Inquiry into Youth Justice

Hearing – 15/04/2026

Questions on Notice

QUESTION 1 – Page 50

[Ms SUE HIGGINSON] —

Ms SUE HIGGINSON: If there is a young person who is incarcerated and they clearly have the need to have ongoing psychological expert help when they leave a juvenile justice centre, do they get that? Do you say,"Here you go. Here's your practising physician. This is who you will go and see. You will have an appointment on this particular day"? Is that how it works or is that not how it works?

ANDREW ELLIS: It can work like that, but it's not scaled. Justice Health Adolescent Forensic Mental Health has a community arm called Safeguards, which can follow people into the community, and it can follow people post any sort of conviction or sentence. This is one of the issues. To take on Dr Lawler's point about which service has accountability, that causes a lot of issues in this area. However, Safeguards only works for a limited number of people in a limited number of areas because it's not a universal service. That service gets very good outcomes, and we know across the board that forensic mental health interventions like court diversion, re-entry, case management and hospitalisation where necessary actually reduce reoffending and improve health outcomes at the same time. It's one of the few things that actually reduces offending in any sort of justice intervention. But we don't do it at scale. What we do at scale is incarceration and parole-type supervision.

Ms SUE HIGGINSON: Where do we offer Safeguards? When we say "limited geographically", where do we have that?

ANDREW ELLIS: There's one based in Sydney metro and one based in one rural area.

Ms SUE HIGGINSON: Do we know where that rural area is?

ANDREW ELLIS: I'll have to take that on notice, unless you can remember, Leigh.

LEIGH HAYSOM: I know there's a new service being developed in Dubbo. Is it Newcastle? We'll take that on notice.

Ms SUE HIGGINSON: Up north, for example, in the Northern Rivers the numbers are really high. Is it not there because it's not resourced to be there?

ANSWER

Safeguards currently provides cover across 6 metropolitan LHDs and delivers services into 5 regional LHDs.

Services to regional areas are delivered through a hub-and-spoke model, with a regionally based clinical workforce. Safeguards clinicians are locally based in Dubbo/Orange, Coffs Harbour, Newcastle, Wagga Wagga, and Lismore. These clinicians are supported by the Sydney-based hub.

QUESTION 2 – Page 52

[The Hon. AILEEN MACDONALD]

The CHAIR: You said Safeguards was only on a scale, or only delivered in small pockets. What would it take to have it across New South Wales? I feel like if we could do that, we would have fewer people coming back into youth detention. Surely that is the aim of youth justice?

ANDREW ELLIS: Yes, well —

The CHAIR: Because it appears to be youth injustice.

ANDREW ELLIS: We could provide the cost of one Safeguards team to the Committee, and we can also show the outcomes with that. We will not prevent every reoffence, but it will, on an aggregate level, over time, show a reduction from what is the present rate of reoffending, and it will also show an improvement in health outcomes. It would cost, in one sense, but it may —

The CHAIR: It would be an investment.

ANDREW ELLIS: We haven't done the specific economic analysis of Safeguards because it's fairly new, but if it achieves those outcomes on a systematic level, it should have overall savings for society.

The CHAIR: On notice, can you provide that information to the Committee?

ANDREW ELLIS: I would be very pleased to provide that information.

ANSWER

Based on current demand, service footprint and workforce configuration, a conservative estimate of the additional workforce required to scale up Justice Health NSW Safeguards would be 26 additional FTE. This would establish baseline coverage across identified NSW catchment areas aligned with Local Health District boundaries. The estimated total cost would be about $6.2 million.