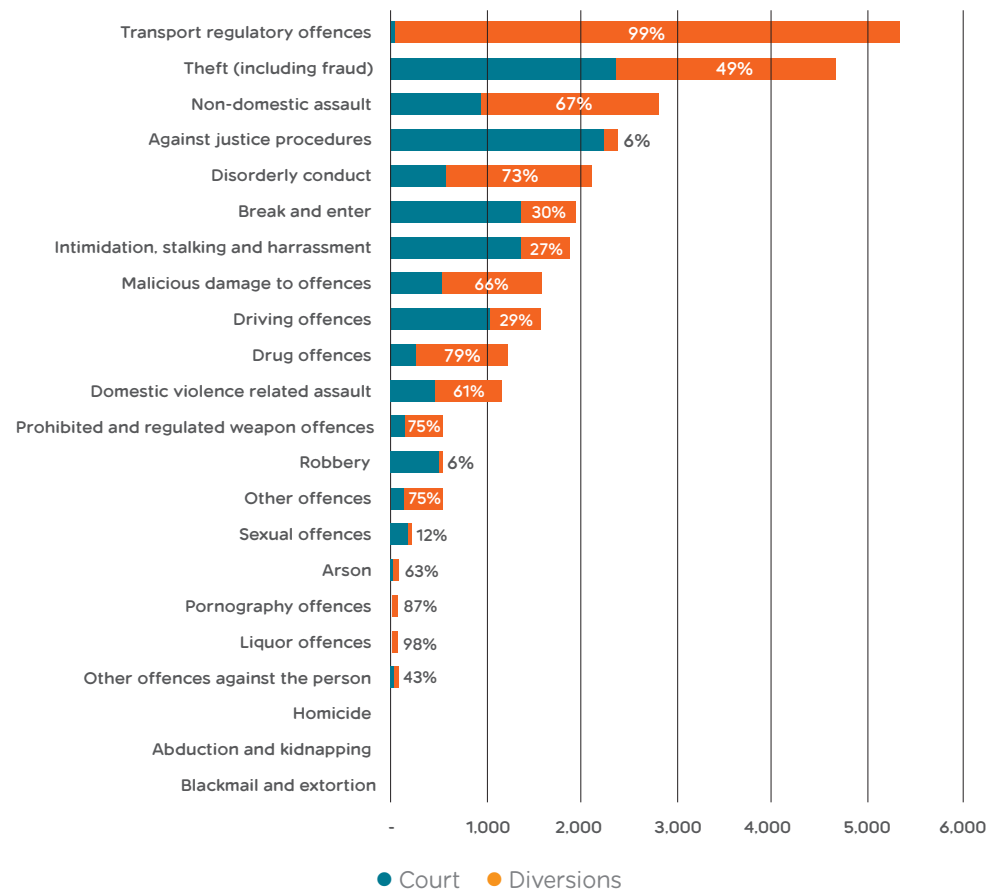


Figure A3: Recorded offences for young people aged 10-17 in 2022/23

NSW Children's Court finalisations in 2022/23

Data provided by BOCSAR for Children's Court finalisations in 2022/23 are based on the date of finalisation, as opposed to the date of offence or charge.¹⁰⁸ Therefore, the following analyses include children and young people aged from 10–18 years at the time of their Children's Court finalisation.

Table A7 shows the number of Children's Court finalisations in 2022/23 by age group at finalisation and court outcome. Of the 5,871 Children's Court finalisations for all young people aged 10–18, 72% were found guilty (pled guilty or found guilty by the court for at least one proven charge). There were 426 finalised appearances for children aged 10–13 at the time of finalisation. Of these, less than one in five (18%) were found guilty of at least one charge, with more than half (53%) having their charges withdrawn, and a quarter (26%) found not guilty and 4% dismissed under section 14 or section 19 of the *Mental Health and Cognitive Impairment Forensic Provisions Act 2020* (NSW).

Table A7: Finalised Children's Court appearances in 2022/23 by outcome and age group

Outcome	Ages 10-13		Ages 14-17		Age 18		Total 10-18	
	No.	%	No.	%	No.	%	No.	%
All charges withdrawn by prosecution	225	53%	504	11%	67	9%	796	14%
Guilty of at least one charge	75	18%	3,555	76%	613	83%	4,243	72%
Dismissed by lower court	16	4%	381	8%	30	4%	427	7%
No proven charge	110	26%	263	6%	32	4%	405	7%
Grand Total	426	100%	4,703	100%	742	100%	5,871	100%

The proportion of Children's Court finalisations found guilty did not vary substantially by Aboriginal identity (Table A8), gender (Table A9) or remoteness (Table A10).

Table A8: Finalised Children's Court appearances in 2022/23 by outcome and Aboriginal identity

Outcome	Aboriginal		Non-Aboriginal		Unknown	
	No.	%	No.	%	No.	%
All charges withdrawn by prosecution	493	15%	294	12%	9	9%
Guilty of at least one charge	2,397	72%	1,769	73%	77	79%
Dismissed by lower court	173	5%	251	10%	3	3%
No proven charge	279	8%	117	5%	9	9%
Grand Total	3,342	100%	2,431	100%	98	100%

Table A9: Finalised Children's Court appearances in 2022/23 by outcome and gender

Outcome	Female		Male	
	No.	%	No.	%
All charges withdrawn by prosecution	186	14%	610	13%
Guilty of at least one charge	925	69%	3,318	73%
Dismissed by lower court	157	12%	270	6%
No proven charge	67	5%	338	7%
Grand Total	1,335	100%	4,536	100%

¹⁰⁸ BOCSAR reference sw24-23511, Table 2.

Table A10: Finalised children’s court appearances in 2022/23 by outcome and remoteness

Outcome	Metro		Regional		Remote		Unknown	
	No.	%	No.	%	No.	%	No.	%
All charges withdrawn by prosecution	516	15%	241	12%	22	15%	17	13%
Guilty of at least one charge	2,482	70%	1,557	76%	106	72%	98	77%
Dismissed by lower court	321	9%	96	5%	5	3%	5	4%
No proven charge	224	6%	160	8%	14	10%	7	6%
Grand Total	3,543	100%	2,054	100%	147	100%	127	100%

Penalties

For children and young people (aged 10–18) who were found guilty in the Children’s Court, 36% received a penalty that involved supervision by DCJ: 31% were given a supervised community sentence and 5% received a custodial sentence.¹⁰⁹ The average sentence length (non-parole period) was 10.5 months for supervised community sentences and 5.2 months for custodial sentences.¹¹⁰ No children aged 10–13 at the time of finalisation received a custodial sentence in 2022/23.

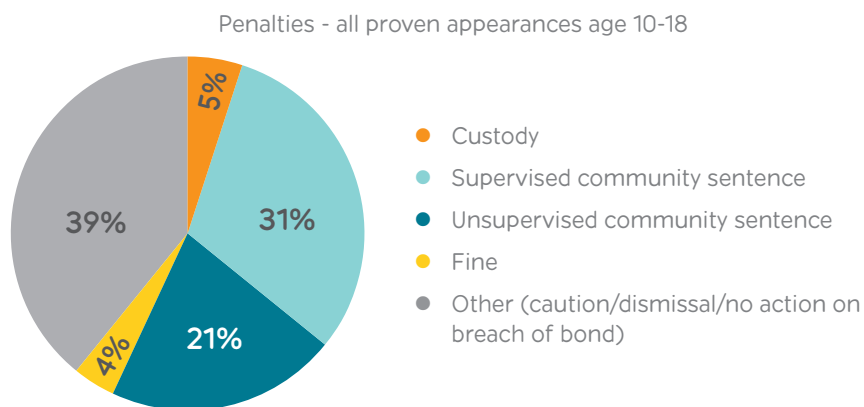


Figure A4 : Penalties for proven Children’s Court appearances

¹⁰⁹ Ibid. Table 3.

¹¹⁰ Ibid. Table 4.

Aboriginal children and young people were more likely than non-Aboriginal young people to be given a penalty that involved supervision by DCJ. As shown in Table A11, 35% of Aboriginal children and young people with a proven appearance received a supervised community sentence (c.f. 26% non-Aboriginal children and young people) and 7% of Aboriginal children and young people with a proven appearance received a custodial sentence (c.f. 2% non-Aboriginal children and young people).

Table A11: Penalties issued for offences proven in the Children’s Court by Aboriginal identity

Penalty	Aboriginal		Non-Aboriginal		Unknown		Total	
	No.	%	No.	%	No.	%	No.	%
Custody	176	7%	36	2%	0	0%	212	5%
Supervised community sentence	831	35%	462	26%	9	12%	1,302	31%
Unsupervised community sentence	446	19%	428	24%	24	32%	898	21%
Fine	79	3%	85	5%	2	3%	166	4%
Other	865	36%	758	43%	40	53%	1,663	39%
Total	2,397	100%	1,769	100%	75	100%	4,241	100%

Intensity of justice contact for children aged 10–13

The 2022/23 BOCSAR data presented in the sections above count events (police proceedings, court finalisations, penalties) as opposed to individuals. It is also useful to look at distinct counts of children and young people in contact with the justice system, to get an indication of the intensity of contact per person.

Distinct counts of children and young people were not available from BOCSAR for the 2022/23 financial year. However, previous data analysis by BOCSAR includes distinct counts of children aged 10–13 with justice contacts in the 2022 calendar year by Aboriginal identity, gender and most serious type of contact.

In total, 2098 individual children aged 10–13 had a justice contact in 2022.¹¹¹ Excluding 623 who only received warnings, the total was 1,475 10–13 year-olds. There were 2,938 proceedings against 10–13-year-olds in 2022, excluding warnings (1,122 court and 1,816 diversions).¹¹² This indicates that children aged 10–13 proceeded against by the police in 2022 had 2 police proceedings each (2,938/1,475), on average, excluding warnings.

Approximately 1/5 of children aged 10–13 with justice contacts went to court (445/2098). More than half of the 445 10–13-year-olds who had Children’s Court appearances were Aboriginal (256 individuals), and around three in ten were girls (133/445).

In 2022, 138 children aged 10–13 were received into youth custody, of whom 57% were Aboriginal. The 138 children aged 10–13 had a total of 391 custody episodes, almost 3 episodes per child, on average. The majority of custody episodes for children aged 10–13 were for 1 day or less (68%).¹¹³ This is consistent with the majority of episodes being remanded as opposed to sentenced.

Children and young people supervised in the community in NSW in 2022/23

During 2022/23 a total of 1,741 children and young people were supervised in the community in NSW.¹¹⁴ The average daily number of children and young people under community-based supervision was 807.¹¹⁵

Table A12 breaks down the 1,741 children and young people who were under community-based supervision during 2022/23 by age group and Aboriginal identity (where known). Approximately half of the children and young people supervised in the community were Aboriginal. Only 2%

(27/1,741) of children and young people supervised in the community were children aged 10–13.¹¹⁶

Table A12: Children and young people in community-based supervision by age group and Aboriginal identity

Age group	Aboriginal identity	Number of young people
10-13	Aboriginal and Torres Strait Islander	17
	Non-Aboriginal	8
	All (including unknown)	27
14-17	Aboriginal and Torres Strait Islander	780
	Non-Aboriginal	748
	All (including unknown)	1,633
18+	Aboriginal and Torres Strait Islander	42
	Non-Aboriginal	36
	All (including unknown)	81

Youth detention in NSW in 2022/23

During 2022/23 a total of 1,489 children and young people were in youth detention in NSW.¹¹⁷ The average daily number of children and young people in youth detention was 200.¹¹⁸

Table A13 breaks down the 1,489 children and young people who were in detention during 2022/23 by age group and Aboriginal identity (where known). In total, just over half of the children and young people in detention were Aboriginal. Around one in ten (160/1,489:10.7%) in detention were children aged 10–13.¹¹⁹

¹¹¹ BOCSAR data provided by DCJ, 'Children aged 10–13 in contact with the criminal justice system, 23 October 2023'.

¹¹² Compiled from BOCSAR Youth Offending Dashboards, data last updated 03/04/2024 <https://bocsar.nsw.gov.au/topic-areas/young-people.html>

¹¹³ BOCSAR data provided by DCJ, 'Children aged 10–13 in contact with the criminal justice system, 23 October 2023'.

¹¹⁴ Productivity Commission, *Report on Government Services 2024* (2024) Table 17A.9.

¹¹⁵ Ibid, Table 17A.20

¹¹⁶ Ibid, Table 17A.9 (age calculated as at start of financial year if first period of supervision in the relevant year began before the start of the financial year, otherwise age is calculated as at start of first period of supervision in the relevant year: see fn b)

¹¹⁷ Ibid, Table 17A.9.

¹¹⁸ Ibid, Table 17A.21.

¹¹⁹ Ibid, Table 17A.9 (age calculated as at start of financial year if first period of supervision in the relevant year began before the start of the financial year, otherwise age is calculated as at start of first period of supervision in the relevant year: see fn b).

Table A13 Children and young people in detention by age group and Aboriginal identity

Age group	Aboriginal identity	Number of children and young people
10-13	Aboriginal and Torres Strait Islander	94
	Non-Aboriginal	57
	All (including unknown)	160
14-17	Aboriginal and Torres Strait Islander	631
	Non-Aboriginal	559
	All (including unknown)	1,244
18+	Aboriginal and Torres Strait Islander	27
	Non-Aboriginal	54
	All (including unknown)	85

Snapshot of people in youth custody in NSW in 2024

BOCSAR dashboards provide youth custody population figures, counted as at midnight on the last day of the quarter.¹²⁰ At the end of the March quarter 2024, 223 children and young people were in custody of whom 75.8% were on remand, 66.4% were Aboriginal and 91.5% were male.

Looking separately at children and young people on remand and sentenced at the end of the March quarter of 2024:

- 169 children and young people in custody were on remand, of whom 68.6% were Aboriginal, and 89.3% were male.
- 54 children and young people were serving custodial sentences, of whom 59.3% were Aboriginal, and 98.1% were male.

Table A14 shows the youth custody population at the end of each quarter, from quarter 4 2016 to quarter 1 2024.¹²¹ The proportion of the youth custody population who are Aboriginal was higher in quarter 1 2024 (66.4%) than in any previous quarter.

¹²⁰ NSW Bureau of Crime Statistics and Research. *Custody*. https://www.bocsar.nsw.gov.au/Pages/bocsar_custody_stats/bocsar_custody_stats.aspx.

¹²¹ Ibid.

Table A14: Youth custody population from quarter 4 2016 to quarter 1 2024

Quarter ID	Total In custody	Sentenced	Remand	Aboriginal	% Aboriginal
Q1 2024	223	54	169	148	66.4%
Q4 2023	172	43	129	107	62.2%
Q3 2023	197	49	148	110	55.8%
Q2 2023	175	44	131	101	57.7%
Q1 2023	212	61	151	121	57.1%
Q4 2022	170	57	113	84	49.4%
Q3 2022	208	51	157	106	51.0%
Q2 2022	191	55	136	97	50.8%
Q1 2022	180	41	139	95	52.8%
Q4 2021	159	47	112	70	44.0%
Q3 2021	172	66	106	71	41.3%
Q2 2021	200	69	131	74	37.0%
Q1 2021	200	73	127	84	42.0%
Q4 2020	184	67	117	73	39.7%
Q3 2020	190	73	117	79	41.6%
Q2 2020	193	89	104	78	40.4%
Q1 2020	244	113	131	107	43.9%
Q4 2019	270	114	156	121	44.8%
Q3 2019	235	98	137	106	45.1%
Q2 2019	275	111	164	131	47.6%
Q1 2019	245	97	148	121	49.4%
Q4 2018	259	113	146	140	54.1%
Q3 2018	279	135	144	141	50.5%
Q2 2018	289	129	160	149	51.6%
Q1 2018	301	116	185	150	49.8%
Q4 2017	267	100	167	119	44.6%
Q3 2017	286	118	168	135	47.2%
Q2 2017	288	127	161	150	52.1%
Q1 2017	279	119	160	148	53.0%
Q4 2016	249	107	142	136	54.6%

Table A15 provides a breakdown of 172 children and young people in custody at the end of December 2023 and 223 children and young people in custody at the end of March 2024.¹²² Most children and young people in custody had bail refused by the court. The three young people in custody who were refused bail by the police (in both quarters) were all Aboriginal males.

¹²² NSW Bureau of Crime Statistics and Research. *New South Wales Custody Statistics Quarterly Update* (March 2024) https://bocsar.nsw.gov.au/documents/publications/custody/NSW_Custody_Statistics_March_2024.pdf.

Table A15: Juvenile custody profile at end of quarter

		Police bail refused		Court bail refused		Sentenced		Total	
		Dec 23	Mar 24	Dec 23	Mar 24	Dec 23	Mar 24	Dec 23	Mar 24
Total male	Count	3	3	118	148	42	53	163	204
	Avg age	14.0	15.3	16.2	16.0	17.2	17.4	16.4	16.3
Total female	Count	0	0	8	18	1	1	9	19
	Avg age	-	-	15.8	15.5	19.0	15.0	16.1	15.5
Aboriginal male	Count	3	3	77	98	22	32	102	133
	Avg age	14.0	15.3	16.1	15.8	16.4	16.8	16.1	16.1
Aboriginal female	Count	0	0	5	15	0	0	5	15
	Avg age	-	-	15.8	15.3	-	-	15.8	15.3
Total	Count	3	3	126	166	43	54	172	223
	Avg age	14.0	15.3	16.2	15.9	17.2	17.3	16.4	16.2

Appendix 2: Criminal justice system costs for children and young people in NSW

Children and young people proceeded against by the police

In 2022/23, there were a total of 28,700 police proceedings against children and young people aged 10–17. This includes 12,227 proceedings to court and 16,473 proceedings to diversion under the *Young Offenders Act 1997* (NSW).¹²³ The estimated average cost of a recorded police incident was \$3,047.42.¹²⁴ This amounts to an **estimated total cost to the NSW government for police proceedings against young people of \$87,460,954** (28,700 x \$3,047.42).

Children’s criminal court

In 2022/23, there were 8,535 matters finalised in the Children’s (criminal) Court in NSW.¹²⁵ The average net cost to government per finalisation in the Children’s (criminal) Court was \$1,041.¹²⁶ **The total net annual cost of children’s (criminal) court matters in NSW was \$8,942,000.**¹²⁷

Youth Justice Conferences

In 2022/23, 1,002 Youth Justice Conferences were concluded in NSW at an average net cost of \$964.04 per concluded conference. **The total net annual cost to the NSW government of Youth Justice Conferences in**

¹²³ BOCSAR data reference sw24-23511, Table 1a.

¹²⁴ From the 2022–23 NSW Police expenditure of \$ 4,883,700,000 (Productivity Commission, *Report on Government Services 2024* (2024) Table 6A.1: real recurrent expenditure). 20% was deducted to account for non-crime related police work: Russel G Smith and Amelia Hickman, *Estimating the costs of serious and organised crime in Australia 2020–21* (Statistical Report 38, Australian Institute of Criminology, 2022) https://www.aic.gov.au/sites/default/files/2022-04/sr38_estimating_the_costs_of_serious_and_organised_crime_v2.pdf 41. The remaining budget (\$3,906,960,000) was then divided by the total number of recorded criminal incidents in NSW (BOCSAR reference sr24-23512) for July 2022 to June 2023 (1,282,054 incidents including driving offences) to estimate a cost per incident of \$3,047.42.

¹²⁵ Productivity Commission, *Report on Government Services 2024* (2024), Table 7A.5— includes criminal cases, breaches of bail, committals and contested infringement notices (as per personal communication with BOCSAR 10/05/2024).

¹²⁶ Productivity Commission, *Report on Government Services 2024* (2024), Table 7A.31.

¹²⁷ Ibid, Table 7A.14.

2022/23 was \$966,000.¹²⁸ In total, 99.5% of Youth Justice Conferences in NSW reached an agreement.¹²⁹

Children and young people supervised in the community

During 2022/23, a total of 1,741 children and young people were supervised in the community in NSW.¹³⁰ The average daily number of children and young people in NSW under community-based supervision was 807. The cost per average day per person under community-based supervision in NSW was \$342.94. The total net **annual cost to the NSW government of community-based supervision of children and young people in 2022/23 was \$101,028,000.**¹³¹

Youth detention

During 2022/23 a total of 1,489 children and young people were in youth detention in NSW.¹³² The average daily number of children and young people in youth detention in NSW in 2022/23 was 200. The cost per average day per person under detention-based supervision was \$2,759.13. The total **annual cost to the NSW government of youth detention in 2022/23 was \$201,372,000.**¹³³

128 Ibid. Table 17A.22.

129 Ibid. Table 17A.12.

130 Ibid. Table 17A.9.

131 Ibid. Table 17A.20.

132 Ibid. Table 17A.9.

133 Ibid. Table 17A.21.

Appendix 3: Unit cost estimates and data sources

Type of contact	Unit cost 2022/23 \$	Source ⁱ
POLICE:		
Recorded criminal incidents ⁱⁱ	\$3,047.42	Derived from RoGS 2024, Table 6A.1, and police incidents data provided by BOCSAR ⁱⁱⁱ
Missing persons investigation	\$1,504.10	https://www.aic.gov.au/sites/default/files/2020-05/tandi144.pdf (inflated to 2022/23 dollars) ^{iv}
COURTS:		
Children's Court	\$1,041.00	RoGS 2024, Table 7A.31
Youth Koori Court	\$9,002.60	https://childrenscourt.nsw.gov.au/documents/reports/An_evaluation_of_the_Youth_Koori_Court_Process.pdf ^v
Youth Justice Conference	\$964.04	RoGS 2024, Table 17A.22
Local Court	\$647.00	RoGS 2024, Table 7A.31
District Court	\$13,004.00	RoGS 2024, Table 7A.31
Supreme court (bail) ^{vi}	N/A	Not available
DJC:		
Community based supervision (days)	\$342.94	RoGS 2024, Table 17A.20
Youth custody (days)	\$2,759.13	RoGS 2024, Table 17A.21
Adult custody (days)	\$437.83	RoGS 2024, Table 8A.19
Mental health sections:		
Inpatient - mental health (child, days)	\$3,170.70	RoGS 2024, Table 13A.38
Child protection:		
ROSH reports	\$495.00	RoGS 2024, Table 16A.25
Notifications (per report)	\$876.00	RoGS 2024, Table 16A.25
Investigations (per notification)	\$3,247.00	RoGS 2024, Table 16A.25
Supreme court orders	\$14,254.00	RoGS 2024, Table 16A.25
Intervention and coordination (per order)	\$3,693.00	RoGS 2024, Table 16A.25
Alternate care days (hotel/motel with FACS staff, per day)	\$2,643.84	Moving cage to cage: Final Report of the Special Inquiry into children and young people in alternative care arrangements ^{vii}
Secure care program (group home) - days	\$1,112.06	Intensive residential care cost https://dcj.nsw.gov.au/documents/service-providers/out-of-home-care-and-permanency-support-program/contracts-funding-and-packages/psp-and-residential-care-rates.pdf
Secure care (one on one) - days	\$1,112.06	As above

ALS:		https://www.legalaid.nsw.gov.au/for-lawyers/fee-scales/crime-fee-scales , as below
Psychiatric reports (private via ALS)	\$1,000.00	Psychologist-and-psychiatrist-fee-scales
Gaol visits	\$390.00	Children's court fee scales - defended hearings
Hearing matters (Children's Court, lump sum)	\$1,429.00	Children's court fee scales - defended hearings
Duty matters (per hour)	\$195.00	Duty lawyer fee scales
Supreme Court bail preparation	\$390.00	Supreme court fee scales - bail
Supreme Court bail application (per hour)	\$195.00	Supreme court fee scales - bail
EAGP solicitor:		
Pre charge certification (Children's Court)	\$2,400.00	Children's court fee scales - EAGP
Post charge certification non-complex (Children's Court)	\$2,400.00	Children's court fee scales - EAGP
Attendance at case conference (Children's Court)	\$1,600.00	Children's court fee scales - EAGP
Sentence preparation (District Court)	\$390.00	District court fee scales
Mention (District Court)	\$195.00	District court fee scales
Court appearance (District Court) (per hour)	\$195.00	District court fee scales
Solicitor advocate appearance (sentence) (District Court)	\$878.00	District court fee scales

i Many of the unit costs from the Productivity Commission's Report on Government Services (RoGS) 2024 which is available here <https://www.pc.gov.au/ongoing/report-on-government-services>.

ii The cost to police per recorded criminal incident is applied whether the child is a POI or a victim - locating missing persons is costed separately.

iii From the 2022-23 NSW Police expenditure of \$ 4,883,700,000 (RoGS 2024 Table 6A.1: real recurrent expenditure) 20% was deducted to account for non-crime related police work (Smith R. Hickman A (2022) https://www.aic.gov.au/sites/default/files/2022-04/sr38_estimating_the_costs_of_serious_and_organised_crime_v2.pdf p.41). The remaining budget (\$3,906,960,000) was then divided by the total number of recorded criminal incidents in NSW (BOCSAR reference sr24-23512) for July 2022 to June 2023 (1,282,054 incidents including driving offences) to estimate a cost per incident of \$3,047.42.

iv Inflated from 1997 to 2022/23 dollars to match costs from RoGS (June 1997 CPI = 66.9, June 2023 CPI = 133.7, inflation rate = 2.0). <https://www.abs.gov.au/statistics/economy/price-indexes-and-inflation/consumer-price-index-australia/jun-quarter-2024/640101.xlsx>.

v Court services costs in FY 19/20 \$270,078 divided by 30 referrals per year = \$9,002.60 (this method is equivalent to estimating at the total cost of the program per participant, assuming that each year the same number of people continue participation into the following year).

vi The average cost of a Supreme Court case is very high (see RoGS 2024, Table 7A.31). As a bail hearing would only be short it did not seem appropriate to use the average cost. Neither costsassessment@justice.nsw.gov.au nor BOCSAR were able to provide a more suitable cost estimate.

vii \$965,000 per year per child in an Alternative Care Arrangement (in temporary accommodation e.g. hotel/motel) divided by 365 days = \$2,634.84 per day.

Appendix 4: ALS Methodology

Introduction

The Aboriginal Legal Service (NSW/ACT) Limited (ALS) is a proud Aboriginal Community-Controlled Organisation (ACCO) and the peak legal services provider to Aboriginal and Torres Strait Islander people in NSW and the ACT. More than 350 ALS staff members based in 21 communities support Aboriginal and Torres Strait Islander adults and children through the provision of high quality and culturally safe legal assistance, including court representation in criminal law, children's care and protection law, and family law. The ALS also delivers a variety of wrap-around programs including bail support, mental health referrals, family violence prevention programs, and child and family advocacy and support. ALS solicitors provide a Visiting Legal Service for Aboriginal children in youth detention centres, represent Aboriginal and Torres Strait Islander families in the NSW Coroner's Court, and deliver a variety of discrete civil law services including tenants' advocacy, assistance with fines and fine-related debt, and discrimination and employment law.

The ALS respects and protects the privacy of clients while also seeking to platform their voices and experiences. With client consent, the ALS utilised internal data sources to compile case studies about the trajectories of two ALS clients, Jack and Jane (pseudonyms).

Jack's case is one where repeated service failure leads to increasingly serious contact with the criminal legal system. Jane's case demonstrates the efficacy of culturally appropriate therapeutic support, but also the opportunities to provide that support much earlier.

Case study methodology

Data relating to Jack and Jane's contact with the criminal legal system (from a bail report recording a full notation of every charge, court appearance, bail breach, detention application and court outcome, including sentences, dismissed charges and acquittals) was used to track the changing nature and intensity of that contact throughout their

childhood, youth and early adulthood. This data was supplemented by admissions discharge records (children's jurisdiction) and custodial records (adult jurisdiction) which record every admission into custody, the length, and whether the person was on remand or sentenced.

Psychological reports and Youth Justice Background Reports, which had been prepared for sentencing proceedings and while the person was in custody, provided a record of Jack and Jane's life courses from early childhood to the present, mental health diagnoses, as well as their own perspectives on their experiences and diagnoses.

Data from the NSW Police Computerised Operational Policing System (COPS) was used to chart the changing nature of police interactions Jack experienced over time, from initially being recorded as a victim to later being recorded as an offender. Similarly, child protection reports, and court orders recorded significant and compounding involvement with the child protection and out-of-home care systems.

A published court judgment recorded some of the outcomes from Jane being provided access to improved therapeutic pathways from the age of 15 to 18 years old.

UNSW costing

Data was extracted from available records to count the number of court proceedings, police diversions, police incidents (warrants, detention applications and bail warnings, and sequences in a charge) and appeal proceedings.

ALS client records, along with court outcomes recorded in the bail report, were used to quantify the number and type of legal services provided by the ALS, including whether matters proceeded to defending hearing, requiring more intensive preparation.

NSW Police COPS data was used to calculate the number of police incidents including risk of serious harm (ROSH) reports, and detention and transport under mental health legislation.

Care and protection data, including time periods and types of care, was extracted from care and protection reports and care plans filed with the Children's Court.

Appendix 5: Mapping exercise methodology

This appendix provides an overview of the methodology used in the mapping exercise undertaken for this report.

DCJ data

The spreadsheet provided to the UNSW research team by DCJ included data collected from various agencies and a desktop search. It included data about programs, services, supports and pathways for children that were:

1. run by Government; funded by Government but delivered by NGO providers; or funded and delivered by NGO providers; and
2. available to children at risk of contact with the criminal justice system, or in contact with the criminal justice system.

Children were considered at risk of being in contact with the criminal justice system if they had the following risk factors:

- disability, including cognitive disability and neurodevelopmental impairment
- involvement with child protection services/OOHC
- trauma, history of abuse/neglect and prior victimisation
- mental health disorders
- drug and alcohol use
- disengagement from education
- homeless or unstable accommodation.

ALS data

The spreadsheet provided to the UNSW research team by the ALS included data about services available for children aged 10–13 inclusive and their families, as well as services available for children aged 14 and over that could be reasonably replicated and expanded to support children aged 10–13 years, if the services were provided by:

- Aboriginal Community-Controlled Organisations and Health Organisations (ACCOs and ACCHOs)
- Non-government organisations (NGOs)
- Networks (e.g. youth forums, stakeholder groups or community networks (e.g. Elders' Councils))
- State and federal government services
- Social enterprises
- Informal community-led or local initiatives (e.g. granny patrols)

Services that were provided by for-profit organisations/fee-for-service providers (except for NDIS providers) were not included.

The inclusion and exclusion criteria applied by the ALS was as follows:

For inclusion: Services providing support to children whose needs or circumstances may pre-dispose them to future or repeat contact with the criminal justice system.

For exclusion: Services that exclude children on the basis that they have not been charged with an offence were not considered within the scope due to their reliance on criminal legal system contact, unless it was identified that there was potential for the services to be adapted or expanded to support children who had not had contact with the criminal legal system.¹³⁴

Pathways/services for children with needs or circumstances that might place them at risk of being drawn into future or repeat contact with the criminal justice system were included in the mapping exercise if they related to one of the matters listed below.

- Multiple complex needs
- Education disengagement
- Disability screening and support
- Care criminalisation and 'cross over kids'

- Family support and child protection concerns
- Mental health, trauma and social and emotional wellbeing
- Homelessness and housing instability
- Harmful AOD use, addiction
- After-hours safety and transport
- Social connection, diversionary activities
- Displaying violent or harmful sexual behaviour
- Cultural disconnection
- Workforce capacity
- Community-led decision-making
- Victim rights/accountability
- Fragmented service delivery

Programs and services were considered relevant but beyond the scope of the project if they were employment and training programs, bail and parole programs, general early intervention and prevention programs, and domestic and family violence services.

To identify relevant services, the ALS project team:

- emailed ALS offices across NSW requesting information about services for children and young people in their area
- contacted Youth Justice NSW offices across the state by telephone and requested information about services for children and young people in the area
- reviewed the websites of 37 Aboriginal Medical Services from the Map of Aboriginal and Torres Strait Islander health/medical services via the Australian Indigenous Health *InfoNet* website
- identified relevant services using Lifeline's 'Service Seeker' website.
- undertook further Google searches to identify any further services, using key words based on urban, regional and remote locations and service pathways, 'e.g. Youth Services Wagga Wagga'

¹³⁴ Standing Council of Attorneys-General. *Age of Criminal Responsibility Working Group Report* (September 2023). 9. Principle 21.

UNSW data

The UNSW research team combined the data provided by DCJ and ALS into one spreadsheet, removed any duplicates or responses that did not fall within the inclusion criteria of either DCJ or ALS, and made some minor amendments and corrections to the data.

The UNSW researchers then supplemented this combined data with information identified through further desktop research into responses (current services, programs, supports, activities or pathways) available in specific domains (such as responses provided by the Department of Education), as well as information acquired during additional internet searches. During this stage of data collection, responses were added to the spreadsheet if they satisfied the inclusion criteria of either DCJ or the ALS.

The UNSW research team applied the definitions set out below to the data in the combined spreadsheet before analysing all data. It also classified all of the identified responses as 'primary', 'secondary' or 'tertiary'.

Classification of responders

Government responders: Responders were classified as 'Government' responders if they were NSW Government entities, such as a government department or agency.

Non-government organisations (NGOs): Responders were classified as non-government organisations if they were formally structured entities that operated independently from government control (whether or not they received funding from government agencies).

Aboriginal organisations

Responders were classified as 'Aboriginal organisations' if they met the definition of either 'Aboriginal and Torres Strait Islander organisation' or 'Aboriginal Community-Controlled Organisation' under *Closing the Gap* (2020). These definitions are extracted below.

Aboriginal and Torres Strait Islander organisation: (other than an Aboriginal and Torres Strait Islander community-controlled organisation) – a business, charity, not-for-profit organisation, incorporated under Commonwealth, state or territory legislation, that has at least 51% Aboriginal and/or Torres Strait Islander ownership and/or directorship and is operated for the benefit of Aboriginal and Torres Strait Islander communities

Aboriginal Community-Controlled Organisations (ACCOs): an Aboriginal and/or Torres Strait Islander Community-Controlled Organisation delivers services, including land and resource management, that builds the strength and empowerment of Aboriginal and Torres Strait Islander communities and people and is:

- a. incorporated under relevant legislation and not-for-profit;
- b. controlled and operated by Aboriginal and/or Torres Strait Islander people;
- c. connected to the community, or communities, in which they deliver the services;
- d. governed by a majority Aboriginal and/or Torres Strait Islander governing body.

Aboriginal Community-Controlled Health Organisations (ACCHOs): Responders were classified as ACCHOs if they were in NSW and listed as a 'member' on the National Aboriginal Community-Controlled Health Organisations website.

Classification of locations

Using the 2021 Australian Statistical Geography Standard Edition 3, services were classified as belonging to one of the following three categories.

Metropolitan: Responses were classified as being metropolitan if they were based in a major city in NSW.

Regional: Responses were classified as being regional if they were based in either an 'inner regional' or 'outer regional' area.

Remote: Responses were classified as being remote if they were based in either 'remote' or 'very remote' areas.

If a service was available in more than one location, it was classified as either: 'metro/regional' (if available in both a metropolitan and a regional area); 'regional/remote' (if available in both a regional and remote area), or 'statewide' (if available in a metropolitan, regional and remote area).

Appendix 6: Service map*

*Sorted by 'Location'

Name of Service	Providing Organisation	Classification of Providing Organisation	Primary Targeted Need/ Risk Factor	Primary, Secondary, Tertiary	Location	Available for 10-13 Year Olds?	Specifically for Aboriginal Children and Young People?
Aboriginal Got It!	NSW Department of Health	GOV	Mental health	Secondary	Metro	No	Yes
Active Leadership Program	NSWPF	GOV	Education disengagement	Secondary	Metro	Yes	No
Adolescent counselling	Samaritans Youth Services	NGO	Mental health	Secondary	Metro	11+	No
Adolescent Family Counsellor	Project Youth	NGO	Mental health	Secondary	Metro	12+	No
After Hours	Fact Tree Youth Services	NGO	Social connection	Primary	Metro	11+	No
Assertive Casework Support	Salvation Army	NGO	Multiple needs / risk factors	Secondary	Metro	12+	No
Blacktown Child Adolescent and Family Counselling	Anglicare	NGO	Mental health	Secondary	Metro	Yes	No
Boyzone	Glebe Youth Service	NGO	Multiple needs / risk factors	Secondary	Metro	12+	No
Brighter Futures	Tharawal Aboriginal Corporation	ACCHO	Family preservation/Child protection concerns	Secondary	Metro	Yes	Yes
Building Young Men	Panthers on the Prowl	NGO	Education disengagement	Secondary	Metro	No	No
Breaking the Cycle	Deadly Connections	Aboriginal organisation	Multiple needs / risk factors	Tertiary	Metro	No	Yes
Canterbury Bankstown Youth Service	Mission Australia	NGO	Housing and accommodation/ Homelessness	Secondary	Metro	No	No
Case management	Midjuburi Youth Resource Centre	NGO	Multiple needs / risk factors	Primary, Secondary	Metro	12+	No
Case management	Fact Tree Youth Services	NGO	Education disengagement	Secondary	Metro	11+	No
Case management and street beat	The Shopfront youth legal service	NGO	Multiple needs / risk factors	Secondary	Metro	Yes	No
Child and Adolescent and Family Service	Southern Youth and Family Services	NGO	Mental health	Secondary	Metro	Yes	No
Cicada Centre	NSW Department of Health (Sydney Children's Hospital Network)	GOV	Disability support	Secondary	Metro	Yes	No
Deadly Families	Deadly Connections	Aboriginal organisation	Multiple needs / risk factors	Secondary	Metro	No	Yes
Collaborative Responsive Adolescent & Family Team (CRAFT)	DCJ (YJNSW)	GOV	Family preservation/Child protection concerns	Tertiary	Metro	Yes	No
Collaborative Support Pathways	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Family preservation/Child protection concerns	Secondary	Metro	Yes	No
Community Health for Adolescents in Need (CHAIN)	Southern Youth and Family Services	NGO	Mental health	Secondary	Metro	12+	No
Community Integration Team	NSW Department of Health (Justice Health)	GOV	Mental health	Tertiary	Metro	Yes	No
Deadly Futures school suspension program	Deadly Connections	Aboriginal organisation	Education disengagement	Secondary	Metro	12+	Yes
Deadly Jargums	Deadly Connections	Aboriginal organisation	Education disengagement	Secondary	Metro	10 to 12	Yes

Name of Service	Providing Organisation	Classification of Providing Organisation	Primary Targeted Need/ Risk Factor	Primary, Secondary, Tertiary	Location	Available for 10-13 Year Olds?	Specifically for Aboriginal Children and Young People?
Counselling	Auburn Youth Centre	NGO	Social connection	Primary, Secondary	Metro	Yes	No
Counselling	Midjuburi Youth Resource Centre	NGO	Multiple needs / risk factors	Secondary	Metro	12+	No
Creating Futures Justice Program	Weave Youth and Community Services	NGO	Multiple needs / risk factors	Tertiary	Metro	Yes	No
Creative Youth Initiative (CYI)	Mission Australia	NGO	Multiple needs / risk factors	Secondary	Metro	No	No
Crime Prevention Workshops	NSWPF	GOV	Multiple needs / risk factors	Tertiary	Metro	Yes	No
Street Smarts	Deadly Connections	Aboriginal organisation	Multiple needs / risk factors	Secondary	Metro	Further Details Required	Yes
Crisis accommodation	Project Youth (Penny's Refuge and The Bridge)	NGO	Housing and accommodation/ Homelessness	Secondary	Metro	No	No
Crisis and long term accommodation	Stepping Stone House	NGO	Housing and accommodation/ Homelessness	Secondary	Metro	12+	No
Daramu Aboriginal Youth Service	Marist Youth Care	NGO	Multiple needs / risk factors	Secondary, Tertiary	Metro	12+	Yes
Barudir Youth Program	Gudjagang Ngarra li-dhi	Aboriginal organisation	Cultural connection	Primary	Metro	13+	Yes
ID Know Yourself	ID Know Yourself	Aboriginal organisation	Multiple needs / risk factors	Secondary	Metro	Yes	Yes
Koori Strong	Illawarra Aboriginal Corporation	Aboriginal organisation	Education disengagement	Secondary	Metro	No	Yes
Myimbarr	Illawarra Aboriginal Corporation	Aboriginal organisation	Family preservation/Child protection concerns	Secondary	Metro	Yes	Yes
Drug and Alcohol Services	Aboriginal Medical Service Redfern	ACCHO	AOD	Secondary	Metro	Yes	Yes
Drug and Alcohol Youth Support (DAYS)	Salvation Army	NGO	AOD	Secondary	Metro	12+	No
Elver Program	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Mental health	Secondary	Metro	Yes	No
Fairfield/Liverpool Youth Health Team	NSW Department of Health	GOV	Multiple needs / risk factors	Secondary	Metro	12+	No
Family Connect and Support	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Family preservation/Child protection concerns	Secondary	Metro	Yes	No
Family Counselling Project	Southern Youth and Family Services	NGO	Housing and accommodation/ Homelessness	Secondary	Metro	Yes	No
Family Matters - Teen parents in custody	DCJ (YJNSW)	GOV	Multiple needs / risk factors	Tertiary	Metro	Yes	No
FASD Assessments for Youth at Risk	Patches NSW	NGO	Disability support	Secondary	Metro	Yes	No
Bummers Boomerang Bus	La Perouse Youth Haven	Aboriginal organisation	After hours safety and transport	Secondary	Metro	Yes	Yes
Heads Up - Wollongong	DCJ (YJNSW)	GOV	Multiple needs / risk factors	Tertiary	Metro	Yes	Yes
Heads up program	Illawarra Aboriginal Medical Service	ACCHO	Mental health	Tertiary	Metro	Yes	Yes
Strengthening Our Mob (SOM)	La Perouse Youth Haven	Aboriginal organisation	Cultural connection	Secondary	Metro	Yes	Yes

Name of Service	Providing Organisation	Classification of Providing Organisation	Primary Targeted Need/ Risk Factor	Primary, Secondary, Tertiary	Location	Available for 10-13 Year Olds?	Specifically for Aboriginal Children and Young People?
High Street Youth Health Service	NSW Department of Health	GOV	Multiple needs / risk factors	Secondary	Metro	12+	No
Illawarra Youth Suicide Prevention Plan	NSWPF	GOV	Mental health	Secondary	Metro	Yes	No
Indigenous Network Program	Southern Youth and Family Services	NGO	Education disengagement	Secondary	Metro	Yes	Yes
Inner City Sydney Homelessness Service - Youth	Mission Australia	NGO	Housing and accommodation/ Homelessness	Secondary	Metro	No	No
Joint Support Program	Salvation Army	NGO	Multiple needs / risk factors	Secondary	Metro	Yes	No
Junior RISE	Whitelion Youth	NGO	Education disengagement	Secondary	Metro	10 to 12	No
Youth Support	Muloobimba Aboriginal Corporation	Aboriginal organisation	Social connection	Primary, Secondary	Metro	13+	Yes
Learning Ground in School (LGIS)	Chain Reaction Foundation Ltd	NGO	Multiple needs / risk factors	Secondary	Metro	13+	No
Local Planning Meeting	NSWPF	GOV	Multiple needs / risk factors	Secondary	Metro	Yes	No
Mental Health	Awabakal Limited (Newcastle Aboriginal Cooperative)	ACCHO	Mental Health	Secondary	Metro	Yes	Yes
Mental Health Services	Aboriginal Medical Service Redfern	ACCHO	Mental Health	Secondary	Metro	Yes	Yes
Met Café	Southern Youth and Family Services	NGO	Education disengagement	Primary	Metro	12+	No
Middle Ground	Glebe Youth Service	NGO	Multiple needs / risk factors	Primary	Metro	12+	No
Mounty Yarns	Just Reinvest	NGO	Community led decision making	Tertiary	Metro	Yes	Yes
Mt Druitt OzTag	Just Reinvest	NGO	Multiple needs / risk factors	Tertiary	Metro	Yes	No
Multiple	Illawarra Aboriginal Medical Service	ACCHO	Mental health	Primary, Secondary	Metro	Yes	Yes
Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Family preservation/Child protection concerns	Secondary	Metro	Yes	No
Newcastle Community Development	Mission Australia	NGO	Multiple needs / risk factors	Primary, Secondary	Metro	Yes	No
Department of Education Engagement and Tutoring	Redfern Youth Connect	Aboriginal organisation	Education disengagement	Primary	Metro	Yes	Yes
Drop in	Redfern Youth Connect	Aboriginal organisation	Social connection	Primary	Metro	Yes	Yes
On Track (job ready) program	Anglicare	NGO	Education disengagement	Secondary	Metro	No	No
PALM	NOFFS	NGO	AOD	Secondary	Metro	13+	No
Parenting Program	Southern Youth and Family Services	NGO	Family preservation/Child protection concerns	Secondary	Metro	10 to 12	No
Pathways	Glebe Youth Service	NGO	Education disengagement	Primary	Metro	12+	No
Pathways Home	Community Restorative Centre	NGO	AOD	Tertiary	Metro	Yes	No
Personal support (youth and social workers)	Auburn Youth Centre	NGO	Social connection	Primary, Secondary	Metro	Yes	No

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Police Youth Mentor Program	NSWPF	GOV	Multiple needs / risk factors	Secondary	Metro	12+	No
Young Mob Fitness	Redfern Youth Connect	Aboriginal organisation	Social connection	Primary	Metro	Yes	Yes
Prevention of Alcohol and Risk-related Trauma in Youth (PARTY) Program	NSW Department of Health	GOV	Multiple needs / risk factors	Secondary	Metro	No	No
Program Pasifika	DCJ (YJNSW)	GOV	Cultural connection	Tertiary	Metro	Yes	No
Psychology Support (Newcastle)	Salvation Army	NGO	Multiple needs / risk factors	Secondary	Metro	12+	No
Public Health Programs	Aboriginal Medical Service Redfern	ACCHO	Cultural connection	Primary	Metro	Yes	Yes
Reconnect	Samaritans Youth Services	NGO	Housing and accommodation/ Homelessness	Secondary	Metro	12+	No
RE-LINK	Southern Youth and Family Services	NGO	Education disengagement	Secondary	Metro	13+	No
Resilient Families (RF)	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Family preservation/Child protection concerns	Secondary	Metro	No	No
Revive	NSWPF	GOV	Education disengagement	Secondary	Metro	No	No
Social and emotional wellbeing	Tharawal Aboriginal Corporation	ACCHO	Mental health	Secondary	Metro	Yes	Yes
South West Sydney Child Youth and Family Service - Bankstown	Mission Australia	NGO	Multiple needs / risk factors	Secondary	Metro	12+	No
South West Sydney Child Youth and Family Service - Campbelltown and Liverpool	Mission Australia	NGO	Multiple needs / risk factors	Primary, Secondary	Metro	Yes	No
Speak Out - dual diagnosis	Weave Youth and Community Services	NGO	Multiple needs / risk factors	Secondary	Metro	12+	No
Star4Kids Program	Mission Australia	NGO	Mental health	Secondary	Metro	10 to 12	No
Street university	NOFFS	NGO	AOD	Secondary	Metro	12+	No
Street Youth Services	Humanity matters	NGO	After hours safety and transport	Secondary	Metro	Yes	No
Keeping it Deadly	Sydney Region Aboriginal Corporation	Aboriginal organisation	Education disengagement	Secondary	Metro	Yes	Yes
Stronger Pathways Together	DCJ (YJNSW)	GOV	Multiple needs / risk factors	Secondary	Metro	No	No
Support for Families	Community Restorative Centre	NGO	Multiple needs / risk factors	Secondary	Metro	Yes	No
Sydney Children's Hospital School - Emotional disturbance support class C3SW	NSW Department of Education	GOV	Mental health	Secondary	Metro	12+	No
Teen Clinic	Directions Health	NGO	Mental health	Primary	Metro	yes	No
The Girls Refuge	Detour House	NGO	Housing and accommodation/ Homelessness	Secondary	Metro	13+	No
The Sydney Children's Hospital Network Mental Health and Intellectual Disability Hub	NSW Department of Health (Sydney Children's Hospital Network)	GOV	Multiple needs / risk factors	Secondary	Metro	Yes	No
The Treatment Foster Care Oregon (TFCO)	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Multiple needs / risk factors	Secondary	Metro	12+	No
Therapeutic Residential Department of Education	Dunlea Centre	NGO	Social connection	Secondary	Metro	12+	No

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Wakali	DCJ (YJNSW)	GOV	Multiple needs / risk factors	Tertiary	Metro	Yes	No
Weave Wolloomooloo	Weave Youth and Community Services	NGO	Multiple needs / risk factors	Primary, Secondary	Metro	12+	No
Wellbeing Hubs and Flexihubs	NSW Department of Education	GOV	Multiple needs / risk factors	Primary	Metro	Yes	No
Western Area Adolescent Team (WAAT)	NSW Department of Health	GOV	Multiple needs / risk factors	Secondary	Metro	12+	No
Westmead Feelings Program	NSW Department of Health	GOV	Mental Health	Secondary	Metro	Yes	No
Clean Slate without Prejudice	Tribal Warrior	Aboriginal organisation	Multiple needs / risk factors	Primary	Metro	12+	Yes
Yarning circles and social activities	Midjuburi Youth Resource Centre	NGO	Multiple needs / risk factors	Primary	Metro	12+	No
You in Mind	One Door Mental Health	NGO	Mental health	Secondary	Metro	12+	No
Young Health Minds	Wesley Mission	NGO	Mental health	Primary	Metro	Further Details Required	No
Young offenders crisis accom	Taldumande Youth Services	NGO	Housing and accommodation/ Homelessness	Secondary	Metro	12+	No
Young Parents Program	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Family preservation/Child protection concerns	Secondary	Metro	No	No
Youth Court Referral Program	NSWPF	GOV	Multiple needs / risk factors	Tertiary	Metro	Yes	No
Youth mentoring	Streetwork	NGO	Multiple needs / risk factors	Secondary	Metro	12+	No
Youth Refuge	Caretakers Cottage (13-17)	NGO	Housing and accommodation/ Homelessness	Secondary	Metro	13+	No
Going home Staying Home	Wandiyali	Aboriginal organisation	Housing and accommodation/ Homelessness	Secondary	Metro	No	Yes
A Place to Go	DCJ (YJNSW)	GOV	Multiple needs / risk factors	Tertiary	Metro, Regional	Yes	No
Aboriginal and Torres Strait Islander Counselling Management Service	NOFFS	NGO	Mental health	Secondary	Metro, Regional	Yes	Yes
Alcohol and Other Drugs	Bulgarr Ngaru	ACCHO	AOD	Secondary	Metro, Regional	Yes	Yes
ASCO Mentoring	DCJ (YJNSW)	GOV	Displaying violent behaviours	Tertiary	Metro, Regional	No	No
Bail and Accommodation Support Service (BASS)	DCJ (YJNSW) + 1 other provider	GOV	Multiple needs / risk factors	Tertiary	Metro, Regional	Yes	No
Boost	Australian Community Support Organisation	NGO	Displaying violent behaviours	Tertiary	Metro, Regional	No	No
Broadmeadow Children's Court Pilot	DCJ (YJNSW)	GOV	Multiple needs / risk factors	Tertiary	Metro, Regional	Yes	No
Buridga Youth (Safer families - Targeted Early Intervention - TEI)	Yerin Eleanor Duncan Aboriginal Health Services	ACCHO	Multiple needs / risk factors	Secondary	Metro, Regional	12+	Yes
Central Coast Youth Health Services	NSW Department of Health	GOV	Multiple needs / risk factors	Secondary	Metro, Regional	12+	No
Child and Family Services	The Family Centre	NGO	Family preservation/Child protection concerns	Secondary	Metro, Regional	10 to 12	No

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Children's Court Assistance Scheme (CCAC)	Children's Court NSW	GOV	Multiple needs / risk factors	Tertiary	Metro. Regional	Yes	No
Deadly Dreaming Indigenous Support Program	NOFFS	NGO	Cultural connection	Primary	Metro. Regional	12+	Yes
Ngalawa Ngara	Gudjagang Ngara li-dhi	Aboriginal organisation	Family preservation/Child protection concerns	Primary	Metro. Regional	10 to 12	Yes
Department of Education Court Liaison Officer (ECLO) Program	NSW Department of Education	GOV	Education disengagement	Secondary	Metro. Regional	Yes	No
Department of Education Training Units (ETUs)	NSW Department of Education	GOV	Multiple needs / risk factors	Tertiary	Metro. Regional	Yes	No
DFV Family Workers	DCJ (YJNSW)	GOV	Displaying violent behaviours	Tertiary	Metro. Regional	Yes	No
DFV Program (South Coast)	DCJ (YJNSW)	GOV	Displaying violent behaviours	Tertiary	Metro. Regional	Yes	Yes
Domestic and Family Violence Service	Mission Australia	NGO	Victim Support/Domestic Violence	Secondary	Metro. Regional	Yes	No
Emergency Relief Program	Southern Youth and Family Services	NGO	Housing and accommodation/Homelessness	Secondary	Metro. Regional	No	No
Aboriginal Mentoring	Justiz Community Mentoring	Aboriginal organisation	Cultural connection	Primary	Metro. Regional	Yes	Yes
Functional Family Therapy Child Welfare (FFT-CW)	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Family preservation/Child protection concerns	Secondary	Metro. Regional	Yes	No
Getting it Together	Social Futures	NGO	AOD	Secondary	Metro. Regional	12+	No
Gosford Youth Justice girl's group	DCJ (YJNSW)	GOV	Multiple needs / risk factors	Tertiary	Metro. Regional	Yes	No
Indigenous Justice Program	Regional Youth Support Services	NGO	Multiple needs / risk factors	Secondary	Metro. Regional	No	Yes
Intensive Therapeutic Care (ITC)	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Multiple needs / risk factors	Secondary	Metro. Regional	12+	No
Kurri Youth Support	Kurri Kurri Community Services	NGO	Multiple needs / risk factors	Primary	Metro. Regional	12+	No
LINKS - Trauma Healing Service	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Mental health	Secondary	Metro. Regional	Yes	No
Mental Health Services	Bulgarr Ngara	ACCHO	Mental health	Secondary	Metro. Regional	Yes	Yes
Nabu Demonstration Project	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Family preservation/Child protection concerns	Secondary	Metro. Regional	Yes	Yes
Name Narrate Navigate	DCJ (YJNSW)	GOV	Displaying violent behaviours	Secondary	Metro. Regional	12+	No
Ngaliya	Yerin Eleanor Duncan Aboriginal Health Services	ACCHO	Family preservation/Child protection concerns	Secondary	Metro. Regional	Yes	Yes
North Department of Education Model	Allambi Care	NGO	Education disengagement	Secondary	Metro. Regional	No	No
NSW Health Youth Health Services	NSW Department of Health	GOV	Multiple needs / risk factors	Primary, Secondary	Metro. Regional	12+	No
Nyanga Ngara diversionary program and steering committee	DCJ (YJNSW)	GOV	Cultural connection	Tertiary	Metro. Regional	Yes	Yes
OASIS	DCJ (YJNSW)	GOV	Multiple needs / risk factors	Tertiary	Metro. Regional	Yes	No
Perfect Presence Pilot Program	NSW Department of Education	GOV	Education disengagement	Secondary	Metro. Regional	12+	No

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Platform Youth Services	Platform Youth Services	NGO	Housing and accommodation/ Homelessness	Secondary	Metro. Regional	12+	No
RAGE	Southern Youth and Family Services	NGO	Housing and accommodation/ Homelessness	Secondary	Metro. Regional	12+	No
Resourcing adolescent and families team	Southern Youth and Family Services	NGO	Housing and accommodation/ Homelessness	Secondary	Metro. Regional	12+	No
Rise mentoring	Shine for Kids	NGO	Multiple needs / risk factors	Secondary	Metro. Regional	Yes	No
Riverstone ITC Hub	NSWPF	GOV	Multiple needs / risk factors	Secondary	Metro. Regional	Yes	No
RuffTRACK	RuffTrack	NGO	Education disengagement	Secondary	Metro. Regional	12+	No
Shine Program	NSWPF	GOV	Family involvement with CJS	Secondary	Metro. Regional	10 to 11	No
Short Term Remand pilot	DCJ (YJNSW)	GOV	Multiple needs / risk factors	Tertiary	Metro. Regional	Yes	No
Student Interventuon and Prevention Strategy	NSWPF	GOV	Education disengagement	Secondary	Metro. Regional	Yes	No
The Corner Youth Health Service	NSW Department of Health	GOV	Mental Health	Secondary	Metro. Regional	12+	No
The Dunlea Centre	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Education disengagement	Secondary	Metro. Regional	12+	No
The Grove Youth Outreach and Support Service.	Platform Youth Services	NGO	Housing and accommodation/ Homelessness	Secondary	Metro. Regional	No	No
Traxside Youth Health Service	NSW Department of Health	GOV	Multiple needs / risk factors	Secondary	Metro. Regional	12+	No
Violence Reduction Unit Pilot	DCJ (YJNSW)	GOV	Multiple needs / risk factors	Secondary	Metro. Regional	Yes	No
Whole Family Teams	NSW Department of Health	GOV	Multiple needs / risk factors	Secondary	Metro. Regional	Yes	No
Work Ready (pilot being developed) -South Coast Tablelands	DCJ (YJNSW)	GOV	Education disengagement	Secondary	Metro. Regional	No	No
Youth and Family services	The Family Centre	NGO	Family preservation/Child protection concerns	Primary, Secondary	Metro. Regional	12+	No
Youth Community Living Support Services (YCLSS)	NSW Department of Health	GOV	Housing and accommodation/ Homelessness	Secondary	Metro. Regional	No	No
Youth drug and alcohol counselling	NOFFS	NGO	AOD	Secondary	Metro. Regional	12+	No
Strong Yawa	Waminda	Aboriginal organisation	Mental health	Secondary	Metro. Regional	Yes	Yes
Youth Frontiers	DCJ + 2 other providers	GOV	Multiple needs / risk factors	Secondary, Tertiary	Metro. Regional	Yes	Yes
Youth mentoring	RAISE	NGO	Multiple needs / risk factors	Secondary	Metro. Regional	Yes	No
Youth Services	Barnardos	NGO	Multiple needs / risk factors	Secondary, Tertiary	Metro. Regional	Yes	No
Youthblock Health and Resource Centre	NSW Department of Health	GOV	Multiple needs / risk factors	Secondary	Metro. Regional	12+	No
Child, Youth and Family Support	Mission Australia	NGO	Multiple needs / risk factors	Secondary	Metro. Remote	Yes	No
500 Night Youth Accommodation Pilot	Office for Regional Youth	GOV	Housing and accommodation/ Homelessness	Tertiary	Regional	Further Details Required	No

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Illawarra Koori Men's Support Group	Gawura Aboriginal Corporation	Aboriginal organisation	Cultural connection	Primary	Regional	Yes	Yes
Adolescent and Family Connections	Mission Australia	NGO	Family preservation/Child protection concerns	Secondary	Regional	12+	No
Alcohol and Drug Support	Albury Wadonga Aboriginal Health Service	ACCHO	AOD	Secondary	Regional	Yes	Yes
Alcohol and Other Drugs	Griffith Aboriginal Medical Service	ACCHO	AOD	Secondary	Regional	Yes	Yes
Alcohol and Other Drugs	Katungul Aboriginal Corporation Community & Medical Services	ACCHO	AOD	Secondary	Regional	Yes	Yes
Alcohol and Other Drugs	Riverina Medical and Dental Aboriginal Corporation	ACCHO	AOD	Secondary	Regional	Yes	Yes
ANTS Family Problem Solving model of intervention - Riverina/Murray	DCJ (YJNSW)	GOV	Multiple needs / risk factors	Secondary	Regional	Yes	No
BackTrack core program	BackTrack	NGO	Education disengagement	Secondary	Regional	Yes	No
Youth Work	Buran Dalai Aboriginal Corporation	Aboriginal organisation	Multiple needs / risk factors	Primary, Secondary	Regional	12+	Yes
Heal Our Way	Cox Innal Ridgeway	Aboriginal organisation	Mental health	Secondary	Regional	Yes	Yes
Buttery Community Outreach for Youth	The BATTERY	NGO	AOD	Secondary	Regional	Yes	Yes
Care Connect	Social Futures	NGO	Mental Health	Secondary	Regional	No	No
Case management and street beat	Miyay Birray Youth Service	NGO	Multiple needs / risk factors	Secondary	Regional	12+	No
Castlereagh Family Support - CYFS	Mission Australia	NGO	Family preservation/Child protection concerns	Secondary	Regional	10 to 12	No
Catalyst	LeaderLife	NGO	Education disengagement	Secondary	Regional	13+	No
Child and Adolescent Sexual Assault Counselling Service	Centacare New England North West	NGO	Victim Support/Domestic Violence	Secondary	Regional	Further Details Required	No
Child and Family Counselling	Yamba Community Health	GOV	Mental health	Secondary	Regional	10 to 12	No
Child and Family Team	Wellington Aboriginal Health Service	ACCHO	Family preservation/Child protection concerns	Secondary	Regional	Yes	Yes
Child and Youth AOD support service	Karralika	NGO	AOD	Secondary	Regional	Yes	No
Child and Youth Counselling Services	Centacare New England North West	NGO	Mental Health	Secondary	Regional	Further Details Required	No
Clear Minds	Momentum Collective	NGO	Mental health	Secondary	Regional	Yes	No
Coastal Connections	Mission Australia	NGO	Family preservation/Child protection concerns	Secondary	Regional	10 to 12	No
Coff Harbour Residential Rehabilitation Program	Lives Lived Well	NGO	AOD	Tertiary	Regional	13+	No
Complex case coordination	NSW Department of Education	GOV	Education disengagement	Secondary	Regional	Yes	No

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Cultural Story - Riverina/Murray	DCJ (YJNSW)	GOV	Cultural connection	Primary	Regional	Yes	Yes
DFV initiative for YP	Waminda	Aboriginal organisation	Multiple needs / risk factors	Tertiary	Regional	Further Details Required	No
Drop in and Chill Out	The New School of Arts	NGO	Social connection	Primary	Regional	Further Details Required	No
Drop in centre	Nowra Youth Centre	NGO	Social connection	Primary	Regional	12+	No
Drug and Alcohol Program	Armajun Aboriginal Health Service	ACCHO	AOD	Secondary	Regional	Yes	Yes
Drug, Alcohol & Addictions Service	Durri Aboriginal Corporation Medical Service	ACCHO	AOD	Secondary	Regional	Yes	Yes
Dubbo Family Preservation	Mission Australia	NGO	Multiple needs / risk factors	Secondary	Regional	Yes	No
Dubbo Family Support Service	Mission Australia	NGO	Multiple needs / risk factors	Secondary	Regional	10 to 12	No
Early Intervention and Prevention	YP Space Mid North Coast	NGO	Multiple needs / risk factors	Primary	Regional	12+	No
Early Intervention into Youth Suicide pilot project	Office for Regional Youth	GOV	Mental health	Secondary	Regional	12+	No
Early Intervention Youth Counselling Service	Samaritans Youth Services	NGO	Mental health	Secondary	Regional	12+	No
Eastern Murrumbidgee Youth Service	Mission Australia	NGO	Housing and accommodation/ Homelessness	Secondary	Regional	No	No
FlatTrack	FlatTrack Youth Works	NGO	Education disengagement	Secondary	Regional	Yes	No
Forbes Wiradjuri Empowerment Project	Yoorana Gunya Family Healing Centre Aboriginal Corporation	ACCHO	Cultural connection	Secondary	Regional	Yes	Yes
Group Care	Riverina Medical and Dental Aboriginal Corporation	ACCHO	Multiple needs / risk factors	Secondary	Regional	Further Details Required	Yes
Individual Placement and Support	Centacare New England North West	NGO	Job preparedness	Secondary	Regional	Further Details Required	No
Keep on Track	Centacare New England North West	NGO	Multiple needs / risk factors	Secondary	Regional	yes	No
Rising Warriors	Mudyala Aboriginal Corporation	Aboriginal organisation	Multiple needs / risk factors	Primary	Regional	Yes	Yes
Medical Services	Werin Aboriginal Corporation	ACCHO	Multiple needs / risk factors	Secondary	Regional	Yes	Yes
Mental Health Support	Albury Wadonga Aboriginal Health Service	ACCHO	Mental Health	Secondary	Regional	Yes	Yes
Ngurang - gu Yalbilinya	Orange Local Coalition of Aboriginal Peak Organisations	Aboriginal organisation	Education disengagement	Secondary	Regional	12+	Yes
Nangga Program (South Coast and Tablelands)	DCJ (YJNSW)	GOV	Cultural connection	Secondary	Regional	Yes	Yes
New Directions	Wellington Aboriginal Health Service	ACCHO	Multiple needs / risk factors	Secondary	Regional	Yes	Yes
Ngudjoong Billa (The Aboriginal Reintegration and Transition Program)	DCJ (YJNSW)	GOV	Cultural connection	Tertiary	Regional	Yes	Yes

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Nurturing Resilience & Growth	Centacare New England North West	NGO	Mental Health	Secondary	Regional	12+	No
Operation Back to School	NSWPF	GOV	Education disengagement	Secondary	Regional	Yes	No
Operation Check-in	NSWPF	GOV	Victim Support/Domestic Violence	Secondary	Regional	Yes	No
Parenting and Education Support	Centacare New England North West	NGO	Family preservation/Child protection concerns	Primary, Secondary	Regional	Yes	No
Pavement Project	Byron Youth Service Inc	NGO	Mental Health	Secondary	Regional	12+	No
Paws Up program	BackTrack	NGO	Multiple needs / risk factors	Primary	Regional	Yes	No
Project U-Turn	Byron Youth Service Inc	NGO	Education disengagement	Secondary	Regional	12+	No
Psychology and Psychiatry	Orange Aboriginal Medical Service	ACCHO	Mental Health	Secondary	Regional	Yes	Yes
Regional Youth Community Coordinator Initiative	Office for Regional Youth	GOV	Multiple needs / risk factors	Secondary	Regional	12+	No
Employment Pathways	REDI.E	Aboriginal organisation	Job preparedness	Primary	Regional	No	No
Resilient Kids	Dthina Yuwali	NGO	Mental health	Secondary	Regional	Yes	No
Roadmaps Program	Galambila Aboriginal Corporation	ACCHO	Multiple needs / risk factors	Primary	Regional	Yes	Yes
Rural young minds	Samaritans Youth Services	NGO	Mental health	Secondary	Regional	12+	No
Safe Aboriginal Youth Patrols	Connecting Community Services - Dubbo Neighbourhood Centre	NGO	After hours safety and transport	Secondary	Regional	Yes	No
School Wellbeing Support Services and Programs	Centacare New England North West	NGO	Multiple needs / risk factors	Primary	Regional	Yes	No
SEWB	Albury Wadonga Aboriginal Health Service	ACCHO	Mental Health	Secondary	Regional	Yes	Yes
SEWB and Mental Health Services	Armajun Aboriginal Health Service	ACCHO	Mental health	Secondary	Regional	Yes	Yes
SEWB/AOD Programs	Tamworth Aboriginal Medical Service	ACCHO	Mental health	Secondary	Regional	Yes	Yes
Shoretrack	ShoreTrack	NGO	Education disengagement	Secondary	Regional	No	No
SkillBuilders	Leaderlife	NGO	Multiple needs / risk factors	Secondary	Regional	10 to 12	No
Social and Emotional Wellbeing	Biripi Aboriginal Corporation Medical Centre	ACCHO	Multiple needs / risk factors	Primary	Regional	Yes	Yes
Social and Emotional Wellbeing	Orange Aboriginal Medical Service	ACCHO	Multiple needs / risk factors	Primary	Regional	Yes	Yes
Social and Emotional Wellbeing	Yoorana Gunya Family Healing Centre Aboriginal Corporation	ACCHO	Multiple needs / risk factors	Secondary	Regional	Yes	Yes
Social and Emotional Wellbeing Program	Durri Aboriginal Corporation Medical Service	ACCHO	Multiple needs / risk factors	Primary	Regional	Yes	Yes
Social and Emotional Wellbeing Program	Griffith Aboriginal Medical Service	ACCHO	Multiple needs / risk factors	Primary	Regional	Yes	Yes
Social and Emotional Wellbeing Program	Wellington Aboriginal Health Service	ACCHO	Mental health	Secondary	Regional	Yes	Yes

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Social and Emotional Wellbeing Services	Bullinah Aboriginal Health Service Aboriginal Corporation	ACCHO	Mental Health	Secondary	Regional	Yes	Yes
Social and Emotional Wellbeing Services and Programs	Pius X Aboriginal Corporation	ACCHO	Multiple needs / risk factors	Secondary	Regional	Yes	Yes
Social and Emotional Wellbeing Services and Programs	South Coast Medical Service Aboriginal Corporation	ACCHO	Multiple needs / risk factors	Secondary	Regional	Yes	Yes
Social Emotional Wellbeing	Katungul Aboriginal Corporation Community & Medical Services	ACCHO	Multiple needs / risk factors	Primary	Regional	Yes	Yes
Soil2Soul	LeaderLife	NGO	Education disengagement	Secondary	Regional	No	Yes
Southern Shoalhaven Youth Services	Mission Australia	NGO	Education disengagement	Primary, Secondary	Regional	12+	No
Street Beat	Miyay Birray Youth Service	NGO	Multiple needs / risk factors	Primary, Secondary	Regional	12+	No
Connected Youth	Strong Spirit	Aboriginal organisation	Cultural connection	Primary	Regional	12+	Yes
Strong Community Program	Lives Lived Well	NGO	Mental health	Secondary	Regional	12+	Yes
Substance Abuse Support	South Coast Medical Service Aboriginal Corporation	ACCHO	AOD	Secondary	Regional	Yes	Yes
Suicide Prevention and Education	Durri Aboriginal Corporation Medical Service	ACCHO	Mental Health	Secondary	Regional	Yes	Yes
Suicide Prevention and Mental Health Program	Ungooroo Aboriginal Corporation	ACCHO	Mental Health	Secondary	Regional	Yes	Yes
Teens Class	Orange Aboriginal Medical Service	ACCHO	Multiple needs / risk factors	Primary	Regional	12+	Yes
Residential	Tirkandi Inaburra Cultural Development Centre	Aboriginal organisation	Cultural connection	Primary	Regional	12+	Yes
Therapeutic Services for C&YP	South Coast Medical Service Aboriginal Corporation	ACCHO	Family preservation/Child protection concerns	Secondary	Regional	Yes	Yes
Tilbuster Station	Pathfinders	NGO	Education disengagement	Secondary	Regional	Yes	No
Tirkandi Inaburra	Tirkandi Inaburra Cultural Development Centre	Aboriginal organisation	Cultural connection	Secondary	Regional	12+	Yes
Ulladulla Youth Centre	Mission Australia	NGO	Multiple needs / risk factors	Secondary	Regional	12+	No
Wagga Mental Health Recovery Unit	NSW Department of Health	GOV	Mental health	Secondary	Regional	Yes	No
Winanggaay	Connecting Community Services - Dubbo Neighbourhood Centre	NGO	Education disengagement	Secondary	Regional	10 to 12	No
Wodonga Koorie Youth Network (WKYN)	Albury Wadonga Aboriginal Health Service	ACCHO	Cultural connection	Primary	Regional	12+	Yes
Young Mentors (in partnership with Yalbilinya)	NSWPF	GOV	Education disengagement	Secondary	Regional	10 to 11	Yes
Wollundry Dreaming Youth hub	Visual Dreaming	Aboriginal organisation	Cultural connection	Primary	Regional	10 to 12	Yes
Youth Alcohol and Other Drugs Counsellor	Samaritans Youth Services	NGO	AOD	Secondary	Regional	12+	No
Youth and Family case management Service	Biripi Aboriginal Corporation Medical Centre	ACCHO	Family preservation/Child protection concerns	Secondary	Regional	Yes	Yes

Name of Service	Providing Organisation	Classification of Providing Organisation	Primary Targeted Need/ Risk Factor	Primary, Secondary, Tertiary	Location	Available for 10-13 Year Olds?	Specifically for Aboriginal Children and Young People?
Youth and Family Services	Connecting Community Services - Dubbo Neighbourhood Centre	NGO	Family preservation/Child protection concerns	Secondary	Regional	12+	No
Bulwul Balaang	Waminda	Aboriginal organisation	Multiple needs / risk factors	Primary	Regional	12+	Yes
Youth Drug and Alcohol Service (YDAS)	Centacare New England North West	NGO	AOD	Secondary	Regional	Further Details Required	No
Youth Health Team	NSW Department of Health	GOV	Multiple needs / risk factors	Secondary	Regional	12+	No
Youth Justice Accommodation	Mission Australia	NGO	Housing and accommodation/ Homelessness	Tertiary	Regional	Further Details Required	No
Youth Services	Griffith Aboriginal Medical Service	ACCHO	Mental health	Primary, Secondary	Regional	12+	Yes
Youth services	Cowra Information and neighbourhood centre	OTHER	Social connection	Primary	Regional	Yes	No
Youth Social Wellbeing Action Group	YP Space Mid North Coast	NGO	Social connection	Secondary	Regional	13+	No
The Block	Winangali Infusion	Aboriginal organisation	Cultural connection	Primary	Regional	Yes	Yes
Youth Workers	The New School of Arts	NGO	Multiple needs / risk factors	Primary, Secondary	Regional	Further Details Required	No
Pound for Pound Boxing	Yarruwala	Aboriginal organisation	Multiple needs / risk factors	Secondary	Regional	12+	No
Act Now Together Stronger	DCJ (YJNSW)	GOV	Multiple needs / risk factors	Tertiary	Regional, Remote	Yes	No
Back to Basics	Down the Track	NGO	Multiple needs / risk factors	Secondary	Regional, Remote	Yes	No
Boys to the Bush	Boys to the Bush	NGO	Multiple needs / risk factors	Secondary	Regional, Remote	Yes	No
Clubhouse	Social Futures	NGO	Social connection	Primary	Regional, Remote	12+	No
Cultural camps	Boys to the Bush	NGO	Multiple needs / risk factors	Primary	Regional, Remote	Yes	Yes
Dareton Youth Engagement	Mission Australia	NGO	Multiple needs / risk factors	Primary	Regional, Remote	Yes	No
Helping Hand	Down the Track	NGO	Education disengagement	Primary	Regional, Remote	Yes	No
Rural Residential Adolescent Alcohol and Other Rehabilitation Services	DCJ (YJNSW)	GOV	AOD	Tertiary	Regional, Remote	13+	No
Safe Aboriginal Youth	Mallee Family Care	NGO	After hours safety and transport	Secondary	Regional, Remote	Yes	Yes
Youth Group Program	Catholic Care Wilcannia-Forbes	NGO	After hours safety and transport	Secondary	Regional, Remote	Yes	No
Youth Mental Health	Catholic Care Wilcannia-Forbes	NGO	Mental health	Secondary	Regional, Remote	Yes	No
Alcohol and Other Drugs	Murrin Bridge Aboriginal Health Service	ACCHO	AOD	Secondary	Remote	Yes	Yes
Barwon Family Support (IFP)	Mission Australia	NGO	Family preservation/Child protection concerns	Secondary	Remote	Yes	No

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Broken Hill Family Support (IFP)	Mission Australia	NGO	Family preservation/Child protection concerns	Secondary	Remote	Yes	No
Counselling Services	Brewarrina Aboriginal Medical Service	ACCHO	Mental Health	Secondary	Remote	Yes	Yes
Yuwaya Ngarra-li	Dharriwaa Elders Group & UNSW	Aboriginal organisation	Community led decision making	Primary, Secondary	Remote	Yes	Yes
Drug and Alcohol	Walgett Aboriginal Medical Service	ACCHO	AOD	Secondary	Remote	Yes	Yes
Drug and Alcohol Counselling	Coonamble Aboriginal Health Services	ACCHO	AOD	Secondary	Remote	Yes	Yes
Family Support	Mission Australia	NGO	Multiple needs / risk factors	Secondary	Remote	Yes	No
Far West Youth Alcohol and Other Drugs Support Service - YADSS	Mission Australia	NGO	AOD	Secondary	Remote	12+	No
Gulargambone Youth Centre	Coonamble Shire Council	GOV	Social connection	Primary	Remote	Yes	No
Maranguka Justice Reinvestment Project	Maranguka	Aboriginal organisation	Community led decision making	Primary	Remote	Yes	Yes
Youth Forum	Maranguka	Aboriginal organisation	Community led decision making	Primary	Remote	Yes	Yes
Making Tracks Core Program	Making Tracks	NGO	Education disengagement	Secondary	Remote	12+	No
Mental Health	Coonamble Aboriginal Health Services	ACCHO	Mental Health	Secondary	Remote	Yes	Yes
Mental Health and Suicide Prevention	Coomealla Health Aboriginal Corporation	ACCHO	Mental Health	Secondary	Remote	Yes	Yes
Coonamble Youth Service	REDI.E	Aboriginal organisation	Family preservation/Child protection concerns	Secondary	Remote	Yes	No
Youth cultural group	Spirit Program - Bourke	Aboriginal organisation	Cultural connection	Primary	Remote	Yes	Yes
SEWB and Mental Health	Bourke Aboriginal Health Service Limited	ACCHO	Mental Health	Secondary	Remote	Yes	Yes
Social and Emotional Wellbeing	Walgett Aboriginal Medical Service	ACCHO	Multiple needs / risk factors	Secondary	Remote	Yes	Yes
Strong minds counselling and suicide prevention (Kumpa Kirra)	Coomealla Health Aboriginal Corporation	ACCHO	Mental health	Secondary	Remote	Yes	Yes
Together Partnership Coonamble	Together partnership Coonamble	OTHER	Multiple needs / risk factors	Secondary	Remote	Yes	No
Trackin' good	Down the Track	NGO	Education disengagement	Secondary	Remote	Yes	No
WINGS drop on centre (Safe Aboriginal Youth - SAY)	Maari-ma Health	ACCHO	After hours safety and transport	Primary	Remote	Yes	Yes
Youth Van	Catholic Care Wilcannia-Forbes	NGO	After hours safety and transport	Secondary	Remote	Yes	No
Adolescent Community and Court Team	NSW Department of Health (Justice Health)	GOV	Multiple needs / risk factors	Tertiary	Statewide	Yes	No
Back in the Game	NSW Department of Education	GOV	Education disengagement	Secondary	Statewide	No	No
Crisis 24/7 call line	13Yarn	NGO	Mental health	Primary	Statewide	Yes	Yes
Behaviour schools	NSW Department of Education	GOV	Multiple needs / risk factors	Secondary	Statewide	Yes	No
Building on Aboriginal Communities Resilience	NSW Department of Health + 12 ACCHOs	ACCHO	Mental health	Secondary	Statewide	Yes	Yes

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Case management + counselling	Twenty10	NGO	Multiple needs / risk factors	Secondary	Statewide	12+	No
Casework Support Program	DCJ (YJNSW) +9 other providers	GOV	Multiple needs / risk factors	Tertiary	Statewide	13+	No
Changing Habits and Reaching Targets (CHARTS)	DCJ (YJNSW)	GOV	Multiple needs / risk factors	Tertiary	Statewide	Yes	No
Child Protection Counselling Services (CPCS)	NSW Department of Health	GOV	Family preservation/Child protection concerns	Secondary	Statewide	Yes	No
Child Wellbeing Units (CWU)	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Family preservation/Child protection concerns	Secondary	Statewide	Yes	No
Communities for Children Facilitating Partners	Australian Government Department of Social Services	GOV	Multiple needs / risk factors	Secondary	Statewide	Yes	No
Cool Connections in School	Iris Foundation	NGO	Mental Health	Secondary	Statewide	No	No
Cool Kids Anxiety Program: Online	Macquarie University	NGO	Mental Health	Secondary	Statewide	Yes	No
Custodial Multidisciplinary Teams - Adolescent Health, Adolescent Mental Health Directorates	NSW Department of Health (Justice Health)	GOV	Multiple needs / risk factors	Tertiary	Statewide	Yes	No
DCJ District Psychology Service	DCJ (Psychological and Specialist Services, Office of the Senior Practitioner)	GOV	Mental health	Secondary	Statewide	Yes	No
DCJ Specialist Homelessness Services	DCJ	GOV	Housing and accommodation/ Homelessness	Secondary	Statewide	Yes	No
Dthina Yuwali (DY)	DCJ (YJNSW)	GOV	AOD	Secondary	Statewide	Yes	Yes
Early Intervention/nurturing resilience and growth	Headspace	NGO	Mental health	Secondary	Statewide	12+	No
Engagement and Family Support (EFS)	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Disability support	Secondary	Statewide	Yes	No
Family Preservation (former Brighter Futures and Youth Hope programs)	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Family preservation/Child protection concerns	Secondary	Statewide	Yes	No
Fit for Change	PCYC	NGO	Multiple needs / risk factors	Secondary	Statewide	Yes	No
Fit for Home	PCYC	NGO	Displaying violent behaviours	Secondary	Statewide	12+	No
Fit for Life	PCYC	NGO	Multiple needs / risk factors	Secondary	Statewide	Yes	No
Fit for Work	PCYC	NGO	Multiple needs / risk factors	Secondary	Statewide	No	No
Fit to Learn	PCYC	NGO	Education disengagement	Secondary	Statewide	Yes	No
Fit to Strive	PCYC	NGO	Multiple needs / risk factors	Secondary	Statewide	Yes	No
Fit Together	PCYC	NGO	Multiple needs / risk factors	Secondary	Statewide	Yes	Yes
Forensic Risk assessment and management advice service	NSW Department of Health (Justice Health)	GOV	Displaying violent behaviours	Secondary	Statewide	Yes	No
Getting on Track in Time (Got it)	NSW Department of Health	GOV	Mental health	Secondary	Statewide	No	No
Home School Liaison Officer (HSLO) program	NSW Department of Education	GOV	Education disengagement	Secondary	Statewide	Yes	No
Homeless Youth Assistance Program (HYAP)	DCJ + 19 other providers	GOV	Housing and accommodation/ Homelessness	Secondary	Statewide	12+	No

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Intensive Family Based Services (IFBS)	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Family preservation/Child protection concerns	Secondary	Statewide	Yes	Yes
Intensive Family Preservation	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Family preservation/Child protection concerns	Secondary	Statewide	Yes	No
Link2home	DCJ	GOV	Housing and accommodation/Homelessness	Secondary	Statewide	Yes	No
Culture Care Connect Program	NACCHO	Aboriginal organisation	Cultural Connection	Secondary	Statewide	Yes	Yes
Mental Health Line	NSW Department of Health	GOV	Mental Health	Secondary	Statewide	Yes	No
Mentoring	NSWPF (Youth Command)	GOV	Multiple needs / risk factors	Secondary, Tertiary	Statewide	Yes	No
My Journey, My Life	DCJ (YJNSW)	GOV	Displaying violent behaviours	Secondary	Statewide	Yes	Yes
My Journey, My Life (Yinnar)	DCJ (YJNSW)	GOV	Displaying violent behaviours	Secondary, Tertiary	Statewide	Yes	Yes
Nations of Origins	PCYC	NGO	Multiple needs / risk factors	Primary	Statewide	Yes	Yes
New Street Services	NSW Department of Health	GOV	Harmful sexual behaviours	Secondary	Statewide	Yes	No
Online and Phone Mental Health Support	Headspace	NGO	Mental Health	Secondary	Statewide	12+	No
Online and Phone Mental Health Support	Kids Helpline	NGO	Mental Health	Secondary	Statewide	Yes	No
Online and Phone Support	BeyondBlue	NGO	Mental Health	Secondary	Statewide	Yes	No
Operation PIVOT	NSWPF	GOV	Displaying violent behaviours	Secondary	Statewide	Yes	No
OurSPACE	Australian Childhood Foundation (ACF)	NGO	Multiple needs / risk factors	Secondary	Statewide	Yes	No
Out of Home Care Health Pathway Program	NSW Department of Health	GOV	Multiple needs / risk factors	Secondary	Statewide	Yes	No
Pathways to Safety and Support	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Harmful sexual behaviours	Secondary	Statewide	Yes	No
PAX Good Behaviour Game	NSW Department of Education	GOV	Multiple needs / risk factors	Primary	Statewide	10 to 12	No
Permanency Support Program - Family Preservation (PSP-FP)	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Family preservation/Child protection concerns	Secondary	Statewide	Yes	Yes
Premier's Youth Initiative	DCJ	GOV	Housing and accommodation/Homelessness	Secondary	Statewide	No	No
Project Community	NSWPF	GOV	Multiple needs / risk factors	Tertiary	Statewide	Yes	No
RAGE Program	Salvation Army	NGO	Displaying violent behaviours	Secondary	Statewide	Yes	No
Reconnect	Australian Government Department of Social Services	GOV	Housing and accommodation/Homelessness	Secondary	Statewide	12+	No
RISEUP	NSWPF	GOV	Multiple needs / risk factors	Secondary	Statewide	Yes	No
Safe Space	DCJ (YJNSW)	GOV	Displaying violent behaviours	Secondary	Statewide	Yes	No
Safe Wayz	NSW Department of Health	GOV	Harmful sexual behaviours	Secondary	Statewide	No	No

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Safeguards	NSW Department of Health	GOV	Mental health	Secondary	Statewide	Yes	No
School Counselling Service	NSW Department of Health	GOV	Mental Health	Secondary	Statewide	Yes	No
School Link	NSW Department of Health	GOV	Mental health	Secondary	Statewide	Yes	No
Sexual Assault Services (SAS)	NSW Department of Health	GOV	Multiple needs / risk factors	Secondary	Statewide	Yes	No
Specialist Workers for Children and Young People (SWCYP) Service	DCJ	GOV	Victim Support/Domestic Violence	Secondary	Statewide	Yes	No
Stay Strong App	Menzies School of Health Research (Aboriginal and Islander Mental Health Initiative)	NGO	Mental Health	Secondary	Statewide	Yes	Yes
Postvention suicide support	Thirilli	Aboriginal organisation	Mental health	Secondary	Statewide	Yes	Yes
Supervised Contact and Mentoring	Caresouth	NGO	Family preservation/Child protection concerns	Secondary	Statewide	Yes	No
Suspension and tutorial centres	NSW Department of Education	GOV	Education disengagement	Secondary	Statewide	Yes	No
Targeted Earlier Intervention (TEI)	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Family preservation/Child protection concerns	Primary, Secondary	Statewide	Yes	No
Teen Got It!	NSW Department of Health (Justice Health)	GOV	Mental health	Secondary	Statewide	Yes	No
The Brave Program	University of Queensland	NGO	Mental Health	Secondary	Statewide	Yes	No
Therapeutic Secure Care Order (Sherwood Program)	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Multiple needs / risk factors	Tertiary	Statewide	Yes	No
Therapeutic Treatment Order (s 75)	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Harmful sexual behaviours	Tertiary	Statewide	Yes	No
Therapeutic Secure Care	DCJ (Strategy, Policy and Commissioning - Child and Family)	GOV	Family preservation/Child protection concerns	Secondary	Statewide	Yes	No
Victims Support Scheme (VSS)	Victims Services	GOV	Victim Support/Domestic Violence	Secondary	Statewide	Yes	No
Wellbeing and Health In-Reach Nurse Coordinators (WHINS)	NSW Department of Health	GOV	Multiple needs / risk factors	Secondary	Statewide	Yes	No
X-Roads	DCJ (YJNSW)	GOV	AOD	Secondary	Statewide	Yes	No
Youth Action Meetings (YAM)	NSWPF	GOV	Multiple needs / risk factors	Secondary	Statewide	Yes	No
Youth InSearch	Youth InSearch	NGO	Multiple needs / risk factors	Secondary	Statewide	12+	No
Youth Justice Conferencing	DCJ (YJNSW)	GOV	Multiple needs / risk factors	Tertiary	Statewide	Yes	No
Youth Justice Dialectical Behaviour Therapy (DBT)	DCJ (YJNSW)	GOV	Mental health	Tertiary	Statewide	Yes	No
Youth Koori Court	Children's Court NSW	GOV	Multiple needs / risk factors	Tertiary	Statewide	Yes	Yes
Youth Law	Youth Law	NGO	Multiple needs / risk factors	Primary	Statewide	Yes	No
Youth on Track	DCJ (YJNSW) + 7 other providers	GOV	Multiple needs / risk factors	Tertiary	Statewide	Yes	No

