

Lifecourse institutional costs of homelessness for vulnerable groups

School of Social Sciences
University of New South Wales

National Homelessness Research Agenda 2009-2013

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Table of Contents

NON-TECHNICAL EXECUTIVE SUMMARY	5
ACKNOWLEDGEMENTS	8
GLOSSARY OF ACRONYMS AND TERMS.....	9
BACKGROUND	10
THE MHDCD DATASET	11
PURPOSE	13
OBJECTIVES	14
ETHICS, CENTRELINK AND SAAP DATA.....	14
<i>Centrelink data</i>	14
<i>SAAP data</i>	15
COSTING INFORMATION FROM AGENCIES	16
METHOD	17
THE DEVELOPMENT OF A COSTING METHODOLOGY	17
<i>Costing Government Services</i>	18
<i>Developing unit costs</i>	20
RESULTS	21
DEVELOPING COSTINGS WITH GOVERNMENT AGENCIES.....	21
<i>NSW Police</i>	21
<i>Department of Community Services</i>	21
<i>Department of Juvenile Justice</i>	21
<i>Department of Corrective Services</i>	21
<i>NSW Courts</i>	21
<i>Legal Aid</i>	21
<i>Department of Ageing, Disability and Home Care</i>	22
<i>NSW Health</i>	22
<i>Justice Health</i>	22
<i>NSW Housing</i>	22
<i>Centrelink</i>	22
<i>SAAP service providers</i>	22
UNIT COSTS.....	23
<i>NSW Police</i>	23
<i>Community Services</i>	25
<i>Department of Juvenile Justice (DJJ)</i>	26
<i>Department of Corrective Services (DCS)</i>	27
<i>NSW Courts</i>	28
<i>Legal Aid</i>	39
<i>Department of Ageing, Disability and Home Care (ADHC)</i>	40
<i>NSW Health</i>	40
<i>Justice Health</i>	42
<i>NSW Housing</i>	43
<i>Centrelink</i>	43
COSTING OF CASE STUDIES.....	43
INDIVIDUAL CASE STUDY LIFECOURSE COSTINGS	44
<i>Case Study 1: Peter</i>	46
<i>Case Study 2: Hannah</i>	51
<i>Case Study 3: Natalie</i>	56
<i>Case Study 4: Matthew</i>	63

Case Study 5: James.....	69
Case Study 6: Roy.....	74
Case Study 7: Ned	79
Case Study 8: Alex.....	85
Case Study 9: Casey.....	90
Case Study 10: Brian.....	95
Case Study 11: Daniel.....	100
DISCUSSION.....	104
CASE STUDY ANALYSIS	104
<i>Prevention, systemic and safety net failures</i>	104
<i>The notion of 'risk'</i>	105
<i>Systems of control rather than care and support</i>	106
<i>Cost-shifting</i>	107
<i>Escalation of contact</i>	107
<i>Diagnosis in the CJS</i>	109
<i>Economic implications</i>	109
<i>Homelessness</i>	110
<i>Positive costs</i>	110
STUDY LIMITATIONS.....	112
<i>Limitations of the data</i>	112
<i>Average costs</i>	112
<i>Agency sensitivities</i>	113
<i>Other costs</i>	113
POLICY/PROGRAM IMPLICATIONS.....	114
FURTHER DEVELOPMENT	115
CONCLUSION	116
WHAT WE ALREADY KNOW ABOUT HOMELESSNESS	118
HOW THIS STUDY CONTRIBUTES TO BETTER UNDERSTANDING OF HOMELESSNESS	119
REFERENCES.....	120

NON-TECHNICAL EXECUTIVE SUMMARY

2011: Lifecourse institutional costs of homelessness for vulnerable groups

Principal Investigator: Professor Eileen Baldry
School of Social Sciences and International Studies, UNSW

Keywords: Homelessness, lifecourse costs, complex needs, mental and cognitive disability, criminal justice system

Objectives:

1. Identifying typical pathways for groups of interest within the enhanced Mental Health and Cognitive Disability in the Criminal Justice System (MHDCD) Dataset (with the addition of Centrelink and SAAP data);
2. Costing the range of service and intervention events in conjunction with agencies; and
3. Using pathway analysis, develop typical life-course administrative costings for groups of interest.

Non-technical Executive Summary:

There is a dearth of empirical research in Australia examining the lifecourse institutional costs associated with vulnerable people who are homeless. Evidence has been mounting that vulnerable groups, in particular persons with mental health disorders and cognitive disability (MHDCD) who experience clusters of disadvantageous circumstances, are over-represented amongst those coming to the attention of police and being serially arrested and incarcerated. People in these groups are more likely to use alcohol and other drugs and be homeless or marginally housed. Persons in this group are often caught in a vicious criminal justice cycle (Baldry et al 2006) with the costs to the person and the community estimated to be very high (Burt 2003; Edwards et al 2009; Flatau et al 2008; Gulcur et al 2003; Mental Health Coordinating Council 2008). But there has been little empirical pathway costing done.

The study presented here has developed pathway costings using the Mental Health and Cognitive Disability in the Criminal Justice System (MHDCD) Dataset that contains data on lifelong interventions and interactions with all criminal justice and some human services agencies that are available for a cohort of 2,731 people who have been in prison in NSW and whose MHDCD diagnoses are known. This study's purpose is to contribute to understanding the real costs associated with this group's homelessness and criminal justice involvement and to alternative policy and program responses. Merging data across criminal justice sub-systems and with relevant human services is a useful way to provide a broad, dynamic understanding of the trans-criminal justice and human service involvement of persons with complex needs.

This study takes an empirical approach to calculating the economic costs of the pathways of eleven individuals who have cycled in and out of

homelessness, using the MHDCD Dataset containing their interactions with housing, health, community services and criminal justice agencies.¹ This institutional contact was costed by working with the relevant criminal justice and human service agencies to develop methods of measurement to ascertain unit costs. The cost of each unit of intervention or service recorded in our data - for example, being taken into custody by Police or being given rent assistance by Housing - was calculated across agency and by age, and total costs compiled. Lifecourse institutional costs for the 11 case studies, currently aged between 23 and 55, range from around \$900,000 to \$5.5 million.

The economic costs to government are significant, as are the social and human costs. Whilst each individual story reflects the impacts of particular conditions and experiences, together the case studies highlight the breadth and depth of social need and disadvantage experienced by these individuals, as well as the complex and compounding interactions between them. In almost every case discussed, significant disadvantage, vulnerability and risk factors are obvious from early adolescence and, for several individuals from childhood, yet care and protection and early intervention do not occur in any substantial or sustained way. The evidence is stark that this early lack of adequate services is associated with costly criminal justice, health and homelessness interactions and interventions later in their lives. Millions of dollars in crisis and criminal justice interventions continue to be spent on these vulnerable individuals whose needs would have been better addressed in early support or currently in a health, rehabilitation or community space. It is obvious that access to integrated and responsive support services including drug and alcohol support, mental health and disability services or other psycho-social forms of support is needed. The provision of secure housing and support for an individual to maintain a tenancy appears a key factor in higher criminal justice and emergency services costs. Early and well-timed interventions to establish and maintain secure housing and associated support services could significantly reduce the need for the future years of criminal justice interventions.

This study, while focused on the economic costs across the lifecourse associated with vulnerable people who are homeless, does not capture all possible costs to government or to society more generally. There are other elements to the costs of homelessness which the information contained in the MHDCD Dataset could contribute to in future research studies, such as the costs to the individuals, their families and the broader community, the costs of crime, opportunity costs, and cost-benefit research.

The policy implications of this study are:

- The atomised and singular manner in which homeless persons with complex compounded needs are addressed by most agencies is extremely costly and counterproductive.

¹ It was intended that payments from Centrelink and SAAP services would also be estimated and accounted for in order to gain the most accurate and comprehensive economic costs, however this was not possible.

- Early holistic support is crucial for disadvantaged children with cognitive disabilities and/or mental health disorders who are homeless or in unstable housing.
- Provision of skilled disability supported accommodation and education early in life would save significant spending on homelessness and criminal justice interventions later in life.
- System incentives to cost-shift should be eliminated.
- There is evidence of avoidance of working with complex and poorly housed children and adults by human service agencies resulting in criminal justice services, particularly Police, being used as frontline child protection, housing, mental and cognitive disability services.
- A significant change in the way government human service agencies approach this small but extremely costly group of persons is required. The evidence from this project suggests that robust, holistic, cross portfolio support and intervention responses fit for purpose (eg appropriate and adequate disability support with housing) are needed.

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GLOSSARY OF ACRONYMS AND TERMS

ADHC – NSW Ageing, Disability and Home Care
AIHW – Australian Institute of Health and Welfare
ALS – Aboriginal Legal Service
ARC – Australian Research Council
AVO – Apprehended Violence Order
BOCSAR – NSW Bureau of Crime Statistics and Research
CBD – central business district
CI – Chief Investigator
CJP – Community Justice Program
CJS – criminal justice system
D&A – drug and alcohol
DCS – NSW Department of Corrective Services
DJJ – NSW Department of Juvenile Justice
DoCS – NSW Department of Community Services
DRGs – diagnosis related groups
FaHCSIA – Commonwealth Department of Families, Housing, Community Services and Indigenous Affairs
Health – NSW Health
Housing – Housing NSW
LSI – Level of Service Inventory
MHDCD – mental health disorders and cognitive disability
MHDCD Dataset – dataset of the MHDCD Project
MHDCD Project – People with mental health disorders and cognitive disability in the criminal justice system Project
NGO – non-government organisation
NSW – New South Wales
OPG – Office of the Public Guardian
PC – Productivity Commission
PHDAS – Pharmaceutical Drugs of Addiction Scheme
Police – NSW Police
RoGS – Report on Government Services by the SCRGSP
RTA – NSW Roads and Traffic Authority
SAAP – Supported Accommodation Assistance Program
SCRGSP – Steering Committee for the Review of Government Service Provision
UNSW – University of New South Wales

BACKGROUND

Little empirical research has been undertaken in Australia examining the lifecourse institutional costs associated with vulnerable people who are homeless. Flatau et al (2008) and Edwards et al (2009) have made estimates of the costs of and savings made by well resourced and run homelessness services for those with mental illness and those leaving prison. Whilst a huge step forward in understanding the costs of homelessness, both of these approaches were based primarily on qualitative information with the addition of some quantitative data utilising relatively small sample sizes; were not life-long; and were based on self report by clients of service use other than homeless service/agency, such as number of police and corrections interventions.

Evidence has been mounting for some years that vulnerable groups, in particular persons with mental health disorders and cognitive disability who experience clusters of disadvantageous circumstances, are over-represented amongst those coming to the attention of police and being serially arrested and incarcerated. People in these groups are more likely to use alcohol and other drugs and be homeless or marginally housed. Once caught in these circumstances, people in this group appear to enter a vicious criminal justice cycle (Baldry et al 2006). The costs to the person, their family, and agencies who provide services to these groups are estimated to be very high (Burt 2003; Edwards et al 2009; Flatau et al 2008; Gulcur et al 2003; Mental Health Coordinating Council 2008) but to date there has been little accurate pathway costing done, taking into account the real events and interactions involved.

In 2006, Pinkney and Ewing produced a report for the then Commonwealth Department of Family and Community Services: *The Costs and Pathways of Homelessness: Developing policy-relevant economic analyses for the Australian homelessness service system*. The report focused on the range of 'pathways' approaches to understanding and estimating the costs of homelessness and homelessness interventions, particularly those relevant to analysis at the broad policy level and looked at available resources for costing work. The authors suggest that integrated database research has the greatest potential over the longer term as it has the capacity for longitudinal tracing of client records through homelessness information systems, amongst others. In particular they identify the potential of the SAAP National Data Collection (NDC) client Dataset as a tool to conduct economic evaluation of policy responses at the systems level through analysis of 'heavy and inappropriate' use of crisis and transitional accommodation and in integrated database research (p. 121). The study presented in this report uses such an integrated database to cost lifecourse institutional costs, including homelessness for vulnerable groups.

The MHDCD Dataset

The study presented here builds on an ARC Linkage project, *People with mental health disorders and cognitive disability (MHDCD) in the criminal justice system in NSW*.² The MHDCD project created a merged Dataset containing lifelong administrative information on a cohort of 2,731 persons who have been in prison in NSW and whose MHDCD diagnoses are known. This original ARC project achieved the compilation of a comprehensive dataset for a cohort drawn from the NSW Inmate Health Survey 2001 and the Statewide Disability database of Corrective Services. Project partnerships and/or collaborations were established in the original ARC project with all NSW criminal justice agencies (Corrective Services, Police, Juvenile Justice, Courts, Legal Aid) and human service agencies (Housing, Ageing Disability and Home Care, Community Services, Justice Health and NSW Health - giving access to Mortality, Pharmacotherapy and Admitted Patient databases). Privacy and Ethics approvals were gained from UNSW Ethics, Aboriginal Health and Medical Research Committee Ethics and each of the government and non-government agencies. Since the completion of the original project in 2010, the MHDCD dataset has been enhanced with the addition of further agency administrative data resulting in a research resource of great depth, which is the first of its kind in Australia. The MHDCD dataset has been used for a range of further investigations and analyses including this report.

The MHDCD project developed an innovative method of collecting, merging and analysing data relating to individuals with multiple and compounding diagnoses and dimensions of social disadvantage such as those entering the criminal justice system and those who experience homelessness. Merging data across criminal justice sub-systems and with relevant human services is a highly beneficial way to provide a broad, dynamic understanding of the trans-criminal justice and human service involvement of persons with complex needs. It sidesteps the problem of prospective longitudinal approaches, which potentially require up to 30 years or more and risks yielding very limited numbers of persons in the groups of interest. Methodologically the approach combines qualitative and quantitative methods to give a rich detailed Dataset large enough on which to perform robust statistical analyses as well as develop comprehensive lifecourse case studies.

The current MHDCD Dataset has been established using a confirmed cohort of interest compiled into a relational database using MS SQL server 2000. Each individual in the cohort is matched in each agency and all matches for each person for that agency are added to the database as an agency specific subset (See Figure 1). This allows data related to any individual or identified group (such as people who have an intellectual disability or those who have been diagnosed with schizophrenia) to be linked and merged across sub-sets of interest, with the potential to create both specifically compiled subsets of interest and overall administrative lifecourse 'pathways'.

² ARC Linkage Project at UNSW 'People with mental health disorders and cognitive disability in the criminal justice system in NSW' Chief Investigators: Eileen Baldry, Leanne Dowse, Ian Webster; Partner Investigators: Tony Butler, Simon Eyland and Jim Simpson.

Figure 1 | MHDCD SQL dataset



Pathways analysis can reveal agency and service interactions both longitudinally and at point-in-time, meaning that such analysis has the power to be sensitive to multi-level experiences and interactions. The data gathered in the MHDCD dataset is of extraordinary richness and depth. For example, it includes information on all police incidents in which an individual was a person of interest or victim, all charges and their outcomes, all court appearances, all episodes of juvenile and adult custody, all housing applications and their outcomes, all hospital admissions and associated diagnoses, thus allowing for detailed and powerful analysis.

Lifecourse Case Studies using multi-agency merged data

De-identified case studies of real individuals drawn from the Dataset have been created for use in a range of allied projects including this lifecourse costings study. The case studies are of women and men, Indigenous and non-Indigenous persons, who have histories of extensive contact with criminal justice and human service agencies associated with their mental health disorders, cognitive disability, alcohol and other drug abuse, and homelessness. Persons have been selected for case studies using specific and different criteria including diagnoses, life experiences, agency and service system events and interactions. A series of criteria were applied (such as gender, Indigenous status, diagnoses, history of substance use, disability client, homelessness, etc.) to select a range of case studies.

This is a novel use of case study method. A case study is an in-depth study, usually using multiple data sources, of 'one unit' (Grinnell 1997: 299) whether that unit is an individual, an agency or a nation. Case study method is common in social work, law and medicine where detailed case information is gathered to provide a holistic 'picture' of a particular circumstance or experience in order to learn from, understand, explain and theorise about it.

Case information can be gathered from interviews, case notes and other formal and informal documents and records. The depth and breadth of the MHDCD dataset provides an opportunity to develop cases without relying on memory or estimates. These data provide accurate details of the number, length and types of agency events and interactions as well as the observations of the officers or workers (e.g., Police, Disability, Legal Aid, Health) at the time of the event via their case notes.

The creation of these case studies though results in serious privacy questions so all identifying information has been removed. The longitudinal pathways and agency-based interactions of these individuals have been tracked through their contact with the agencies across their lives. Summarised narratives of each individual's trajectory and institutional engagement have then been produced.

The economic and human costs incurred in pathways, for example into homelessness (Mars et al, cited in Pinkney and Ewing, 2006, 100), have to date been based on estimates and assumptions. This project takes an empirical approach to calculating the economic costs of the pathways of certain individuals who have cycled in and out of homelessness, using the MHDCD Dataset containing their interactions with housing, health, community services and criminal justice agencies. It was intended that services and payments from Centrelink and SAAP would also be estimated and accounted for in order to gain the most accurate and comprehensive economic costs across the lifecourse of these most vulnerable individuals. These data though were not available directly from the agencies, as discussed below.³

PURPOSE

The purpose of this study was to gain a detailed picture of the trajectories and interactions of members of the MHDCD cohort through the addition of Centrelink and SAAP data to the existing MHDCD Dataset, and then to develop estimates of the past and current institutional costs associated with people with mental health disorders, cognitive disability and complex needs cycling in and out of the criminal justice system and homelessness.

The study's broader purpose was to contribute to the emerging body of evidence generated by the research associated with the MHDCD Dataset that supports the development of alternative policy and program responses to the needs of vulnerable people living with a variety of disadvantageous circumstances and enmeshed in the criminal justice system.

³ As is set out in more detail below, due to unforeseen difficulties, only a small amount of SAAP data was able to be gathered and it was not possible to gather Centrelink data at all, though where there is evidence from other agency sources that individuals were on a Centrelink benefit at a certain time, that has been costed.

OBJECTIVES

The aim of this project was to calculate the lifecourse administrative costs of vulnerable persons with mental health and cognitive disabilities, cycling in and out of prison and homelessness. It was intended that this would be achieved through the following objectives:

- Identifying typical pathways for groups of interest within the enhanced MHDCD Dataset (ie., with the addition of Centrelink and SAAP data);
- Costing the range of service and intervention events in conjunction with agencies; and
- Using pathways analysis, developing typical life-course administrative costings for groups of interest.

It was anticipated that meeting these objectives would take 12 months to complete with three overlapping phases:

Phase 1: Gaining ethics permission and working with FaHCSIA to add Centrelink and SAAP data for the cohort into the merged data set (estimate five months);

Phase 2: Concurrent with phase 1, work with all agency partners to gather cost information and develop a framework in which to add the costs into the longitudinal and multilevel pathways being created from the data (ten months); and

Phase 3: Preparation of the report of the findings (three months).

However, the timeframe for completion of the first two phases of the project was extended significantly, for reasons outside the control of the project team. Issues relevant to each phase of the project and their impact on the project's overall objectives are set out below.

Ethics, Centrelink and SAAP data

An ethics application to the UNSW Ethics Committee to add Centrelink and SAAP data to the MHDCD Dataset was submitted and approved in late 2010.

Centrelink data

FaHCSIA meetings (both face to face and by phone) were held over a number of months in late 2010 between the UNSW project team and FaHCSIA staff to establish whether Centrelink data could be provided as linked unit data for the cohort. In February 2011, CI Baldry was informed that FaHCSIA did not have the programmatic facilities required to complete the data linkage for this project. Work is reportedly underway in FaHCSIA to rectify this issue; however this will not be complete for 2-3 years, too late for this current study.

As a result, an alternative proposal was developed for the project team to work with Centrelink officers to identify all the possible benefits and services the cohort could receive from Centrelink and ascertain appropriate 'event' costings for each of these as well as associated services and administrative costs. The team would then apply these costings to individuals in the cohort where there was clear evidence in the Dataset of receipt of Centrelink benefits or services. However, after several months of liaison with officers in various branches within Centrelink and FaHCSIA, the project team was informed in September 2011 that providing such information would not be possible.

The addition of Centrelink data and information about associated services and administrative costs was to be a key aspect of this study. It would have provided an unparalleled opportunity to better understand the lifelong range of interactions that people in the cohort have with Centrelink and to have been able to cost these accurately, and to assess benefits to which they may have been entitled and may or may not have received.

As an imperfect proxy measure for data on the actual benefits received over the lifecourse of the case studies detailed below, the project team has instead identified where other government agencies have recorded an individual's receipt of a benefit (ie., in relation to means testing for Legal Aid services or assessment for a Housing NSW tenancy) and attributed the costs of receiving that benefit across a reasonable timeframe ie until that person is next incarcerated or until there is evidence that they are no longer on that benefit.

SAAP data

The UNSW research team had a number of discussions with the AIHW regarding gathering unit-level data for the cohort. Legislative requirements and the form in which the SAAP data was provided and coded meant that AIHW was unable to provide data, despite their keenness to assist.

Assistance was then sought from Homelessness NSW, to liaise with the major SAAP providers in NSW (Mission Australia, Wesley Mission, Salvation Army and Parramatta Mission) regarding the possibility of gaining information on our cohort's use of SAAP services directly from the service providers. The SAAP service providers were most supportive of the project. Legal advice sourced by Homelessness NSW indicated that there was no legal impediment to agencies providing data to the project, and the project team worked with those SAAP providers on the supply of data on any individuals in the MHDCD cohort who had been in their services. The intention was that this linking be undertaken at the 'SAAP' service provider end so that privacy was maintained.

However, technical challenges in the way that various SAAP agencies' databases have been constructed and maintained mean that data relating to SAAP services received by our case studies are too difficult to draw from the services' databases in time for this project. However, the SAAP services and the MHDCD team are continuing to work on ways to add this data in the future.

Costing information from agencies

A consultant social economist who was initially engaged to provide advice on project methodology was unable to continue due to other commitments. Finding appropriate expertise in relevant economic sub-disciplines proved difficult, so a project manager was engaged and the study was progressed by working with NSW Treasury, accountancy firm KPMG and gathering strategic advice from various economists on aspects of the project as needed.

The existing agency partners who contributed to the MHDCD Dataset were enthusiastic about the project and keen to support it where possible. Each agency needed time to investigate the capacity of their own systems to deliver the information required. Different government agencies had varying degrees of information regarding unit costs of services or interventions readily available. Some had existing unit costings they were able to provide to the study but, for the most part, this was a lengthy process involving significant internal work on the part of key agency personnel. The outcomes of this have been variable; in some cases detailed costings have been provided, however in other cases even after lengthy internal investigations, agencies were not able to provide the project team with any further information other than that already publicly available through their annual report or through the NSW Government contribution to the Productivity Commission's Steering Committee for the Review of Government Service Provision (SCRGSP) Report on Government Services (RoGS). As a consequence, the project team developed a methodology flexible enough to work with this varying degree of detail whilst still applying methodological consistency to costing across agencies.

The process of working with government agencies to gather accurate and useable information on unit costs was lengthy, in particular because the change in government in NSW meant that agencies were focused on other priorities. Where this process has resulted in no detailed information being provided, the project team has sought to develop meaningful proxy measures and calculations for each unit cost relevant to the various agencies based on publicly available information. The finalised costings for each agency are set out in the Results section of this report.

METHOD

This study drew on the MHDCD Dataset to estimate the lifecourse institutional costs for people with mental health disorders, cognitive disability and complex needs who have been in prison in NSW and homeless at various points in their lives. The Dataset contains information on 2,731 people who were included in the Corrective Services 2001 Inmate Health Survey and the Statewide Disability Dataset, with data then added from all NSW criminal justice agencies, Housing NSW, ADHC, Community Services and a number of relevant health databases. As noted above, the addition of Centrelink data was not possible for this study and there was insufficient data from SAAP agencies to provide comprehensive costings.

A Project Steering Committee for this study was established, which included the project team (Eileen Baldry, Leanne Dowse, Melissa Clarence, and later in the project, Ruth McCausland) from Social Sciences at UNSW, Dr Tony Eardley (Social Policy Research Centre, UNSW), Sue Cripps (EO, Homelessness NSW), and Carl Segale (Homelessness Unit, FaHCSIA).

THE DEVELOPMENT OF A COSTING METHODOLOGY

Project researchers conducted an extensive literature review of academic and government research on approaches to costing homelessness and the interaction of vulnerable people with government and non-government agencies. Social economists and accounting agency KPMG were consulted before proceeding to work with relevant agencies, including NSW Treasury. A methodological framework in which to develop costings of services and interventions detailed in selected case studies was developed.

Costing approaches

Common forms of economic evaluation have been those focusing on 'cost-effectiveness', 'cost-saving' or 'cost-offset' where the emphasis is on a specific program or service, with the aim of comparing the merits of a particular approach based on funding or outcomes (McLaughlin, 2010; Flatau et al, 2008; Pinkney & Ewing, 2005; Sefton, 2002).

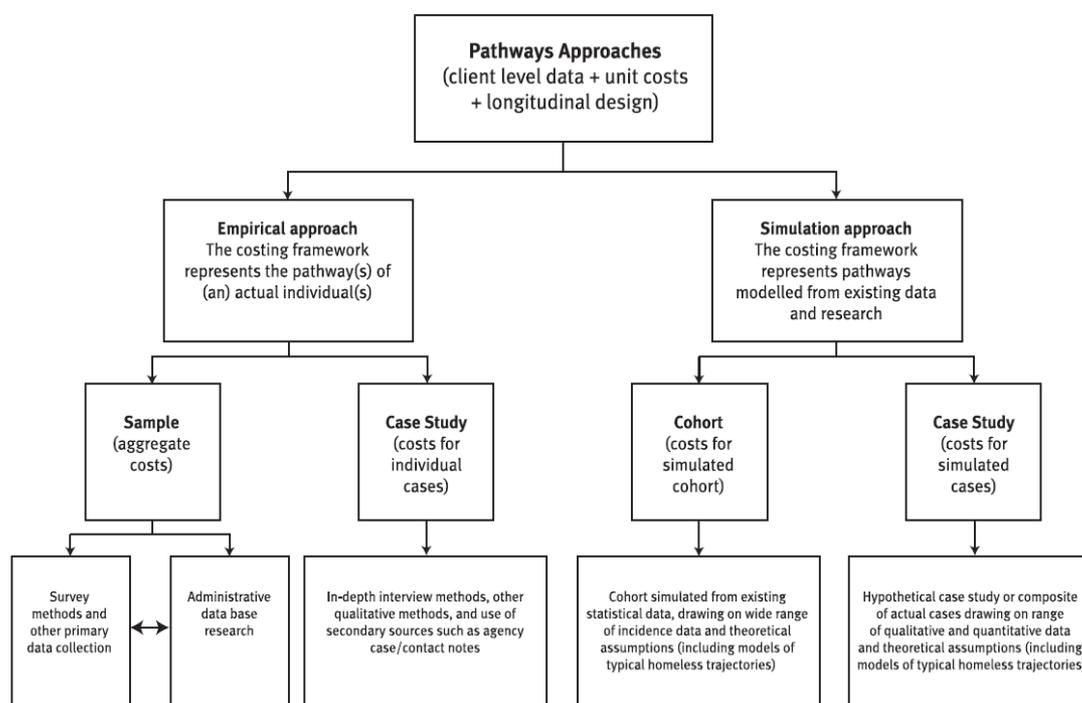
By contrast, this study focused on identifying the lifecourse economic costs associated with certain individuals who had high levels of engagement with human services and criminal justice agencies and had experienced homelessness. Costs attributable to particular and cumulative interactions with relevant agencies are developed. These types of approaches are sometimes referred to as 'partial economic evaluations' (Pinkney & Ewing, 2005).

Pinkney and Ewing describe pathway analyses as providing a holistic perspective on individuals and their needs, their service usage and progression into and out of homelessness over time. They suggest three characteristics of a pathways analysis (2006, 102):

- identifies costs by tracing activities and experiences of homeless individuals;
- quantifies costs by linking instances to unit costs; and
- traces the accumulation of cost instances over time.

There are two distinct methods for the identification of cost-incurring episodes as part of pathways analysis: ‘simulation’ or modelling approaches, and ‘empirical’ or research based approaches (Figure 2).

Figure 2 | Pathways Analysis: Costing Homelessness (Pinkney & Ewing 2006: 105)



This current study takes the empirical approach, using case studies of actual trajectories of individuals mapped through the research process as a means of identifying instances of cost, before proceeding to identify unit costs associated with those instances. As well as quantitative instances of service, the Dataset also includes rich qualitative data contained in records such as case notes by Police, Juvenile Justice, Corrective Services and Justice Health officers, enabling the compilation of more comprehensive, meaningful narratives of the experiences of individuals in the cohort.

Costing Government Services

Culhane, Metraux and Hadley (2002), Eberle and Zizys (2003) and Pinkney & Ewing (2006) have discussed the problems of obtaining data and developing appropriate costings of services from Government agencies in homelessness research, given that in many instances these costings have not been done or are not in a form that can be expressed in unit costs. Due to the existing practical limitations of currently available government data on unit costs for

homelessness services, it is necessary to adopt a flexible approach to data gathering and analysis. Eberle and Kraus (2001) give a detailed description of the unit costings process used in their study, *The Costs of Homelessness in British Columbia*, with data coming in the form of unit costs from service providers, estimated per diem costs from service providers, consultants employed to develop cost estimates based on publically available research, and separate calculations performed for the project using data provided by the relevant government agencies. The literature indicates that this kind of 'mix-and-match' approach to costing government programs is unavoidable in homelessness research, as any pathways analysis will account for a variety of differently structured and costed programs across government agencies. A transparent and well-documented approach to reconciling these figures is essential to ensuring the robustness of the project's costing methodology.

In the costing of Commonwealth and NSW Government services, the most comprehensive and widely referenced source is the Commonwealth Productivity Commission's (PC) Steering Committee for the Review of Government Service Provision annual Report on Government Services (RoGS). If government is providing services directly, the focus of the Productivity Commission's Steering Committee for the Review of Government Service Provision (SCRGSP) is to estimate the full costs of providing services, including the cost of capital (SCRGSP, 2011, 1.9). For example, in relation to cost per prisoner/offender, capital costs included are the user cost of capital, depreciation and debt servicing fees. The user cost of capital is the cost of the funds tied up in government capital used to deliver services (ie the land and building used to house prisoners). The user cost of capital makes explicit the opportunity cost of this capital (the return forgone by using the funds to deliver services rather than investing them elsewhere or using them to retire debt). For example, the equivalent capital cost for privately owned prisons are debt-servicing fees. These fees are paid to private owners in addition to payments relating to prison operations. The user cost of capital is calculated by applying a nominal cost of capital rate of 8 per cent to the value of government assets.

The RoGS provided a useful starting point, as well as a fallback option, for this report. However there are limitations regarding the PC's costings. In relation to homelessness services, Pinkney and Ewing (2006, 168) note that aggregate unit costs produced by the PC treat, for example, the SAAP service system as a 'black box': inputs (dollars) go in, and outputs (support days for clients) come out the other end. The PC provides no information about how these support days are achieved (or indeed what they consist of); they represent simply the total government funding to the SAAP program divided by the number of various outputs and do not include central administrative or capital costs.

The project team sought to gather and develop more grounded and meaningful unit costs. Such 'bottom-up' unit costs tend to be much more time intensive to gather but also more accurate and informative (Pinkney & Ewing, 2006, 169). Four key stages for gathering such unit costs are:

1. **Describing the ingredients of the agency**, including the facilities,

- staff and other resources used;
2. **Identifying the different activities undertaken by the agency** and separate costing for each activity;
 3. **Estimating the amount of resources** (monetary or otherwise) used in activities;
 4. **Calculating unit costs** (for example, cost per hour of housing support provided) (Beecham 2002; Sefton et al. 2003 in Pinkney & Ewing, 2006, 168).

We detailed these stages in relation to each government agency involved. The units of measurement for this project were largely determined by the data contained in the Dataset which had been provided by the participating government agencies.

Developing unit costs

This literature review on developing unit costs sought in particular to identify work that had been undertaken in relation to Australian state government agencies. The WA Department of Treasury and Finance (2007:6-17) outlines the following in their costing guidelines:

- Developing an unambiguous description of the service or the process used to deliver the service is essential;
- It is necessary to calculate the opportunity cost of capital invested in the delivery of a service;
- It must be determined whether costs associated with the service are met by other agencies.

- **Direct costs** are costs that can be attributed directly and unequivocally to a service; and
- **Indirect costs** are costs that are not directly attributable to a particular service, for example, corporate costs (eg CEO's salary, administration, IT, rental of property).
 - Two methods of estimating indirect costs are:
 - A 'usage' or 'benefit' approach
 - A 'pro-rata' approach (used when it is not possible to identify actual resource usage from an indirect cost pool). These are allocated on a proportionate basis using measures such as:
 - Staff involved in delivery of the service as a % of total staff
 - The budget for the service as a % of the total budget.

- **Summarising costs** – the full cost of a service is represented by the aggregation of direct, indirect and capital-related costs.

Calculating indirect and capital costs as accurately as possible has been an important part of this study and given the time and resource constraints of the study, 2011 rather than historical costs have been used.

RESULTS

DEVELOPING COSTINGS WITH GOVERNMENT AGENCIES

The project team examined the Dataset for interactions between individuals and the various service agencies and identified areas for which unit costs could be gathered or developed. These units are:

NSW Police

- Police incident by incident type and outcome
- Transport
- Custody
- Offence

Department of Community Services

- Removal of child
- Out of home care

Department of Juvenile Justice

- Community orders
- Conferencing
- Custody

Department of Corrective Services

- Community orders
- Custody
- Transport
- Programs

NSW Courts

- Finalised matter by court level

Legal Aid

- Grants administration and assessment
- Legal advice
- Duty solicitor work

- Case

Department of Ageing, Disability and Home Care

- Assessment for eligibility for services
- Services
- Participation in the Community Justice Program

NSW Health

- Hospital admissions
- Pharmaceutical Drugs of Addiction Scheme
- Mental health programs

Justice Health

- Assessment
- Appointments
- Hospital admissions

NSW Housing

- Assessment for eligibility
- Rent Start
- Housing tenancy costs

Centrelink

- Allowances and benefits

SAAP service providers

- Accommodation
- Services

Unit costs relating to these instances of service were then explored with each agency. In order to assist in accurately attributing organisational costs, agencies were also asked for relevant information on, for example, loadings on the basis of regional/rural distribution, Indigenous status, or complex needs. Requests were also made specifically in relation to any extra programs or services for people with mental health disorders, cognitive disability or complex needs, and/or who had been in the criminal justice system and homeless.

The outcomes of this were variable. In some cases agencies were able to provide direct costs relating to services provided to the case studies chosen for this study; in other cases even after lengthy internal investigations, agencies were not able to provide the project team with any further

information other than that which is already publicly available (primarily the agency's annual report or the RoGS).

Costings were calculated using 2011 figures, and where older figures were used, they were inflated in line with Reserve Bank rates of 3.4% per annum.

UNIT COSTS

Data contained in the MHDCD Dataset that was able to be costed and corresponding calculations developed in relation to each agency service or intervention are set out below:

NSW Police

NSW Police provided extensive information in order to assist in the calculation of unit costs for the study.

- Internal NSW Police budget information on salary rates, corporate support costs, custody costs, rank of officer on general duty, scheduling under the *Mental Health Act*, Local Court prosecution costs.

The following publications were also used:

- NSW Police Annual Report 2011
http://www.police.nsw.gov.au/about_us/publications/annual_report
- RoGS Table 6A.1 Police service expenditure, staff and asset descriptors, NSW
- NSW Bureau of Crime Statistics and Research (BOCSAR) Recorded Crime Dataset 2010
(http://www.bocsar.nsw.gov.au/lawlink/bocsar/ll_bocsar.nsf/pages/bocsar_research)

Whilst significant time was spent attempting to develop unit costs per police incident - for transport, for custody, by offence type and for police prosecution costs at the local level - there was ultimately insufficient detail available to adequately account for and apportion all the police costs associated with responding to crime. There were also limitations regarding the data contained in the MHDCD Dataset that presented challenges in attempting to identify the service or intervention to cost (e.g., in costing the length of time an incident may have taken, the investigation was constrained by the fact that some incidents were recorded as taking several days, even years - such as a missing person report or AVO).

The project team then approached the development of unit costs by taking the total NSW Police annual budget and deducting non relevant costs, and then using the remaining figure to divide by a relevant measure, ie criminal incidents.

The 2011 NSW Police expenditure (\$3,114,294,200) was taken from the RoGS report to ensure consistency and comprehensiveness (including user cost of capital, capital expenditure, payroll tax).

Police provided the breakdown of the budget inside its four budget programs:

- 55% - Community Support, which relates to the provision of 24 hour capability (i.e. the operation of police stations, communication centres and first response car crews), crime prevention activities (including targeted patrols and special operations) and community liaison
- 25% - Investigation Services, including investigation of non-criminal matters such as unexpected deaths, fires, etc.
- 12% - Traffic and Commuter Services, which includes accident investigation, highway patrol, commuter policing
- 8% - Judicial Support Services, including brief preparation, court attendance, prosecution services and custody services

However because NSW Police was unable to distinguish between the crime and non-crime elements of each budget program, there was a need to use another means of removing the non-crime-related budget expenditure in this costing exercise

A proxy measure was used: 30 per cent of Police expenditure was deducted to account for police work not directly related to crime, as per Rollings' (2008, 47) estimate which has been broadly used in costs of crime studies, for example by Access Economics (2010).

The remaining budget (\$2,180,005,940) was divided by the number of recorded criminal incidents in 2010 from the BOCSAR dataset, to derive a cost per incident of \$1563.09.⁴

Item	Average cost
Unit	Per criminal incident
Measure	From the 2011 NSW Police expenditure of \$3,114,294,200 (including user cost of capital, payroll tax), 30% was deducted to account for police work that does not relate directly to crime (REF). The remaining budget (\$2,072,280,00) was then divided by the number of the most recent annual recorded criminal incidents by BOCSAR, to come up with a cost per incident of \$1563.09.
Cost	\$1563.09 per criminal incident

⁴ As there was no means of distinguishing between criminal and non-criminal incidents, all incidents involving the case study individuals were costed at this rate.

Community Services

Community Services referred the project team to the following documents to determine the average costs for investigation, removal of child and out of home care:

- NSW Government Budget Papers, Family and Community Services (http://www.budget.nsw.gov.au/_data/assets/pdf_file/0017/18251/bp3_04family_and_commserv.pdf)
- NSW Ombudsman (August 2011), *Keep Them Safe? A Special Report to Parliament* *under s31 of the Ombudsman Act* (<http://www.ombo.nsw.gov.au/publication/PDF/specialreport/SR%20to%20Parliament%20-%20keep%20them%20safe.pdf>)

The following publication was also used:

- RoGS Table 15A.1 *State and Territory Government real recurrent expenditure on out-of-home care services (2010-11 dollars)*

The Families and Community Services Budget Papers detail the budget for Statutory Child Protection; this is the service group that:

covers responding to reports of harm or risk to children, and assessing and investigating reports of child abuse and neglect. It also covers developing case plans with clients and helping them to meet case plan goals, initiating and supporting court action where appropriate, and working with other agencies to ensure the safety, welfare and wellbeing of children. (4-15)

The MHDCD Dataset does not include data on Community Services notifications and investigations however the project team developed a proxy measure where Police data noted reporting a child at risk.

Item	At risk notifications and investigations
Unit	Average cost per child protection report
Measure	The 2011 budget for Statutory Child Protection in Community Services as detailed in the NSW Government Budget Papers was \$399,999,000. This was divided by the number of child and young person concern/child protection reports in 2010-2011 (215,000).
Cost	\$1860.42 per report

The Dataset includes information on persons who have spent time in out of home care, including length of time.

Item	Out of home care
Unit	Average cost per day, including carer payment, case work and administration costs
Measure	15A.1 <i>State and Territory Government real recurrent expenditure on out-of-home care services (2010-11 dollars)</i> of the RoGS was used to identify the real recurrent expenditure on out-of-home care services. That amount was then divided by the number of children in out-of-home care identified in 15A.7 <i>number of children on care and protection orders by type of order and Indigenous status, at 30 June</i> and a daily cost was calculated.
Cost	\$125.13 per day

Department of Juvenile Justice (DJJ)

No internal costing information was provided to the study by DJJ.

The project team calculated proxy measures using the following sources:

- NSW Department of Juvenile Justice Annual Report (2010-2011) summary
http://www.djj.nsw.gov.au/pdf_hm/publications/annualreport/111117%20%20Annual%20report%20Summary%20Brochure%2010%20-11%20print%20A4%20v2.pdf
- RoGS (2012) Table 15A.175 *Daily average number and rate of young people aged 10-17 years subject to community-based supervision*
- RoGS (2012) Table 15A.177 *Custody Nights, by Indigenous status*

Item	Custody
Unit	Per night
Measure	The Department of Juvenile Justice 2010-2011 annual report summary (2011) was used to identify the Department's total budget for custody. Total number of nights in custody was taken from the RoGS (2012) Table 15A.177 <i>Custody Nights, by Indigenous status</i> -. The total budget for custody was divided by the number of nights' accommodation to calculate a per night cost. This was multiplied by the number of nights' accommodation per individual.
Cost	\$801.68 per night

Item	Community supervision
Unit	Per day
Measure	The Department of Juvenile Justice 2010-2011 annual report summary (2011) was used to identify the Department's total budget for young people being supervised in the community. Total number of community orders were taken from RoGS Table 15A.175 <i>Daily average number and rate of young people aged 10-17 years subject to community-based supervision</i> . A daily rate was calculated by dividing the budget for community by the average daily number of young people being supervised and the number of days in a year.
Cost	\$111.72 per day

Item	Conferencing
Unit	Per referral Per conference
Measure	The Department of Juvenile Justice 2010-2011 annual report (2011) was used to identify the Department's total budget for conferencing, and to identify the number of referrals and the number of referrals resulting in a conference. The total budget for conferencing was divided by the total number of referrals and multiplied by 0.2 to attribute 20% of the total budget to the administration of referrals. The remaining 80% of the budget was divided by the number of referrals that resulted in a conference, thereby giving a price for each conference. The cost of referral was added to the cost of conference when a referral resulted in a conference.
Cost	\$637.30 per referral \$2760.02 per conference

Department of Corrective Services (DCS)

No internal costing information was provided to the study by DCS.

The project team calculated proxy measures using the following sources:

- RoGS Table 8A.25 *Descriptors, prisons*
- RoGS Table 8A.30 *Descriptors, community corrections*

Item	Custody
Unit	Per night

Measure	The RoGS (2012) was used to identify recurrent expenditure and payroll tax to calculate the cost per night per prisoner.
Cost	\$296.42 per night

Item	Community Supervision
Unit	Per day
Measure	The RoGS (2012) was used to identify recurrent expenditure and payroll tax to calculate the cost per day per person on a community order.
Cost	\$28.24 per day

NSW Courts

An economist in the Department of Attorney General and Justice calculated the average cost per charge by obtaining data from BOCSAR on the number of adjournments per person charged for each charge, and using the cost per criminal finalisation (including payroll tax) calculated by the Productivity Commission (2011) in its Review of Government Services.

- Internal information and calculations provided by the NSW Department of Attorney General and Justice

Item	Court costs
Unit	Per charge and charge type
Measure	An economist in the Department of Attorney General and Justice calculated the average cost per charge by obtaining data from BOCSAR on the number of adjournments per person charged for each charge, and using the cost per criminal finalisation (including payroll tax) calculated by the RoGS (2011). These were inflated by 3.4% to 2011 figures.
Costs	Average cost per case in the Children's and Local Courts are set out in table below. Average cost of \$6,029 per case in the District Court. Average cost of \$28,931 per case in the Supreme Court.

<i>Division (Level 1)</i>	<i>Subdivision (Level 2)</i>	<i>Charge (Level 3)</i>	<i>Multi plier (CC)</i>	<i>Multi plier (LC)</i>	<i>Cost (CC)</i>	<i>Co st (L C)</i>
<i>01 Homicide and related offences</i>	013 Manslaughter and driving causing death	0132 Driving causing death	1.4	1.5	\$1,3 58	\$7 95
	<i>013 Manslaughter and driving causing death Sum</i>		1.4	1.5	\$1,3 58	\$7 95
<i>01 Homicide and related offences Sum</i>			1.4	1.5	\$1,3 58	\$7 95
<i>02 Acts intended to cause injury</i>	021 Assault	0211 Serious assault resulting in injury	1.1	1.6	\$1,0 88	\$8 61
		0212 Serious assault not resulting in injury	1.1	1.6	\$1,0 42	\$8 88
		0213 Common assault	1.0	1.2	\$91 9	\$6 73
	<i>021 Assault Sum</i>		1.0	1.4	\$98 9	\$7 48
	029 Other acts intended to cause injury	0291 Stalking	1.0	1.5	\$99 8	\$7 99
		0299 Other acts intended to cause injury, nec	0.9	1.9	\$87 0	\$1, 01 1
	<i>029 Other acts intended to cause injury Sum</i>		1.0	1.5	\$99 2	\$8 03
<i>02 Acts intended to cause injury Sum</i>			1.0	1.4	\$98 9	\$7 56
<i>03 Sexual assault and related offences</i>	031 Sexual assault	0311 Aggravated sexual assault	1.5	2.3	\$1,3 90	\$1, 25 1
		0312 Non-aggravated sexual assault	1.5	1.8	\$1,4 71	\$9 97
	<i>031 Sexual assault Sum</i>		1.5	2.2	\$1,3 94	\$1, 20 5
	032 Non- assaultive sexual offences	0322 Child pornography offences	1.0	2.5	\$93 3	\$1, 35 6
		0329 Non-assaultive sexual offences, nec		1.7		\$9 00

032 Non-assaultive sexual offences Sum			0.8	2.1	\$74 7	\$1, 16 5
03 Sexual assault and related offences Sum			1.4	2.2	\$1,3 41	\$1, 19 7
04 Dangerous or negligent acts endangering persons	041 Dangerous or negligent operation of a vehicle	0411 Driving under the influence of alcohol or other substance	1.1	1.1	\$1,0 44	\$5 74
		0412 Dangerous or negligent operation (driving) of a vehicle	1.1	0.9	\$1,0 47	\$4 78
041 Dangerous or negligent operation of a vehicle Sum			1.1	0.9	\$1,0 47	\$4 95
	049 Other dangerous or negligent acts endangerous persons	0491 Neglect or ill-treatment of persons under care		0.7		\$3 81
		0499 Other dangerous or negligent acts endangering persons, nec	1.1	1.7	\$1,0 18	\$9 00
049 Other dangerous or negligent acts endangerous persons Sum			1.1	1.2	\$1,0 18	\$6 58
04 Dangerous or negligent acts endangering persons Sum			1.1	0.9	\$1,0 46	\$4 97
05 Abduction, harassment and other offences against the person	051 Abduction and kidnapping	0511 Abduction and kidnapping	1.8		\$1,7 39	
051 Abduction and kidnapping Sum			1.8		\$1,7 39	
	052 Deprivation of liberty/false imprisonment	0521 Deprivation of liberty/false imprisonment				
052 Deprivation of liberty/false imprisonment Sum						
	053 Harassment and threatening behaviour	0531 Harassment and private nuisance	0.4	1.2	\$33 9	\$6 54
		0532 Threatening behaviour	1.2	1.5	\$1,1 46	\$8 13

		<i>053 Harassment and threatening behaviour</i>	1.2	1.5	\$1,139	\$809
		<i>Sum</i>				
		<i>05 Abduction, harassment and other offences against the person</i>	1.2	1.5	\$1,181	\$808
		<i>Sum</i>				
	<i>06 Robbery, extortion and related offences</i>	061 Robbery	1.5	2.2	\$1,399	\$1,173
		0611 Aggravated robbery				
		0612 Non-aggravated robbery	1.1	2.0	\$1,062	\$1,115
		<i>061 Robbery Sum</i>	1.4	2.1	\$1,356	\$1,134
		062 Blackmail and extortion	0.7	1.9	\$679	\$1,022
		0621 Blackmail and extortion				
		<i>062 Blackmail and extortion Sum</i>	0.7	1.9	\$679	\$1,022
		<i>06 Robbery, extortion and related offences Sum</i>	1.4	2.1	\$1,354	\$1,133
	<i>07 Unlawful entry with intent/burglary, break and enter</i>	071 Unlawful entry with intent/burglary, break and enter	1.1	1.7	\$1,017	\$924
		0711 Unlawful entry with intent/burglary, break and enter				
		<i>071 Unlawful entry with intent/burglary, break and enter Sum</i>	1.1	1.7	\$1,017	\$924
		<i>07 Unlawful entry with intent/burglary, break and enter Sum</i>	1.1	1.7	\$1,017	\$924
	<i>08 Theft and related offences</i>	081 Motor vehicle theft and related offences	1.5	2.2	\$1,478	\$1,192
		0811 Theft of a motor vehicle				
		0812 Illegal use of a motor vehicle	1.1	1.9	\$1,078	\$1,009
		<i>081 Motor vehicle theft and related offences Sum</i>	1.2	1.9	\$1,110	\$1,028
		082 Theft (except motor vehicles)	1.2	1.8	\$1,168	\$969
		0821 Theft from a person (excluding by force)				
		0822 Theft of intellectual property		1.6		\$852

		0823 Theft from retail premises	0.8	1.1	\$736	\$588
		0829 Theft (except motor vehicles), nec	1.0	1.3	\$952	\$723
		<i>082 Theft (except motor vehicles) Sum</i>	<i>0.9</i>	<i>1.2</i>	<i>\$896</i>	<i>\$667</i>
	083 Receive or handle proceeds of crime	0831 Receive or handle proceeds of crime	1.1	1.7	\$1,018	\$932
		<i>083 Receive or handle proceeds of crime Sum</i>	<i>1.1</i>	<i>1.7</i>	<i>\$1,018</i>	<i>\$932</i>
		<i>08 Theft and related offences Sum</i>	<i>1.0</i>	<i>1.4</i>	<i>\$985</i>	<i>\$781</i>
<i>09 Fraud, deception and related offences</i>	091 Obtain benefit by deception	0911 Obtain benefit by deception	1.1	1.3	\$1,034	\$699
		<i>091 Obtain benefit by deception Sum</i>	<i>1.1</i>	<i>1.3</i>	<i>\$1,034</i>	<i>\$699</i>
	092 Forgery and counterfeiting	0921 Counterfeiting of currency		1.9		\$1,050
		0922 Forgery of documents	0.5	1.7	\$436	\$931
		0923 Possess equipment to make false/illegal instrument		2.8		\$1,514
		<i>092 Forgery and counterfeiting Sum</i>	<i>0.4</i>	<i>1.8</i>	<i>\$382</i>	<i>\$962</i>
	093 Deceptive business/government practices	0931 Fraudulent trade practices		1.6		\$861
		0932 Misrepresentation of professional status	1.1	1.2	\$1,018	\$656
		0933 Illegal non-fraudulent trade practices				
		<i>093 Deceptive business/government practices Sum</i>	<i>1.1</i>	<i>1.3</i>	<i>\$1,018</i>	<i>\$693</i>
	099 Other fraud and deception offences	0991 Dishonest conversion	0.7	1.1	\$679	\$576
		0999 Other fraud and deception offences, nec	1.2	1.2	\$1,123	\$676

		<i>099 Other fraud and deception offences Sum</i>	1.1	1.2	\$1,039	\$628
<i>09 Fraud, deception and related offences Sum</i>			1.0	1.3	\$976	\$696
<i>10 Illicit drug offences</i>	101 Import or export illicit drugs	1011 Import illicit drugs		0.6		\$341
		1012 Export illicit drugs		0.6		\$341
<i>101 Import or export illicit drugs Sum</i>				0.6		\$341
	102 Deal or traffic in illicit drugs	1022 Deal or traffic in illicit drugs - non-commercial quantity	1.0	2.2	\$930	\$1,214
<i>102 Deal or traffic in illicit drugs Sum</i>			1.0	2.2	\$930	\$1,214
	103 Manufacture or cultivate illicit drugs	1031 Manufacture illicit drugs	0.4	3.0	\$339	\$1,611
		1032 Cultivate illicit drugs	0.3	0.8	\$318	\$445
<i>103 Manufacture or cultivate illicit drugs Sum</i>			0.3	0.8	\$319	\$462
	104 Possess and/or use illicit drugs	1041 Possess illicit drugs	0.6	0.8	\$602	\$414
		1042 Use illicit drugs	0.7	0.9	\$713	\$476
<i>104 Possess and/or use illicit drugs Sum</i>			0.6	0.8	\$605	\$416
	109 Other illicit drug offences	1099 Other illicit drug offences, nec	0.8	0.9	\$732	\$492
<i>109 Other illicit drug offences Sum</i>			0.8	0.9	\$732	\$492
<i>10 Illicit drug offences Sum</i>			0.7	0.9	\$641	\$473
<i>11 Prohibited and regulated weapons and explosives offences</i>	111 Prohibited weapons/explosives offences	1112 Sell, possess and/or use prohibited weapons/explosives	1.3	1.2	\$1,240	\$641
		1119 Prohibited weapons/explosives offences,		1.4		\$768

nec						
111 Prohibited weapons/explosives offences		1.3	1.2	\$1,1	\$6	
Sum				94	54	
112 Regulated weapons/explosives offences	1121 Unlawfully obtain or possess regulated weapons/explosives	1.1	1.2	\$1,0	\$6	\$6
	1122 Misuse of regulated weapons/explosives	1.7	1.1	\$1,5	\$6	\$6
	1123 Deal or traffic regulated weapons/explosives offences		0.5		\$2	\$2
	1129 Regulated weapons/explosives offences, nec		0.6		\$3	\$3
112 Regulated weapons/explosives offences		1.4	1.1	\$1,3	\$6	
Sum				19	25	
11 Prohibited and regulated weapons and explosives offences		1.3	1.2	\$1,2	\$6	
Sum				65	34	
12 Property damage and environmental pollution	121 Property damage	1.3	2.2	\$1,2	\$1,	\$1,
	1211 Property damage by fire or explosion			02	17	7
	1212 Graffiti	0.9	0.6	\$82	\$3	\$3
	1219 Property damage, nec	0.9	1.1	\$89	\$6	\$6
				4	23	23
121 Property damage Sum		0.9	1.1	\$89	\$6	
				9	26	
122 Environmental pollution	1222 Water pollution offences		0.6		\$3	\$3
	1223 Noise pollution offences		0.6		\$3	\$3
	1224 Soil pollution offences		0.5		\$2	\$2
	1229 Environmental pollution, nec	1.2	0.4	\$1,1	\$2	\$2
				31	06	06
122 Environmental pollution Sum		1.2	0.4	\$1,1	\$2	
				31	34	
12 Property damage and environmental pollution Sum		0.9	1.1	\$90	\$6	
				0	11	
13 Public order offences	131 Disorderly conduct	0.9	1.2	\$83	\$6	\$6
	1311 Trespass			4	27	27

		1312 Criminal intent	1.5	2.1	\$1,385	\$1,143
		1313 Riot and affray	1.3	1.8	\$1,206	\$1,005
		1319 Disorderly conduct, nec	1.6	2.3	\$1,527	\$1,235
		<i>131 Disorderly conduct Sum</i>	<i>1.1</i>	<i>1.6</i>	<i>\$1,066</i>	<i>\$872</i>
	132 Regulated public order offences	1321 Betting and gambling offences		0.8		\$438
		1322 Liquor and tobacco offences	0.7	0.8	\$697	\$440
		1323 Censorship offences		1.3		\$708
		1324 Prostitution offences		0.4		\$236
		1325 Offences against public order sexual standards	0.6	1.1	\$552	\$622
		1326 Consumption of legal substances in prohibited spaces	0.9		\$815	
		1329 Regulated public order offences, nec	1.4	1.1	\$1,358	\$580
		<i>132 Regulated public order offences Sum</i>	<i>0.8</i>	<i>0.8</i>	<i>\$786</i>	<i>\$463</i>
	133 Offensive conduct	1331 Offensive language	0.9	0.9	\$826	\$505
		1332 Offensive behaviour	0.9	1.1	\$850	\$580
		1334 Cruelty to animals	0.9	1.3	\$891	\$687
		<i>133 Offensive conduct Sum</i>	<i>0.9</i>	<i>1.0</i>	<i>\$840</i>	<i>\$553</i>
		<i>13 Public order offences Sum</i>	<i>1.0</i>	<i>1.2</i>	<i>\$981</i>	<i>\$670</i>
14 Traffic and vehicle regulatory offences	141 Driver licence offences	1411 Drive while licence disqualified or suspended	0.9	0.8	\$837	\$447

		1412 Drive without a licence	0.9	0.6	\$813	\$303
		1419 Driver licence offences, nec	0.2	1.1	\$204	\$610
		<i>141 Driver licence offences Sum</i>	<i>0.8</i>	<i>0.7</i>	<i>\$808</i>	<i>\$394</i>
	142 Vehicle registration and roadworthiness offences	1421 Registration offences	0.7	0.6	\$623	\$319
		1431 Exceed the prescribed content of alcohol or other substance limit	0.4	0.5	\$425	\$278
		<i>142 Vehicle registration and roadworthiness offences Sum</i>	<i>0.6</i>	<i>0.5</i>	<i>\$559</i>	<i>\$286</i>
	143 Regulatory driving offences	1439 Regulatory driving offences, nec	0.7	0.6	\$623	\$317
		<i>143 Regulatory driving offences Sum</i>	<i>0.7</i>	<i>0.6</i>	<i>\$623</i>	<i>\$317</i>
		<i>14 Traffic and vehicle regulatory offences Sum</i>	<i>0.7</i>	<i>0.6</i>	<i>\$704</i>	<i>\$329</i>
15 Offences against justice procedures, government security and government operations	151 Breach of custodial order offences	1511 Escape custody offences	1.6	1.7	\$1,487	\$923
		1513 Breach of suspended sentence	0.6	0.9	\$557	\$495
		<i>151 Breach of custodial order offences Sum</i>	<i>0.8</i>	<i>1.0</i>	<i>\$798</i>	<i>\$532</i>
	152 Breach of community-based order	1520 Breach of community-based order not further defined		0.4		\$227
		1521 Breach of community service order	1.0	1.0	\$927	\$535
		1523 Breach of bail	0.6	1.1	\$597	\$602
		1524 Breach of bond - supervised	0.8	1.3	\$781	\$710
		1525 Breach of bond - unsupervised	0.6	0.8	\$620	\$433

	1529 Breach of community-based order, nec	1.2	1.1	\$1,131	\$587
	<i>152 Breach of community-based order Sum</i>	<i>0.8</i>	<i>1.0</i>	<i>\$742</i>	<i>\$553</i>
153 Breach of violence and non-violence restraining orders	1531 Breach of violence order	0.9	1.5	\$889	\$828
	1541 Resist or hinder government official (excluding police officer, justice official or government security officer)	1.2	0.4	\$1,188	\$221
	<i>153 Breach of violence and non-violence restraining orders Sum</i>	<i>0.9</i>	<i>1.5</i>	<i>\$891</i>	<i>\$819</i>
154 Offences against government operations	1542 Bribery involving government officials	1.8	2.5	\$1,697	\$1,363
	1543 Immigration offences		0.6		\$341
	1549 Offences against government operations, nec	2.1	0.5	\$2,036	\$264
	<i>154 Offences against government operations Sum</i>	<i>2.0</i>	<i>0.5</i>	<i>\$1,923</i>	<i>\$268</i>
156 Offences against justice procedures	1561 Subvert the course of justice	1.1	1.9	\$1,018	\$1,022
	1562 Resist or hinder police officer or justice official	1.1	1.2	\$1,092	\$649
	1563 Prison regulation offences	0.7	1.3	\$679	\$721
	1569 Offences against justice procedures, nec	1.1	1.2	\$1,030	\$672
	<i>156 Offences against justice procedures Sum</i>	<i>1.1</i>	<i>1.2</i>	<i>\$1,087</i>	<i>\$659</i>
	<i>15 Offences against justice procedures, government security and government operations Sum</i>	<i>0.9</i>	<i>1.2</i>	<i>\$859</i>	<i>\$647</i>
16 Miscellaneous offences	161 Defamation, libel and privacy offences		2.5		\$1,363
	1612 Offences against privacy				\$3

161 Defamation, libel and privacy offences Sum		2.5		\$1, 36 3	
162 Public health and safety offences	1623 Occupational health and safety offences	0.8		\$4 54	
	1624 Transport regulation offences	0.9	0.8	\$81 5	\$4 11
	1625 Dangerous substances offences		1.9		\$1, 02 2
	1626 Licit drug offences	1.4	1.2	\$1,3 29	\$6 53
	1629 Public health and safety offences, nec	1.4	0.5	\$1,3 01	\$2 74
162 Public health and safety offences Sum		1.2	0.9	\$1,1 68	\$4 76
163 Commercial/indu stry/financial regulation	1631 Commercial/industry/financial regulation		0.5		\$2 93
163 Commercial/industry/financial regulation Sum			0.5		\$2 93
169 Other miscellaneous offences	1691 Environmental regulation offences	0.3	0.6	\$25 5	\$3 43
	1692 Bribery excluding government officials		1.1		\$5 96
	1693 Quarantine offences		0.6		\$3 41
	1694 Import/export regulations		1.0		\$5 50
	1699 Other miscellaneous offences, nec	0.6	0.8	\$56 6	\$4 10
169 Other miscellaneous offences Sum		0.5	0.7	\$44 1	\$4 06
16 Miscellaneous offences Sum		1.1	0.8	\$1,0 03	\$4 24

Legal Aid

Legal Aid provided detailed information with which to cost legal representation and legal advice:

- Internal information provided by Legal Aid regarding average costs of case matters, salary rates for solicitors, time intervals for providing advice, costs of private duty lawyers across jurisdiction.

The following publication was also used:

- Legal Aid Annual Report (2011)
<http://www.legalaid.nsw.gov.au/publications/annual-reports>

Item	Legal representation
Unit	Per case
Measure	<p>Legal Aid provided an average cost for private duty lawyer services by criminal, family and civil law, by dividing the total budget allocated to those areas in 2010/2011 by the number of services provided. If costing a non-contested matter, the private duty lawyer rates were used per case.</p> <p>Legal Aid also provided the average cost of case matters in the Local and District courts in 2010. If costing a contested matter, these jurisdictional rates were used, and inflated by 3.4%. Children's Court matters were costed at the same rate as Local Court matters. Where it wasn't clear from the data whether a case was heard in the local or district courts, the local court rate was costed.</p>
Costs	<p>Local court defended case = \$ 805.62 District court trial = \$ 16,497.20 District court sentenced matters = \$ 4,606.59 Family Law matters = \$ 3693.9 Civil Law matters = \$ 3691.62</p>

Item	Legal advice
Unit	Per advice
Measure	<p>Legal Aid provided information about the salary and standard administrative on-costs for a Legal Aid Officer Grade I-III. This was used to calculate the cost of 30 minutes of a solicitor's time, which Legal Aid advised is the average length of time spent providing such advice.</p>
Cost	\$34.60 per advice

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Item	Duty Lawyer
Unit	Per advice
Measure	Legal Aid provided information about the average costs paid to private lawyers across crime, family and civil matters. This cost was used for all duty lawyer services received.
Cost	Criminal Law matters = \$ 135.45 Family Law matters = \$ 270.91 Civil Law matters = \$ 116.84

Department of Ageing, Disability and Home Care (ADHC)

ADHC staff provided actual costs for Community Justice Program (CJP) clients for each year they participated in the program from its inception in 2006.

Item	Participation in the Community Justice Program (CJP)
Unit	Costs per year
Cost	Actual costs for four case studies who received ADHC services, ranging from \$4700 to \$3,540,368

NSW Health

No internal information was provided to the study by NSW Health.

A number of proxy measures were used to cost health related services and interventions using the following sources:

- NSW Health Costs of Care Standard 2009-2010
http://www.health.nsw.gov.au/policies/gl/2011/pdf/GL2011_007.pdf
- Table 14, Average cost of maintenance therapy at 3 months, National Evaluation of Pharmacotherapies for Opioid Dependence
[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/8BA50209EE22B9C6CA2575B40013539D/\\$File/mono52.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/8BA50209EE22B9C6CA2575B40013539D/$File/mono52.pdf)
- Table 15, *Daily cost of maintenance therapy at 6 months*, National Evaluation of Pharmacotherapies for Opioid Dependence

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/8BA50209EE22B9C6CA2575B40013539D/\\$File/mono52.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/publishing.nsf/Content/8BA50209EE22B9C6CA2575B40013539D/$File/mono52.pdf)

The project team was hoping to cost various diagnoses using the National Hospital Cost Data Collection (http://www.health.gov.au/internet/main/publishing.nsf/Content/health-casemix-data-collections-about_NHCDC) which contains component costs per diagnosis related groups (DRG) based on patient-costed and cost-modelled information. This enables DRG cost weights and average costs for DRGs for acute in-patients to be produced. However it was not possible to match the diagnostic categories used in this Collection to the data contained in the MHDCD Dataset so these costs are not included.

Item	Mental health treatment - inpatient
Unit	Per day
Measure	The NSW Health Costs of Care Standard 2009-2010 report was used to determine the average cost per day of a mental health bed. The figure of \$745 was inflated by 3.4% to 2011 prices.
Cost	\$770.33 per day

Item	Hospital stay
Unit	Average cost per discharge
Measure	The NSW Health Costs of Care Standard 2009-2010 report was used to determine the average cost per discharge of a stay in hospital, including emergency department costs but excluding intensive care costs. The figure of \$4028 was inflated by 3.4% to 2011 prices.
Cost	\$4164.95 per discharge

Item	Pharmaceutical Drugs of Addiction Scheme (PHDAS)
Unit	Per day
Measure	The National Evaluation of Pharmacotherapies for Opioid Dependence (2004) was used to determine the cost of treatment per day based on opioid type. Methadone maintenance and Buprenorphine maintenance overall costs were included. If

	treatment went for more than 6 months, the 6 month figure was used. If treatment went for less than 6 months, the 3 month figure was used. Each daily rate was inflated for 2011 figures.
Cost	\$17.21 per day for methadone maintenance for less than six months \$11.84 per day for methadone maintenance for more than six months \$24.86 per day for buprenorphine maintenance for less than six months \$19.58 per day for buprenorphine maintenance for more than six months

Justice Health

A project manager from within Justice Health calculated the unit costs of all services provided by Justice Health to the individuals detailed in our case studies. Due to changes in Justice Health data systems, the costs itemised for services provided after June 2005 are actual costs. Those services provided before June 2005 were costed by using average costs calculated based on service utilisation post 2005.

On-costs were calculated by Justice Health using 2011 Justice Health budget figures and deducting 50% of the budget relating to forensic services. The remaining budget was divided by total bed occupancy for the year to determine an average on-cost per individual per night in custody (\$4.88).

- Internal information and calculations provided by Justice Health

Item	Justice Health Services
Unit	Per episode of care
Generalist Nurse	\$78
Women's Health	\$101
Mental Health Nurse	\$90
Psychiatrist	\$214
GP	\$148
D&A Nurse	\$93
D&A Doctor	\$182
Public Health Nurse	\$70

Radiology	\$186

NSW Housing

No internal costing information was provided to the study by Housing NSW.

The project team developed a proxy cost for a housing tenancy using the following publication:

- RoGS (2012) Table 16A.16 Nominal government expenditure on public housing, 2001-02 to 2010-11 (\$ per dwelling)

Item	Tenancy
Unit	Per annum
Measure	The ROGS 2010-2011 figure for providing assistance per dwelling per year of \$27905 was used to determine a daily rate of assistance, which was \$76.45. Data on the length of each tenancy was multiplied by the daily cost to determine a cost for the duration of each tenancy. This figure was then divided by the number of individuals recorded as living in the dwelling by NSW Housing.

Centrelink

It was intended that services and payments from Centrelink and SAAP would be included. However, Centrelink data was unavailable as discussed above. As an imperfect proxy the project team identified other government agencies' records of an individual's receipt of a benefit (ie. means testing for Legal Aid or assessment for Housing NSW) and attributed the costs of receiving that benefit across a reasonable timeframe (ie. until that person is next incarcerated) or until there is evidence that they are no longer on that benefit. In relation to SAAP data, also as discussed above, neither AIHW nor SAAP services were able to provide unit data.

COSTING OF CASE STUDIES

Costs derived from agencies via the methods described above were then applied systematically to the individual case studies drawn from the Dataset. The strength of this approach is that the calculation of costs related to specific known instances of service or intervention by any agency can be seen in the context of an overarching narrative of an individual's lifecourse. The breadth and depth of predisposing conditions of social disadvantage, multiple support service needs and frequent and ongoing criminal justice contacts are observable chronologically and in relation to each other. This provides a sense of the costs associated not only with individual agency interactions, but also with the synergistic effects of the cumulative disadvantageous life experiences and events.

INDIVIDUAL CASE STUDY LIFECOURSE COSTINGS

Names and some incidents have been changed to protect the identity of the person. All case studies are drawn from the MHDCD Dataset and outlined in Baldry et al (forthcoming 2012).

Case Study 1 Peter: Summary of agency contacts over lifecourse

Agency	Service Type	No of contacts
Community Services		
	Investigation	0
	Removal of child	0
	Out-of-home care	0
Police		
	Incidents	88
	Custody	30
	Charges	51
Juvenile Justice		
	Conferencing	0
	Community orders	0
	Custody	0
Corrective Services		
	Community orders	3
	Custody days	1231
	Programs	
Courts		
	Finalised matters	21
Legal Aid		
	Legal advice	0
	Duty solicitor work	33
	Case	10
Disability Service (Ageing Disability and Home Care)		
	Assessment for eligibility	
	Services (days)	
	Community Justice Program client	
Health		
	Hospital admissions	25
	Days Admitted hospital	291
	Pharmaceutical Drugs of Addiction Scheme	0
Justice Health		
	Assessments	17
	Appointments	51
	Hospital admission	0
Housing		
	Assessment for eligibility	3
	Rentstart	2
	Housing tenancy	1

Case Study 1 Peter: Estimated lifecourse institutional costs

Peter	<10	10 to 15	16 to 18	19 to 21	22 to 25	26 to 35	36 to 45	46 to 55	Total Cost
Police	\$ -	\$ 4,689	\$ -	\$ -	\$ -	\$ 92,222	\$ 67,213	\$ -	\$ 164,124
DoCS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DCS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 312,271	\$ 84,536	\$ -	\$ 396,807
DJJ	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 27,752	\$ -	\$ 27,752
Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 94,776	\$ 142,054	\$ -	\$ 236,830
Courts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 26,570	\$ 4,745	\$ -	\$ 31,314
Legal Aid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 50,045	\$ 1,224	\$ 1,611	\$ 52,880
PHDAS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Centrelink	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 45,066	\$ -	\$ 45,066
Justice Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 66,590	\$ 16,665	\$ -	\$ 83,255
ADHC									
Total	\$ -	\$ 4,689	\$ -	\$ -	\$ -	\$ 642,475	\$ 389,254	\$ 1,611	\$ 1,038,029.84

Case Study 1: Peter

Peter is a male born in 1970. He has a dual diagnosis of a mental health disorder and a mild intellectual disability. Peter has a history of both schizophrenic, and psychotic episodes, and has been diagnosed with a range of disorders including post-traumatic stress disorder, obsessive-compulsive disorder, dissocial personality disorder and mental and behavioural disorders due to multiple drug use and use of other psychoactive substances, particularly alcohol and cannabis. On assessment in 2004 Peter is reported as having an overall IQ of 69. Records indicate that Peter has spent his adult life unemployed and has experienced significant periods of homelessness.

As a child Peter attends a special education school but does not complete his schooling, leaving at age 15. He has only two police contacts during his teenage years, the first when he is 11, when he is charged with being carried in a stolen car and the second at 12, when he is charged with stealing and goods in custody. While both of these charges result in a conviction, they do not lead to detention or an order with Juvenile Justice. Peter then has no further recorded contact with Police throughout his adolescence and early adulthood.

In 1996 Peter's first police contact as an adult occur at the age of 26. He appears twice as a victim and once as a person of interest when, brandishing a knife, he threatens to kill his mother. It is clear at this point, that Peter is experiencing significant mental illness and it is this that precipitates his contact with Police. In this first incident, police note his mental disorder and take him to a psychiatric unit where he is admitted under the *Mental Health Act*. Two weeks into his one-month stay, ordered on the basis of fears that he may hurt his parents, Peter escapes but is apprehended and returned to the psychiatric unit. In the following four year period from 1997-2001 there is only one instance when he is again admitted to hospital for psychiatric evaluation. During this time however it appears Peter is in housing stress as in 1999 he applies for 'priority housing' but his application is declined and in 2001 he receives Rentstart.

In 2001, at the age of 31, Peter begins to have significantly more contact with criminal justice and health agencies, with 13 admissions to hospital for mental health reasons in this year, five of which are the result of Police transporting him for assessment under the *Mental Health Act*. Many of the police events registered during this period are for a range of obviously mental health related incidents including a self-harm / suicide attempt in which Peter is talked down. On another of these occasions Peter threatens to jump in front of a train. He is taken by police to a psychiatric unit and is diagnosed there as having 'mental and behavioural disorders due to multiple drug use and use of other psychoactive substances', 'acute and transient psychotic disorder', and again diagnosed as having 'dissocial personality disorder'. He stays for 12 days before being released. In an incident just a few weeks later he is found threatening health workers and says he "*could hear voices in his head and they were telling him bad things*". He is then taken by the police to a psychiatric unit where he is diagnosed with 'Schizophrenia unspecified', 'Dissocial personality disorder' and 'Developmental disorder of scholastic

skills unspecified', indicating that staff have some awareness of his intellectual disability. Peter is admitted 14 days before being released.

Some weeks later he is bailed but then arrested for, 'failure to comply with bail conditions'. The police take him for a psychiatric assessment. Peter then informs police that *"he always pretended he had a mental illness in order to avoid being charged"*. The consulting doctor assesses Peter as not suffering *"from a mental illness but [as] malingering to avoid the consequences of his actions"*. He is then discharged, informed he will be charged for the matters and has bail refused. He is then held on remand for two days and convicted on the charge of 'breach of justice order' and imprisoned for just over two months. It is during this remand period that he is placed on 'DCS alert' for self-harm and also charged with an 'offence in custody', fighting, for which he is sanctioned. Upon release he is placed on a community order for a year.

Over a period of three months in 2001 when he is 32 Peter is arrested 12 times for 15 offences ranging from 'malicious damage', break and enter', 'sexual offence', 'judicial offences' and having 'breached bail' on three occasions. These offences result in him being placed on remand on nine separate occasions; one charge is dismissed on the grounds of his mental health and on the other occasions he is either fined or given no penalty. Peter receives advice from Legal Aid on five occasions over this period. He spends short periods of between five and 14 days in psychiatric facilities for these and similar incidents. Overall there are 11 such custody episodes and multiple other episode where he goes into police custody for other offences such that he has only seven days average between each custody in this one year.

At the end of this period of intense offending and acute psychiatric admissions Peter is arrested for robbery with a weapon (two pieces of lead weight) to rob a service station of six packs of cigarettes. He has bail refused and is sentenced to one year in prison. Upon release he is placed with a special complex needs parole officer on a community order and has no recorded offences or hospital admissions during the seven month period of the community order. As soon as the order finishes in 2003 Peter starts his frequent contact pattern again, calling 000 and telling police that he has *"no where to live I'm really depressed and suffer from schizophrenia and I haven't taken my medication I really feel like I need to go to hospital"*. Peter is taken to a psychiatric unit for assessment though not admitted. Later that day he is reported to police as having threatened a staff member at an NGO. Police transport him under the *Mental Health Act* for assessment at the psychiatric hospital and he is released later that day. During this period an AVO is filed against Peter after he makes verbal threats to kill a family member and burn the house down. At this time he receives Rentstart-Plus assistance from Housing NSW.

Late in 2003 Peter is picked up by the police again for robbery, charged and ordered to undergo psychiatric assessment. The doctor states there is no evidence of psychosis. He pleads guilty, is convicted and sentenced to 15 months in prison. During this stay in custody there are three DCS self-harm alerts. When released in 2005 Peter is again placed on a community order

with a complex needs parole case manager and attends drug and alcohol counselling, a weekly group support program, is employed in a sheltered workshop and has support from a Mental Health Team and his GP to ensure that he complies with his medication regime. This 19 month period sees Peter free of contact with police.

As soon as his parole is complete in 2007 Peter again resumes frequent offending including malicious damage, setting fire to hospital and other property and threats to kill. He has 24 police contacts in 2007 and four psychiatric assessments. These result in substantial periods as a detainee in a psychiatric hospital for periods of 65 and 70 days, in between which he is granted a housing tenancy by Housing NSW. In August that year he is charged with serious robberies in relation to which three other men are also arrested; the men drove to petrol stations and take-away shops and waited while Peter went in and did the robberies. Peter has been held in custody since those convictions with Justice Health treating him for schizophrenia as well as providing counseling and antipsychotic medication.

Peter's low level of institutional contact early in his life stands in stark contrast to his escalating and costly interactions with the police, emergency and corrective services with the onset of significant mental illness as an adult. His first contact with police at the age of 26 results in admission under the *Mental Health Act* for one month. The data suggests that the treatment Peter receives after his first admission under the *Mental Health Act* at 26 leads to a stabilisation in his mental health for several years. There is little further institutional contact until he is 31, at which time his contact with police escalates significantly due to an apparent deterioration in his mental health. He has 13 admissions to hospital in that year, typically staying between five and 14 days. The diagnoses and/or corresponding treatment he receives during these stays is clearly inadequate, as his level of contact with the criminal justice system escalates. His offending – such as violent threats against his family and himself, opportunistic, unplanned offences, and direct manipulation by others into committing high risk offences – appears directly connected to his mental illness and intellectual disability. A lack of treatment and intervention for Peter's mental health and intellectual disability leads to his entrenchment in the criminal justice system. This presents as an example of cost-shifting from community-based services and support to police, emergency and corrective services.

The only exceptions to Peter's cycling in and out of the criminal justice system are the two periods when he is on special supported community orders with Corrective Services where assistance is tailored to his specific and complex needs. This is one of the few examples in the case studies examined where an appropriate, targeted intervention leads to a much more stable period for the individual and a clear reduction in costs resulting from further police contacts, custodial episodes and the court system. The fact that within seven days of his completion of the second intensive supervision, Peter is back having costly contact with police and lengthy psychiatric admissions, suggests the support was very effective.

Case Study 2 Hannah: Summary of agency contacts over lifecourse

Agency	Service Type	No of contacts
Community Services		
	Notifications	0
	Out-of-home care days	0
Police		
	Incidents	141
	Custody	20
	Charges	30
Juvenile Justice		
	Conferencing	
	Community orders	2
	Custody	274
Corrective Services		
	Community orders	4
	Custody days	216
	Programs	
Courts		
	Finalised matters	34
Legal Aid		
	Legal advice	2
	Duty Solicitor work	17
	Case	4
Disability Service (Ageing Disability and Home Care)		
	Assessment for eligibility	
	Services (days)	
	Community Justice Program client	
Health		
	Hospital admissions	4
	Days admitted hospital	11
	Pharmaceutical Drugs of Addiction Scheme	915
	Mental health programs	
Justice Health		
	Assessments	14
	Appointments	95
	Hospital admission	0
Housing		
	Assessment for eligibility	3
	Rentstart	2
	Housing tenancy	3

Case study 2 Hannah: Estimated lifecourse institutional costs

Hannah	<10	10 to 15	16 to 18	19 to 21	22 to 25	26 to 35	36 to 45	46 to 55	Total Cost
Police	\$ -	\$ 54,708.15	\$ 34,387.98	\$ 35,951.07	\$ 87,533.04	\$ 46,892.70	\$ -	\$ -	\$ 259,472.94
DoCS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DCS			\$ 4,446.30	\$ 19,859.94	\$ 87,217.97	\$ 92,835.85	\$ -	\$ -	\$ 204,360.06
DJJ		\$ 180,427.24	\$ 103,734.80	\$ -					\$ 284,162.04
Housing	\$ -	\$ -	\$ -	\$ 1,146.78	\$ 46,865.11	\$ -	\$ -	\$ -	\$ 48,011.89
Health	\$ -	\$ -	\$ -	\$ -	\$ 8,329.90	\$ 8,329.90	\$ -	\$ -	\$ 16,659.81
Courts	\$ -	\$ 5,101.74	\$ 3,982.03	\$ 5,775.23	\$ 1,575.85	\$ 8,955.21	\$ -	\$ -	\$ 25,390.06
Legal Aid	\$ -	\$ -	\$ 270.90	\$ 2,031.76	\$ 1,942.94	\$ -	\$ -	\$ -	\$ 4,245.60
PHDAS	\$ -	\$ -	\$ -	\$ 86.03	\$ 550.59	\$ 10,391.37	\$ -	\$ -	\$ 11,027.99
Centrelink	\$ -	\$ -	\$ -	\$ 59,438.53	\$ 56,938.16	\$ 121,638.00	\$ -	\$ -	\$ 238,014.69
JusticeHealth		\$ 5,452.06	\$ 3,265.24	\$ 808.82	\$ 8,297.92	\$ 8,956.96	\$ -	\$ -	\$ 26,781.00
ADHC									
Total	\$ -	\$ 245,689.19	\$ 150,087.25	\$ 125,098.16	\$ 299,251.49	\$ 297,999.99	\$ -	\$ -	\$ 1,118,126.08

Case Study 2: Hannah

Hannah is an Indigenous woman born in 1978. She has a diagnosis of a depressive disorder, anxiety and psychosis, and behavioural disorders, has hepatitis C and a history of alcohol and drug abuse. She has 96 police contacts recorded, 33 of which relate to domestic violence. She has three children, the first born when she is 19, the second when she is 24 and the third when she is 29.

Hannah has many contacts with police in her youth with the first occurring when she is 13 years old, as a witness to an incident of malicious damage to property. Then in quick succession she is arrested a number of times for various theft offences and has her first DJJ custody episode in May 1993 which lasts two weeks. From this time Hannah is frequently in contact with Police for offences including motor vehicle theft, property damage, drug detection, theft and aggravated assault and in four of these instances associated factors are either alcohol or drug related. Between the ages of 15 and 17 Hannah has seven DJJ custody episodes for periods of up to six months and as well as incurring a juvenile control order, and probation with and without supervision.

Soon after she turns 18 Hannah is arrested for theft and offensive conduct with alcohol implicated and is given a bond. A year later she is held on remand for assaulting another woman and soon after is given a community based order for stealing. Hannah then has her first child in 1998 at age 19 and soon after separates from the child's father. As a result of a 2am call from Hannah's mother, who is concerned that Hannah has nowhere to go, Police observe that Hannah is intoxicated and are concerned for the care of her three month old child. At her request Police take Hannah back to stay with her former partner. Her child is put in the care of the grandmother.

From 1999 Police begin to record domestic violence incidents in which Hannah is often intoxicated. There are 33 incidents escalating over time with her various de-facto partners recorded; they are verbally and sometimes physically violent. Early in 2000 she is remanded for theft and placed on a community order. Later that year the police are called to her place where they find that she has been seriously assaulted by her partner. The police then arrest Hannah for breaching her community orders and her partner for assault. Hannah serves a three month sentence during which there is an alert for self-harm. Upon release she is assigned public housing. She loses this a year later when she has another two custodial episodes one for shoplifting and the other for breaching orders. In 2001 Hannah serves three further custodial episodes for shoplifting, breach of justice order and illicit drug offences. While in custody her housing tenancy is concluded after the house is assessed as vacated without notice. Also during her custody she is the victim of an assault and three offences in custody are recorded including possession of drug implements.

After her release in 2002 Hannah experiences 13 domestic violence episodes over the next 2 years resulting in 17 AVOs being taken out by Hannah against

her partner and her partner against Hannah. These episodes range in causes from *'heated verbal argument over the victim's mobile telephone'*, *'a dispute over a lighter'*, *'returned to home after spending the day at Court an argument began between the two'*, *'domestic argument over money and alcohol'*, *'a verbal argument over the ownership of money'*, and *'over the accused not having clean clothes ready for his court appearance this morning'*. Hannah informs police *'that she fears for her safety and says there was a lot of verbal arguing involved in her relationship'*. At one point Hannah is hit 'in the head with a milk crate' by her de-facto. In the majority of these contacts the police note that alcohol is involved. There are also numerous reports by police to DoCS of child at risk in the DV instances; these are in relation to Hannah's 2nd child. Hannah has a second period of public housing as she is listed as 'priority homeless' but the tenancy is terminated and she immediately receives another tenancy.

In 2004 Hannah calls police with a concern that her child has been drugged. Police note her irrational behaviour and record that Hannah appears to be under the effect of drugs. Hannah requests to be taken to a psychiatric facility as she indicates that she is 'a chronic user of speed and cannabis and that she is feeling the negative effects of having stopped using the drugs three weeks ago'. At the hospital, when she is told she will have to wait to be seen, Hannah produces a knife and threatens hospital staff. She is then admitted under the *Mental Health Act*. She is assessed as having a mental and behavioural disorder due to the use of sedatives and hypnotics, and as having a psychotic episode. She spends five days in hospital.

In the ensuing years Hannah continues to come to the attention of police for a range of offences including for leaving her baby unattended in a pub, for being intoxicated and aggressive and for motor vehicle offences such as driving an unregistered vehicle and driving without a license. She is evicted from her tenancy in 2005 after a domestic dispute in which her de-facto damages the property and for not paying rent arrears. Soon after this she is arrested and sentenced to three months custody for armed robbery (where she and her de-facto rob a woman of her bag at knifepoint). A year later she is sentenced to another year in custody for fraud and harassment. During this custody episode Hannah is pregnant with her third child and is referred to the prison ambulatory mental health service. She also fails a drug test whilst in prison. Her third child is born one month after her release in February 2008.

During 2008 Hannah again comes to the attention of police in relation to an assault as a result of an argument with a neighbour. She also begins living with a de-facto partner with whom she has another child. At this time she also has her two older children living with her. An incident occurs in which Hannah's sister-in-law removes the baby due to her concerns that Hannah is affected by drugs. Police are called and also note that Hannah is heavily affected by drugs and/or alcohol. A domestic dispute ensues between Hannah and her de-facto and police arrest Hannah 'in order to prevent an imminent breach of the peace'. Hannah requests that she be taken to her mother's house, but on request, her mother refuses to have her at her house. Hannah is then taken to the local police station and entered into custody as

an intoxicated person. In 2009 Hannah receives Legal Aid in relation to family law matters. There is also a domestic dispute between Hannah's now ex-de-facto and her ex-sister-in-law in relation to visitation of the baby by his father and Hannah has contact with police for stealing from a bottle shop. This is her last recorded conviction in the data and she receives a custodial sentence for this matter.

Hannah's costly contact with police for domestic violence-related matters begins just after the birth of her first child, and intensifies following the birth of each subsequent child with three different partners. Many times police record her as being concerned for her own or her children's safety, where she requests that an AVO be taken out against her partner(s). These requests are often not followed up by Hannah. On only one occasion is one of Hannah's partners imprisoned for an assault on her. There are multiple DoCS notifications in regard to Hannah's children being at risk. Although there are clearly periods where her children are being cared for by others, they are also recorded as being in her custody at times when she appears unable to care for them adequately due to her drug and alcohol abuse and/or mental illness.

A reference in a police record that Hannah is illiterate may also assist to explain some of her interactions with criminal justice and human service agencies; for example, her repeated offences relating to driving whilst unlicensed, and her lack of pursuing of AVOs on a number of occasions.

Hannah's contact with police starts early in her life, and is often in connection with drug and alcohol use. Her offences are of a reasonably serious nature leading to custody episodes early in life. There appears to be a lack of intervention to address clear early criminogenic risk factors in Hannah's case which leads to very costly criminal justice and health interactions later in her life. With the birth of Hannah's first child at 19 comes an escalation in Hannah's contact with police, in particular in relation to domestic violence. Police are often called as a consequence of disputes over routine domestic matters between Hannah and her partner, in which they have both been using drugs and alcohol. Hannah and her partner often threaten to take AVOs out against each other. Hannah expresses to police at times that she fears for her safety, though when Hannah doesn't act on her AVOs against her partners and is affected by drugs and alcohol, police tend not to take her allegations seriously. At one point Hannah is evicted from a housing tenancy after her partner damages the property, and soon after commits a serious offence and spends another year in custody. She is pregnant at the time and fails drug tests whilst in custody. Hannah's serious mental illness later in life is diagnosed as a consequence of her sustained use of sedatives and hypnotics. The provisions of secure and stable housing alongside intensive and appropriate intervention to support Hannah early in her life or later in her life with her children are not evident in the data. These are systemic failings to intervene and support her as a child and as an adult, leading to high criminal justice, health and intergenerational human costs.

Case Study 3 Natalie: Summary of agency contacts over lifecourse

Agency	Service Type	No of contacts
Community Services		
	Notifications	8
	Out-of-home care days	251
Police		
	Incidents	276
	Custody	45
	Charges	39
Juvenile Justice		
	Conferencing	
	Community orders	2
	Custody	69
Corrective Services		
	Community orders	4
	Custody days	216
	Programs	
Courts		
	Finalised matters	20
Legal Aid		
	Legal advice	5
	Duty Solicitor work	28
	Case	20
Disability Service (Ageing Disability and Home Care)		
	Assessment for eligibility	
	Services (days)	
	Community Justice Program client	
Health		
	Hospital admissions	17
	Days admitted hospital	27
	Pharmaceutical Drugs of Addiction Scheme	0
	Mental health programs	
Justice Health		
	Assessments	19
	Appointments	45
	Hospital Admission	0
Housing		
	Assessment for eligibility	6
	Rentstart	3
	Housing tenancy	2

Case study 3 Natalie: Estimated lifecourse institutional costs

Natalie	<10	10 to 15	16 to 18	19 to 21	22 to 25	26 to 35	36 to 45	46 to 55	Total Cost
Police	\$ -	\$ 20,320.17	\$ 154,745.91	\$ 146,930.46	\$ 153,182.82	\$ -	\$ -	\$ -	\$ 475,179.36
DoCS	\$ -	\$ -	\$ 46,290.63						\$ 46,290.63
DCS			\$ -	\$ 70,067.60	\$ 20,721.16	\$ -	\$ -	\$ -	\$ 90,788.76
DJJ		\$ -	\$ 103,151.72	\$ -					\$ 103,151.72
Housing	\$ -	\$ -	\$ -	\$ 7,645.21	\$ 6,192.62	\$ -	\$ -	\$ -	\$ 13,837.82
Health	\$ -	\$ -	\$ 4,164.95	\$ 33,319.62	\$ 26,530.37	\$ -	\$ -	\$ -	\$ 64,014.94
Courts	\$ -	\$ -	\$ 11,426.06	\$ 4,839.06	\$ 923.25	\$ -	\$ -	\$ -	\$ 17,188.38
Legal Aid	\$ -	\$ 541.80	\$ 8,650.53	\$ 12,499.51	\$ 7,102.37	\$ -	\$ -	\$ -	\$ 28,794.21
PHDAS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Centrelink	\$ -	\$ -	\$ -	\$ 63,786.93	\$ 49,943.64	\$ -	\$ -	\$ -	\$ 113,730.57
JusticeHealth		\$ -	\$ 4,510.84	\$ 9,537.20	\$ 4,381.96	\$ -	\$ -	\$ -	\$ 18,430.00
ADHC					\$ 4,700.00				\$ 4,700.00
Total	\$ -	\$ 20,861.97	\$ 332,940.64	\$ 348,625.59	\$ 268,978.18	\$ -	\$ -	\$ -	\$ 976,106.38

Case Study 3: Natalie

Natalie is a young woman born in 1986 with a borderline intellectual disability (total IQ 73), a history of substance abuse and who has various mental health diagnoses including: dissocial personality disorder, emotionally unstable personality disorder, histrionic personality disorder, and a psychotic disorder due to the harmful use of cannabinoids. Police records refer to Natalie as having ADHD. She also suffers from asthma and has experienced high-risk pregnancies with her three children; the first is born when she is 18 years old, the second when she is 20, and the third when she is 22. She attended a special class but left school at 14 without any qualifications. Natalie receives a disability support pension.

Natalie comes into contact with police multiple times as a young person in relation to a number of offences but also as a 'young person at risk', predominately as a result of her inability to stay at her parents' home due to the aggravated nature of her relationship with her adult brother who is reported to have a mental illness. Natalie spends large periods of time in DoCS out-of-home care, crisis accommodation and in youth shelters in her teenage years. On numerous occasions as a young person police note that she is homeless. Natalie's instigation of confrontations with her brother and her tendency to aggressive behaviour are identified as contributing to the large number of temporary accommodation placements she experiences.

Coinciding with her exit from the school system in 2000 when she is 14, Natalie's frequent contact with police as both a victim and as an offender commences. She first comes to police notice at age 14 as a victim of domestic violence but during this period she also has contact with police in relation to offences including harassment of another student at her school; as a victim of assault by a friend's boyfriend; for truancy; for returning to a shopping centre from which she has been barred; in relation to an AVO being taken out against her by a former boyfriend and his family; for theft from a retail store; for being recorded as a missing person by her father; and for 'remaining in enclosed lands' after she and her younger brother were asked to leave a retail store. Natalie makes full admissions to offences when confronted by police, and is cautioned on a number of occasions. Natalie's behaviour appears to the police to be seriously disturbed and they attempt at least four times over the next few years to have her admitted to a psychiatric unit under the *Mental Health Act* but each time the psychiatric assessments indicates she does not have a mental health disorder and she is refused admission. She has 22 police contacts before her first DJJ custody at 15.

Police records regularly detail their frustration regarding unsuccessful attempts to find support and accommodation for Natalie, particularly from DoCS. On one occasion when Natalie is 15, police contact DoCS 'regarding suitable action and advice as this is an ongoing matter and needs something other than a 'band-aid' solution'. There is an admission by a DoCS officer of a lack of attention to Natalie's intellectual disability and ADHD. Despite DoCS identifying this as a critical issue, as the matter is raised on a Friday afternoon before a long weekend it is left until the following Tuesday for attention. Natalie is returned home to her father, who is recorded by police to be

intoxicated. It is 18 days later until it is recorded that DoCS provide Natalie with temporary independent living support.

In 2001, Natalie has contact with police on 36 occasions, the first as a result of being the victim of an assault with a garden hose by her father. At the time she also informs police that she regularly experiences assault by her older brother. This episode leads to a DoCS notification and Natalie is placed in DoCS care for the next six months. Throughout 2001 she comes to police attention for verbal abuse of staff at her school (from which she is banned), of staff at the hospital where her father has been admitted after a suicide attempt, of her ex-boyfriend's family and for various minor assaults and malicious damage. During these events police record the fact that Natalie does not have stable housing and believe that 'not enough was being done especially when reviewing DoCS notes and feel no attention to the ADHD and intellectual disability matter was or has ever been made'. Despite repeated attempts at finding her accommodation Police record that Natalie's history of aggressive behaviour results in her being refused admission or thrown out of many youth refuges /temporary accommodation so she is often homeless.

In 2002, aged 16, Natalie has contact with police on 28 separate occasions, most relating to verbal and physical altercations with family or fellow residents or staff of temporary accommodation where she is residing, and subsequent breach of AVO or bail conditions. She receives Legal Aid advice on five occasions. Natalie has seven episodes in DJJ custody between September and December 2002 and whilst in custody she threatens self-harm and suicide. Natalie's first recorded hospital admission is in October 2002 for 'intentional self harm' with paracetamol poisoning. In October 2002, orders are also made by the Guardianship Tribunal that Natalie be taken to and returned to ADHC premises, with police assistance as required.

In July 2003 when Natalie is 17, she is listed as a missing person by her ADHC care workers. Police note that she is on a coercive guardianship order and is under the care of ADHC. Concerns are held for her because she has little money and no access to more, and her care workers are concerned for her safety. She has reportedly gone missing before but always calls her care worker, however this time no-one has heard from her. Natalie later contacts a care worker by phone from Queensland, where she says she is with her partner, Colin. An ADHC manager who is contacted by police states that Natalie 'is not under their care anymore and that basically they will not have anything further to do with her'. There is still an enforceable coercive guardianship order current until January 2004 when Natalie turns 18, but police records note that 'this order will not be enforced by the Department of Ageing, Disability and Home Care or any other agency unless the Guardianship Board directs otherwise.' Natalie and Colin are later charged with various fraud-related offences relating to this time, with the implication that Colin is responsible for involving Natalie in these offences.

In September 2003, police are called to the home of a friend of Natalie's mother where Natalie is damaging property. Natalie tells police that she is doing so 'because police had not refused her bail for a stealing offence which

had occurred earlier in the afternoon. [Natalie] also states that she was bored and had no place to go as there are family issues.' She is cautioned and taken back to the local police station, where she informs police that she will continue to commit offences until she is bail refused. Natalie is subsequently held on remand for 14 days for malicious damage.

When DJJ is attempting to find accommodation for Natalie in October 2003, a caseworker contacts the Office of the Public Guardian (OPG) and ADHC. An OPG staff member informs the DJJ caseworker that 'ADHC is responsible for her in respect of funding due to intellectual disability, and I was advised to talk with [ADHC case manager]. I advised [OPG staff member] that I had already spoken with [ADHC case manager] and was advised that funding is not available because they did not believe that she was intellectually disabled, and they were going to organise another assessment.' At this same time the DJJ caseworker notes that a crisis accommodation provider also states that they are unable to accommodate her because they admitted an 11 year old the night before, and having Natalie stay there would not be suitable due to Natalie's 'behavioural issues'. Another housing provider states that Natalie requires one-on-one supervision which they cannot provide. In October, Natalie's DJJ case notes state that some of her friends 'bleed [Natalie] on payday; two days later \$450 is gone and she starts doing the rounds and gets into trouble again'. A month later Natalie is again in custody, and ADHC again advises the DJJ caseworker that no funding is available through ADHC for Natalie.

Natalie turns 18 in January 2004. Her first police contact is on the day of her birthday when she abuses staff and damages property at an RTA office when told she does not have sufficient ID to obtain a proof of age card. Most contact in this period is related to domestic arguments and assaults between Natalie and her de-facto. AVOs are occasionally taken out though police tend not to pursue charges as they note that 'both parties have a mental illness and are known drug users'. She is also regularly charged with theft, assault and malicious damage and in May of this year her first custody episode occurs when she is remanded for one day and then placed on a good behaviour bond and a community based supervision for a period of six months which she completes. There are several further domestic violence related incidents in this year and in July Natalie is pregnant and noted by police to be agitated and uncontrollable and living on the streets. Her first child is born in September 2004 and a DoCS notification is made when the child is 8 weeks old due to Natalie being homeless.

Natalie serves four adult custody episodes when she is 20 years old in 2005 as a result of having stolen goods and breaching bail conditions. She also moves into a new de-facto relationship and police are alerted that Natalie and her partner are selling drugs. There are also frequent violent events associated with this relationship. In May 2005 Natalie receives Legal Aid in regard to custody of her baby and soon after DoCS custody of the child is formalised. When she is 21 she has a string of police events related to property damage and domestic violence incidents and breaching of AVOs relating to her previous relationship however she completes a community

order. As a result of breaching bail conditions she serves six months of periodic detention in 2005 during which time she has further contact with the police on four occasions. She is granted priority housing when she is 21 and her second child is born, but later that same year the household breaks up and she loses her tenancy. She is provided another tenancy but that is terminated a year later. She has three short DCS custodies in her 22nd year and has a number of self-harm and attempted suicides during these incarcerations.

In 2008, just before the birth of her third child when she is 23, Natalie indicates at the hospital that she smokes 30 cannabis cones a day and when she gets upset punches herself in the stomach. She is assessed as having 'mental retardation unspecified', 'emotionally unstable personality disorder', 'dissocial personality disorder', 'histrionic personality disorder' and high-risk pregnancy due to social problems'. Natalie receives Legal Aid advice regarding a care and protection matter after the birth of the child. During 2008 she is placed on a community order and a good behaviour bond which she completes despite a few minor police events. In 2008 Natalie's increasingly erratic behaviour and threats to kill herself result in her being taken by Police for assessment three times under the *Mental Health Act* where she is diagnosed with psychosis due to use of cannabinoids. It is at this point that the data for the case study is exhausted.

Natalie's regular contact with police from the age of 14 is initially in relation to a number of offences but also as a young person at risk. This is the age at which her engagement with the special school she has attended breaks down; she is picked up by police for truancy, and is later cautioned by police for verbal abuse of a staff member after having been banned from the school. Natalie's contact with police as a young person relates predominantly to matters of theft, assault or harassment of others and associated AVOs, and breaching of bail conditions. When confronted, she freely admits to her offending behaviour. The lack of adequate support for Natalie as a young person with an intellectual disability is exacerbated by mental health and other problems within her family. Despite the involvement of DoCS, ADHC, the Guardianship Tribunal and DJJ in case management with Natalie, there is a lack of an adequate or effective response to her complex needs and a continuing level of high police contact. Police struggle to find accommodation and support for Natalie as a young person, and often return her to her home despite their acknowledgement that the situation there is precipitating much of her contact with them.

As an adult, Natalie's contact with police mostly relates to verbal and physical altercations and related AVOs; theft; being on public transport without a ticket; and breaching bail conditions. In particular, Natalie's frequent contact with police over altercations with her partner follows a similar pattern. Police are notified by Natalie or her partner or witnesses regarding a heated verbal argument between them which sometimes escalates to physical assault. AVOs are on occasion taken out, though police tend not to pursue charges because allegations are made by both Natalie and her partner. Police tend to note that both parties have a mental illness and are known drug users, and on

occasion refer to Natalie and her partner in derogatory terms. There is rarely mention of Natalie's intellectual disability. Her interactions with police, to date over a relatively short period, amounts to almost \$500 000.

Natalie is a heavy cannabis user, including during her pregnancies, and is diagnosed with a psychotic disorder due to the harmful use of cannabinoids. Natalie has high-risk pregnancies and increased medical attention during her pregnancies leads to more recorded information about her mental and physical health. She has some admissions to hospital under the *Mental Health Act* and is assessed on a number of occasions, but is never hospitalised for any length of time nor recorded as being on medication. She receives minor assistance from ADHC as an adult for therapy and counselling, but appears not to receive the high level of intervention she clearly needs. None of Natalie's children stay in her custody for more than a few months. The provision of mostly emergency health care to Natalie is costly, and appears vastly inadequate given her pervasive mental and physical health problems.

Case Study 4 Matthew: Summary of agency contacts over lifecourse

Agency	Service Type	No of contacts
Community Services		
	Notifications	22
	Out-of-home care days	1909
Police		
	Incidents	514
	Custody	132
	Charges	88
Juvenile Justice		
	Conferencing	2
	Community orders	7
	Custody	1006
Corrective Services		
	Community orders	5
	Custody days	891
	Programs	
Courts		
	Finalised matters	113
Legal Aid		
	Legal advice	11
	Duty Solicitor work	8
	Case	4
Disability Service (Ageing Disability and Home Care)		
	Assessment for eligibility	
	Services (days)	
	Community Justice Program client	
Health		
	Hospital admissions	0
	Days admitted hospital	0
	Pharmaceutical Drugs of Addiction Scheme	570
	Mental health programs	0
Justice Health		
	Assessments	29
	Appointments	1
	Hospital admission	0
Housing		
	Assessment for eligibility	3
	Rentstart	1
	Housing tenancy	2

Case Study 4 Matthew: Estimated lifecourse institutional costs

Matthew	<10	10 to 15	16 to 18	19 to 21	22 to 25	26 to 35	36 to 45	46 to 55	Total Cost
Police	\$ 32,824.89	\$ 754,972.47	\$ 182,881.53	\$ 39,077.25	\$ -	\$ -	\$ -	\$ -	\$ 1,009,756.14
DoCS	\$ 183,672.05	\$ 96,127.46	\$ -						\$ 279,799.51
DCS			\$ 258,054.45	\$ 28,244.55	\$ -	\$ -	\$ -	\$ -	\$ 286,299.00
DJJ		\$ 784,197.48	\$ 137,764.00	\$ -					\$ 921,961.48
Housing	\$ 64,571.41	\$ 25,282.69	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 89,854.10
Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Courts	\$ -	\$ 86,974.14	\$ 36,594.18	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 123,568.33
Legal Aid	\$ -	\$ 1,904.57	\$ 3,975.88	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5,880.44
PHDAS	\$ -	\$ -	\$ -	\$ 7,116.68	\$ -	\$ -	\$ -	\$ -	\$ 7,116.68
Centrelink	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Justice Health		\$ 50,725.54	\$ 48,965.00	\$ 4,786.47	\$ -	\$ -	\$ -	\$ -	\$ 104,477.00
ADHC									
Total	\$ 281,068.35	\$ 1,800,184.35	\$ 668,235.04	\$ 79,224.95	\$ -	\$ -	\$ -	\$ -	\$ 2,828,712.69

Case Study 4: Matthew

Matthew is an Indigenous man born in 1989. He has been diagnosed with a borderline intellectual disability with an overall IQ of 70 and substance use disorder. He is registered as attending school and not until year eight is he enrolled in a special class, however it appears that his school attendance is very poor and he effectively ceases to engage with school around fourth class. Both Matthew's parents come from highly disadvantaged backgrounds and use alcohol to excess. He is surrounded from birth with drugs and alcohol. For example a number of times before the age of 12 police note that Matthew is with one or other of his parents, who are intoxicated, at a pub. Although his mother has public housing from the time he is eight it appears that Matthew lives between the streets and various relatives from very early in his life and has 'no fixed address' noted often by police and Community Services. He is not placed in a special class until year eight despite his intellectual impairment. Unsurprisingly he does not finish school.

Before eight years of age, Matthew has already come to the attention of authorities a number of times. Police note that he has been killing chickens, making bomb threats over the phone, and when disciplined he "appeared to have no remorse". As he is under 10 no formal action is taken but Community Services is involved and he goes in and out of state care eventually coming under permanent out-of-home care. At age nine, Matthew's foster carer advises she is no longer able to care for him due to his behaviour and unwillingness to follow rules. He is diagnosed with 'behaviour defiance syndrome'. Between the ages of 7 and 11, Matthew has over 70 contacts with police as a person of interest, often for minor thefts of money and retail items (often food) and some for more serious matters such as intimidating and harassing people, assaulting his carers and damaging property. At age 10 Police note that he is showing violent behaviour beyond his age and that he 'has an enormous capacity for violence'.

His first Juvenile Justice custody is at age 10 for a period of four days in relation to 'non-aggravated assault', 'property damage' and 'breach of bail'. Shortly after he is taken into custody again for breach of bail for 'not residing at a place approved by/as directed by Department of Juvenile Justice', and is held for four days. When he is 11 he is charged with 'break and enter' and 'failure to comply with bail conditions' and held in remand for almost two months. He goes in and out of DJJ custody over 10 times, often for lengthy periods, for increasingly serious offences including break and enter, motor vehicle theft and armed robbery. He also commits offences whilst in custody, including assaults on youth workers and escapes and is noted to self-harm by setting fire to himself and to threaten suicide. After these initial custody episodes at the age of 10 Matthew is often recorded by police in subsequent contacts as being homeless and found begging for food and money. Commonly during this period, as a result of arrests Matthew is given bail conditions which require him to have "one acceptable person acknowledge that he or she is (they are) acquainted with me and regard(s) me as a responsible person who is likely to comply with my bail undertaking", and in Matthew's later instances of receiving bail the conditions stipulate that this is

his Aunt, Father and Grandfather. However it is clear throughout his life that there is no adult who is willing or able to take such responsibility.

In September 2001, Matthew is back living with his mother, and is identified as living in accommodation with no electricity. At this time police contact DoCS however DoCS refuse to provide assistance to Matthew, with police noting that they 'have contacted DoCS who informed police they have recently stopped all involvement with Matthew and he was living with his mother.' Police notify the DoCS hotline. Two days later, Matthew is again identified as at risk and an attempt is made to notify DoCS by Police which is unsuccessful. Three days later Matthew is involved in an incident at the public school. Again it is identified that he is not currently attending school. Throughout September Matthew is involved in a spate of police contacts including theft of a motorbike, damaging property and street offences. Matthew again attends the police station and acknowledges theft of the motorbike and states that he wishes to keep out of trouble. Matthew is identified again as being at risk due to his accommodation, lack of school attendance (he is actually not enrolled in any school at this time) and association with other offenders. DoCS are notified on multiple occasions in September and Police note that Matthew has come under Police notice since returning to home.

In his teenage years Matthew continues his pattern of frequent offending and custody. In 2002 when he is 13, police pick Matthew up and record 'that the young person was intoxicated and in company with two adults. From other sources it is believed that these two adults supply the young person with alcohol and drugs. The young person does not attend school, and it is believed that the young person has been begging for food'. Police note that while this cannot be confirmed they believe it to be true. Police at this point note their frustration with the response from DoCS and the continual notifications that are being made as a result of poor hygiene, lack of school attendance, use of drugs and alcohol, poor behaviour and inadequate supervision of a known group of young people of which Matthew is one. Police also talk of an escalation in the community around the behaviour of this group and fear that the community may start to take action. Whilst aged 13 Matthew has 99 contacts with police for a range of offences however the most frequent contact is for street offences, and assaults. The police record Matthew as being at risk on 11 separate occasions. This contact results in Matthew being charged on 22 occasions with four admissions to custody totalling 85 days. Similarly whilst aged 14 Matthew has 123 contacts with Police, and is charged on 28 occasions, however the offences with which he is charged are now becoming more serious and including both aggravated offences (break and enter with intent and enter dwelling with intent in company), and indictable offences (break and enter and commit serious indictable offence). Matthew is also for the first time charged with a sexual offence. He has five admissions to custody and stays totalling 228 days.

At ages 15, 16 and 17, the same pattern is seen with a total of 98 contacts with Police in these years resulting in 78 charges. His offences are wide ranging but now include predominantly break and enter and theft charges. At

this time police more frequently record the use of weapons associated with theft and assaults and Matthew is now identified as carrying a firearm. Matthew applies for Legal Aid assistance for the first time when he is 15. The lower totals of offences in this period reflect the fact that Matthew begins to experience lengthier custody episodes and during his 17th year he resides in the community for a six-week period only, between two custodial admissions, spending the remainder of the year in custody. During these periods in custody Matthew threatens self-harm on multiple occasions, makes repeated escape attempts and is placed in 'disciplinary segregation'. He often begins these custodial episodes in a juvenile justice centre but as a result of his behaviour in custody is transferred to a maximum-security centre for juveniles managed by Corrective Services.

Matthew's first period of police custody as an adult is in November 2007 aged 18, six days after being released from prison. He is held on remand for a period of four days after being charged by police with 'stalk/intimidate intend fear of mental/physical harm' and 'threaten violence cause fear'. Matthew and his brother are described as gatecrashing a birthday party and making threats to attendees and refusing to leave. Police note that "at this time he appeared moderately affected by alcohol and/or drugs". Matthew is released on bail. Shortly after this he is arrested again for fighting at a pub and running from police. He is subsequently charged with 'breach of bail', 'common assault', 'behave in offensive manner in/near public place/school' and 'maliciously destroy property'. The final charge of 'maliciously destroy property' relates to food and a drink he is given after his arrest at the local court during which he is "observed to spray the contents of the bottle over the southern wall of the dock". This results in the revocation of his parole order. Whilst in custody for these offences Matthew attempts to escape twice. Matthew is also recorded at this time as receiving pharmaceutical drugs for drug dependence (speed, cannabis and heroin) whilst in jail. It appears that upon his release in mid 2009 Matthew is referred to ADHC by staff of the Department of Corrective Services State-wide Disability Services Unit, though is not recorded as receiving any services and is currently back in custody. Prior to this referral he had not received services from ADHC and was recorded as not known to ADHC.

Matthew is an extraordinarily costly example of the lifecourse institutional costs of cycling in and out of homelessness and the criminal justice system, and this study has only costed data until he is 21. From a young age, Matthew is living between the streets, various relatives and institutional care, and is recorded as being homeless by police and Community Services. The cost of his police contact amounts to more than \$1 million. His custodial episodes amount to more than \$1.2 million.

From a young age, given his clear risk factors, Matthew appears to receive no adequate interventions or services by relevant government agencies. Community Services, for example, appear to stop responding to notifications by police when Matthew is 12 years old, highlighting his behaviour, vulnerability and homelessness, which are seemingly due to his complex behaviour. Police, DJJ and DCS are the only agencies that are not in a

position to refuse to deal with him. In police records, there is a clear shift around the age of 15 from Matthew being described as 'at risk' to being a risk, and he is increasingly dealt with in a punitive manner in the criminal justice system rather than from within a care or protection framework.

There are countless indications to government agencies from a very young age that Matthew is in need of sustained assistance and support. His experience illustrates all too clearly the costs of a child being dealt with by control services rather than support and care and the failure of early intervention programs and services. The costs of these decisions regarding how to manage him are borne heavily by Matthew, by those who come into contact with him, and by the criminal justice system and emergency services.

Case Study 5 James: Summary of agency contacts over lifecourse

Agency	Service Type	No of contacts
Community Services		
	Notifications	1
	Out-of-home care days	376
Police		
	Incidents	122
	Custody	23
	Charges	21
Juvenile Justice		
	Conferencing	1
	Community orders	1
	Custody	415
Corrective Services		
	Community orders	5
	Custody days	462
	Programs	
Courts		
	Finalised matters	23
Legal Aid		
	Legal Advice	2
	Duty Solicitor work	8
	Case	4
Disability Service (Ageing Disability and Home Care)		
	Assessment for eligibility	
	Services (days)	
	Community Justice Program client	
Health		
	Hospital admissions	1
	Days Admitted hospital	1
	Pharmaceutical Drugs of Addiction Scheme	0
	Mental health programs	
Justice Health		
	Assessments	7
	Appointments	0
	Hospital admission	0
Housing		
	Assessment for eligibility	3
	Rentstart	1
	Housing tenancy	1

Case Study 5 James: Summary of agency contacts over lifecourse

James	<10	10 to 15	16 to 18	19 to 21	22 to 25	26 to 35	36 to 45	46 to 55	Total Cost
Police	\$ 3,126.18	\$ 95,348.49	\$ 57,834.33	\$ 17,193.99	\$ 48,455.79	\$ -	\$ -	\$ -	\$ 221,958.78
DoCS	\$ -	\$ 47,048.30	\$ 1,860.42						\$ 48,908.72
DCS			\$ -	\$ 171,259.58	\$ 1,482.10	\$ -	\$ -	\$ -	\$ 172,741.68
DJJ		\$ 149,732.56	\$ 166,749.44	\$ -					\$ 316,482.00
Housing	\$ 12,433.02	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,433.02
Health	\$ -	\$ -	\$ -	\$ -	\$ 4,164.95	\$ -	\$ -	\$ -	\$ 4,164.95
Courts	\$ -	\$ 4,302.53	\$ 13,097.72	\$ 545.00	\$ 6,034.53	\$ -	\$ -	\$ -	\$ 23,979.77
Legal Aid	\$ 135.45	\$ -	\$ 541.80	\$ 385.92	\$ 23,236.41	\$ -	\$ -	\$ -	\$ 24,299.57
PHDAS	\$ -	\$ -	\$ 4,745.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,745.00
Centrelink	\$ -	\$ -	\$ 5,913.00	\$ 40,504.05	\$ 61,199.55	\$ 15,373.80	\$ -	\$ -	\$ 122,990.40
JusticeHealth		\$ 1,885.93	\$ 2,530.79	\$ 5,560.44	\$ 60.84	\$ -	\$ -	\$ -	\$ 10,038.00
ADHC									
Total	\$ 15,694.65	\$ 298,317.80	\$ 253,272.50	\$ 235,448.98	\$ 144,634.17	\$ 15,373.80	\$ -	\$ -	\$ 962,741.89

Case Study 5: James

James is a male born in 1983. He has no known diagnoses of mental health disorder or cognitive disability although has extensive problematic alcohol and drug use. His educational background is not known, although a police incident when he is 14 indicates that he is not enrolled in high school. James is an intergenerational client of Housing NSW, having lived in public housing both with his parents and as a housing tenant in his own right.

James' early years are characterised by unstable housing, living in a low income household, the presence of family violence and repeated identification by police as living in squalid conditions. He has several episodes of out of home care and Juvenile custody as a young person and has registered three correctional custody episodes as an adult to the age of 26 when data is exhausted. Over the course of his life James comes into contact with Police both as a victim of assault and more frequently as an offender. His offences as a young person are generally related to theft, assault particularly on his mother and father and property damage. James also comes to police attention for assaults on children in relation to both physical assaults and indecent assaults on his siblings and other children. To date James is relatively mobile, beginning his life in a regional NSW town and then moving around various other regional locations and later living in several outer-metropolitan locations. Throughout this time it is clear that he has very unstable housing in which family violence is a frequent occurrence.

As a child James lives in public housing with his family having been recorded as receiving a housing tenancy from the age of five until eight years with his parents in a household with eight individuals. In 1991 the house is noted as 'vacated without notice/abandoned'. They are at this time registered in an income category of 'No Income'. James is recorded as having been placed in DoCS out of home care on three occasions, first in March 1993, at the age of 10, for a period of 31 days in placement category 'foster care'. He has a second instance of DoCS foster care in May 1993 that lasts 306 days, and his third and final foster care placement occurs in July 1994, aged 10, and lasts for four days.

As a young person James has numerous contacts with the police both as a victim of assault and as an offender. At the age of 14 in 1997 James assaults his father following a verbal argument. Police record that James is "extremely uncooperative" after he is told that his father does not want him at the house any longer, and he is taken to the police station under arrest. DoCS is notified, however, police records state that 'DoCS did not want to speak with James', but that James does have a caseworker. As a consequence, the police are left to find alternative accommodation for James, and he is taken to a youth refuge.

It appears that from this time James' housing situation deteriorates particularly due to his repeated violence against his mother whilst his father is in prison. During 1997 and 1998 at ages 14 and 15 James' mother takes out two AVOs against him due to repeated incidence of violence against her, including at least one with a weapon. He breaches these orders on repeated occasions

and as a result serves time in Juvenile Justice custody. A third AVO is taken out in mid 1998 as a result of James' sister disclosing to a DoCS worker that 'James has been touching her and two of her sisters'. At this time he is prohibited from being at the family home and subsequently moves to a regional town 300 kms away. In late December James is bashed, which results in a hospital admission. Police investigations find that multiple attackers targeted James.

Six months later James returns to his town of origin where he is told by his mother that his three younger sisters have been taken into foster care as a result of his alleged indecent assaults on them. This disclosure results in a further violent incident between James and his mother to which Police are called. At this time Police note that James' mother is 'affected by alcohol'. No Police action is taken in relation to this matter. During this time James uses a knife to threaten a young girl with an intellectual disability. The young girl tells police that he has also placed a rope around her neck and pulled it tight. James is charged and released on conditional bail. At this time James also commits several theft offences and Police record him as being homeless. As a result of these charges he serves another period in juvenile custody during which staff note that he been suffering sexual assaults from other inmates and that he has 'suffered frequent standover from other inmates'. James indicates to staff that he does not want these matters pursued.

Upon release in 1999 now aged 16 James returns to live with his mother at a new address. In December of this year the Police are called after he threatens his mother with a knife, and upon their arrival of he absconds. Police note that his mother has been allowed to stay for free by the owner of the house, as it was to be demolished. Police note the squalid living conditions and contact DoCS and non-government welfare organisations. In early January 2000, the police are called to the same location, where James (now aged 17) is involved in a verbal dispute with his mother.

At age 18 in 2001 James is living in an outer-metropolitan area having moved again from his town of origin. He comes into contact with Police and is charged in relation to matters of theft and driving (driving an unregistered vehicle and without a license). He serves his first custody episode as an adult just after he turns 18 in May 2001, after being convicted of an armed robbery of a pizza delivery driver. He is assigned a duty lawyer from Legal Aid for his defence. This is his most substantial custodial episode, being in custody on remand for a period of fifteen months before being paroled. James is placed on a court issued parole order for a period of two years, which he completes successfully. In February 2002, now aged 19, James submits a priority housing application as the head applicant. However, this application was not followed through and noted as 'closed: no reply to shortlist survey'. At this time he is living with his two younger brothers and their father. In February 2003, aged 20, he receives Rentstart-Plus. In October 2004 Police are called to an incident at this address in which James has assaulted his brother and father for which he is arrested and placed on a bond without supervision. His father and brother take out an AVO against James, which he breaches upon returning to the house two days later. James is arrested for this breach and

held on remand for one day before being released and fined. This is James second adult custodial episode.

In the following four years James continues to come into contact with Police for a range of offences relating to theft, breaching AVOs, unlicensed driving and offensive behaviour toward Police. His final custody episode occurs in February 2005, aged 22, for a period of five days for breaching an AVO and resisting a police officer in the execution of duty. During this time James acts as a carer for his father who has terminal cancer and there are several incidents when Police are called to domestic arguments between James and his brothers. His father passes away in March 2008 and after a dispute over furniture and personal property left in their public housing unit James moves to a caravan park. Here he again has numerous contacts with police related to personal disputes he has with his brother over allegations of James stealing his brother's property and James alleging that his brother threatens him with a knife. It is at this point that the data is exhausted.

James experiences significant housing instability, poverty and violence in his childhood. This leads to extensive periods in out-of-home care, and appears to precipitate his involvement with the criminal justice system. He is abusive towards family members, which results in his sisters being removed by Community Services. Responsibility for finding him suitable accommodation after his father kicks him out of home at the age of 14 falls to police after Community Services decline to assist him. The lack of early intervention in James' life leads to a perpetuation of a cycle of violence and incarceration. His criminal justice contacts over his lifecourse to date amount to approximately \$750 000.

Case Study 6 Roy: Summary of agency contacts over lifecourse

Agency	Service Type	No of contacts
Community Services		
	Notifications	0
	Out-of-home care days	218
Police		
	Incidents	209
	Custody	46
	Charges	47
Juvenile Justice		
	Conferencing	
	Community orders	7
	Custody	362
Corrective Services		
	Community orders	4
	Custody days	1468
	Programs	
Courts		
	Finalised matters	139
Legal Aid		
	Legal advice	8
	Duty Solicitor work	80
	Case	48
Disability Service (Ageing Disability and Home Care)		
	Assessment for eligibility	
	Services (days)	
	Community Justice Program client	
Health		
	Hospital admissions	16
	Days admitted hospital	105
	Pharmaceutical Drugs of Addiction Scheme	5110
	Mental Health programs	
Justice Health		
	Assessments	27
	Appointments	35
	Hospital admission	0
Housing		
	Assessment for eligibility	4
	Rentstart	1
	Housing tenancy	1

Case Study 6 Roy: Summary of agency contacts over lifecourse

Roy	<10	10 to 15	16 to 18	19 to 21	22 to 25	26 to 35	36 to 45	46 to 55	Total Cost
Police	\$ -	\$ 46,892.70	\$ 51,581.97	\$ 98,474.67	\$ 109,416.30	\$ 89,096.13	\$ -	\$ -	\$ 395,461.77
DoCS	\$ 12,387.72	\$ 11,511.82	\$ 3,378.47						\$ 27,278.00
DCS			\$ -	\$ 96,745.54	\$ 186,066.95	\$ 180,025.70	\$ -	\$ -	\$ 462,838.19
DJJ		\$ 70,087.72	\$ 308,642.24	\$ 17,204.88					\$ 395,934.84
Housing	\$ 52,599.01	\$ 83,791.45	\$ 41,857.50	\$ 41,895.73	\$ 55,848.23	\$ 51,796.27	\$ -	\$ -	\$ 327,788.18
Health	\$ -	\$ -	\$ -	\$ 17,887.17	\$ 8,329.90	\$ 45,018.29	\$ -	\$ -	\$ 71,235.36
Courts	\$ -	\$ 4,713.89	\$ 30,065.17	\$ 37,947.51	\$ 27,944.40	\$ 4,881.46	\$ -	\$ -	\$ 105,552.43
Legal Aid	\$ -	\$ 541.80	\$ 2,139.09	\$ 10,744.17	\$ 16,409.12	\$ 23,496.34	\$ -	\$ -	\$ 53,330.53
PHDAS	\$ -	\$ -	\$ 12,959.62	\$ 12,959.62	\$ 17,279.49	\$ 21,599.37	\$ -	\$ -	\$ 64,798.10
Centrelink	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 32,203.20	\$ -	\$ -	\$ 32,203.20
JusticeHealth		\$ 25.12	\$ 3,404.39	\$ 3,341.58	\$ 7,587.64	\$ 7,512.27	\$ -	\$ -	\$ 21,871.00
ADHC									
Total	\$ 64,986.73	\$ 217,564.50	\$ 454,028.45	\$ 337,200.87	\$ 428,882.04	\$ 455,629.02	\$ -	\$ -	\$ 1,958,291.61

Case Study 6: Roy

Roy is an Indigenous male born in 1980. He has a borderline intellectual disability, with reported IQ of 71 and has been diagnosed with a personality disorder. He has a long history of problematic drug use, including cocaine, marijuana, amphetamines and heroin, and it is this that frames the majority of his interactions with the police, corrective services and the health system. The narrative of Roy's interactions with criminal justice and human services agencies is complicated to compile due to the fact that on occasion he uses an alias, and even more commonly, that his brothers and a friend regularly use his name and birthdate as an alias. There are substantial numbers of recorded interactions with police and other agencies, including Legal Aid assistance and hospital stays that coincide with periods where Roy is in custody.

As a child, Roy lives primarily with his mother and brothers in a public housing dwelling in suburban Sydney. Roy leaves school at the age of 13 after attending a special class and reaching Grade 8. While he primarily lives with his mother and brothers as a child, Roy has two periods of voluntary out-of-home care, one for six months from February 1995 when he is 14 until August 1995 by which time he is 15.

Roy's contact with police starts around the time he leaves school. His early contact with the criminal justice system is mostly in regard to matters of petty theft, and he is often recorded as co-offending with his brothers and a friend. His first police contact is in June 1993 when he is 13 for 'stealing from a retail store' for which he receives a caution. Two months later in August 1993, he is reported as a missing person. He is located five weeks later in September when he has police contact once again for stealing.

Roy has frequent contact with Police in relation to theft in the following five years, with one resulting in him being placed on a bond with DJJ supervision in September 1995. In November 1995 aged 15, Roy's fingerprints are identified in association with a break and enter, and he is charged for this and a number of other similar offences. Police records note that an appropriate adult is unable to be located for interview. Five days later, Roy and three other young people (one of which is his older brother) are charged with break and enter and stealing. He spends two nights in DJJ custody before being released on bail with the condition that he does not leave home between 6pm and 6am unless in the company of a responsible adult. He is later charged with breaching these conditions as a result of another incidence of breaking and entering. In 1996, Roy has 10 further contacts with police, primarily in relation to charges of break and enter, theft and assault. He has two periods in DJJ custody; three weeks in May and four days in September. In October 1996, when he is 16, police try and locate Roy in regard to threats of violence he has been making against a witness to a robbery he has allegedly committed. They go to his house but his mother does not know his whereabouts. In November, Roy is placed on a DJJ Community Service Order until March 1998.

Despite a relatively high level of interaction with police, Roy's first substantial custody period is not until he is 17. In 1997, Roy is a person of interest to police in relation to eight incidents, again primarily for break and enter and assault matters. He has three periods in DJJ custody in 1997 aged 17: four days in June, three days in August and a period of nine months which begins in December. In November, aged 17, Roy's partner of three days calls police after they become involved in an argument and Roy cuts himself with a knife. She locks herself in her house out of fear for her own safety and calls police and an ambulance, though by the time they arrive Roy has gone. Police submit an application for an AVO against him.

In December 1997, aged 17, Roy is a passenger in a stolen vehicle, with two of his brothers and one other person, which crashes after being chased by police in regional NSW. Roy is admitted to hospital and searched by police, who find a weapon. Police charge him in relation to eight outstanding warrants as well as a range of offences relating to the theft of the car as well as previous break and enters, malicious damage, and breach of a Community Service Order. He is in DJJ custody until September 1998. Whilst in custody he is noted as being at risk of self harm and in relation to substance use.

Roy's first contact with police as an adult is in November 1998 when he comes to police attention for being under the influence of drugs and not being in possession of a ticket at a suburban railway station. In 1999 and 2000, Roy has regular contact with police, primarily for drug-related matters. It is noted that he is well known to police for begging for money in the Sydney CBD, and is regularly recorded as being homeless. He is charged a number of times in relation to petty theft, possession of illicit drugs and outstanding warrants. He regularly refuses to be formally interviewed by police, and insists on having legal representation from the Aboriginal Legal Service. He has 11 custodial episodes between March 2000 and November 2005 as a result of a range of matters including outstanding warrants, resisting arrest, assaulting police, related drug offences, theft and breaches of bail. During his time in custody over this period Roy is charged with various offences in custody including failing a urine test, fighting other inmates and using threatening and abusive language. During these custody episodes LSI risk assessments indicate high risk, specifically for 'accommodation', 'alcohol', 'attitude', 'crime', 'employment', 'family', 'finance', and 'leisure'.

Roy's first hospital admission is in August 2000 at the age of 20 when he is diagnosed with 'Mental and behavioural disorders due to use of opioids: dependence syndrome'. In December of the same year he is again admitted to hospital for 'Poisoning by narcotics and psychodysleptics: Heroin' and is counseled for his alcohol use. Roy is admitted to hospital in March 2001 for eight days for 'depressive episode: unspecified', 'Mental and behavioural disorders due to multiple drug use and use of other psychoactive substances', 'Personal history of self-harm', 'Mental and behavioural disorders due to use of alcohol', and 'Injury of radial artery at wrist and hand level'. He is again admitted to hospital in February 2005 for 'fracture of foot' and 'problems related to lifestyle: drug use' and again in April 2005 for 'Cellulitis', 'Mental and behavioural disorders due to use of alcohol' and 'Mental and behavioural

disorders due to use of opioids'. Soon after being released from prison in June 2007, Roy is again admitted to hospital for 'Pneumonitis due to food and vomit' (choking on vomit), 'Mental and behavioural disorders due to harmful use of cocaine, opioids and cannabinoids and is identified as a 'Carrier of viral hepatitis'.

After being in a car accident in July 2007 aged 27, police place Roy under arrest for the purpose of taking a drug, blood and urine sample and take him to hospital. Police records note that due to his being involved in past heavy drug use, nurses cannot locate any veins in his arms. He tells police he has been on the methadone program, and admits to being a long time user of heroin but states he does not use anymore. When asked how long he has been driving for, Roy answers '35 years'. In October 2007, Roy is charged with break and enter and steal and his parole order is revoked. He is still in custody at the time the most recent data is collected.

Roy's engagement with the criminal justice system at a relatively early age appears to be significantly related to the presence of his intellectual disability, in his co-offending with his brothers and friend and their use of his identity as an alias. His insistence on accessing legal advice from the Aboriginal Legal Service seems to lead to little time in custody as a young teenager, however by the age of 17 he is being regularly incarcerated. His adult offending is linked to his misuse of alcohol and drugs, which also precipitate his mental health disorders. Roy's lifecourse institutional costs to date amount to approximately \$2 million, primarily due to his regular police contact and significant days spent in juvenile justice and corrective services custody.

Case Study 7 Ned: Summary of agency contacts over lifecourse

Agency	Service Type	No of contacts
Community Services		
	Notifications	0
	Out-of-home care days	0
Police		
	Incidents	135
	Custody	29
	Charges	34
Juvenile Justice		
	Conferencing	
	Community orders	0
	Custody	6
Corrective Services		
	Community orders	6
	Custody days	2298
	Programs	
Courts		
	Finalised matters	53
Legal Aid		
	Legal Advice	1
	Duty Solicitor work	17
	Case	4
Disability Service (Ageing Disability and Home Care)		
	Assessment for eligibility	
	Services (days)	
	Community Justice Program client	
Health		
	Hospital admissions	17
	Days Admitted hospital	46
	Pharmaceutical Drugs of Addiction Scheme	2080
	Mental health programs	
Justice Health		
	Assessments	21
	Appointments	258
	Hospital admission	4
Housing		
	Assessment for eligibility	1
	Rentstart	0
	Housing tenancy	1

Case Study 7 Ned: Estimated lifecourse institutional contacts

Ned	<10	10 to 15	16 to 18	19 to 21	22 to 25	26 to 35	36 to 45	46 to 55	Total Cost
Police	\$ -	\$ 3,126.18	\$ 9,378.54	\$ 40,640.34	\$ 34,387.98	\$ 168,813.72	\$ 7,815.45	\$ -	\$ 264,162.21
DoCS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DCS			\$ -	\$ 69,362.28	\$ 149,988.52	\$ 501,513.74	\$ -	\$ -	\$ 720,864.54
DJJ		\$ -	\$ -	\$ 4,810.08					\$ 4,810.08
Housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,499.91	\$ 20,145.12	\$ -	\$ 32,645.03
Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 66,926.68	\$ -	\$ -	\$ 66,926.68
Courts	\$ -	\$ -	\$ -	\$ 10,375.18	\$ 6,121.62	\$ 19,053.27	\$ -	\$ -	\$ 35,550.07
Legal Aid	\$ -	\$ -	\$ 135.45	\$ 948.15	\$ 2,559.39	\$ 621.04	\$ -	\$ -	\$ 4,264.03
PHDAS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 14,625.49	\$ 10,557.06	\$ -	\$ 25,182.55
Centrelink	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 12,501.77	\$ 21,160.09	\$ -	\$ 33,661.86
JusticeHealth		\$ -	\$ -	\$ 14,557.40	\$ 30,691.84	\$ 94,501.76	\$ -	\$ -	\$ 139,751.00
ADHC									
Total	\$ -	\$ 3,126.18	\$ 9,513.99	\$ 140,693.43	\$ 223,749.35	\$ 891,057.38	\$ 59,677.72	\$ -	\$ 1,327,818.05

Case Study 7: Ned

Ned is an Indigenous male born in 1972. When he is 24 years old he is assessed as having an IQ of 65, placing him in the intellectual disability range. Ned has a history of mental illness including diagnoses of personality and behaviour disorders, schizophrenia and mental illness related to psychoactive substance use. Ned is from a regional town in western NSW and moves regularly around that area of the state, although there are some short periods in which he lives in the outer metropolitan areas of Sydney. He has six children with his on and off again partner.

As a child Ned's parents separate when he is five, and he spends the remainder of his formative years alternating between his parents and his father's family. He attends mainstream public school, but stops attending in year eight when he turns 13. Soon after this, in 1986 at the age of 14, Ned comes into contact with the police for the first time, and is charged for a break and entering offence. Between 1986 and 1990, from the age of 14 to 18, Ned is charged with several theft and driving related offences. There is no record of Ned receiving Legal Aid during his time as a young person while in contact with the police and the courts. In 1990 when he is 18, Ned's first daughter is born.

Ned has intermittent contact with police in his early adulthood. From 1991 to 1994, he faces multiple charges for assault, malicious damage and larceny and stolen goods. As a result of these he experiences custody episodes ranging from a few days to four months. During 1994, when he is 22 the first AVO is made against him, with conditions that protect his ex-partner Tracey and their three children. In May of this year Ned breaches the AVO and police are called. He threatens to cut Tracey, and also to hang himself. Ned spends five months in custody after pleading guilty and being convicted of all charges. The AVO is extended for two years.

In 1995 Ned, now 23, is separated from his partner and is residing at a caravan park. Multiple times Ned breaches his AVO and faces charges for assaults on her and malicious damage to her house and serves one brief custody period of six days. At the end of the year, on the fourth AVO breach Tracey tells police she is in constant fear but she does not want to leave the house in case Ned destroys it while she is not there. Police note Ned's 'desperate state', with an amphetamine drug habit. A few months later Ned again breaches the AVO and after his arrest spends 12 days in custody and is ordered to complete periodic detention. Whilst on this order in 1996 Ned is charged with offences related to a stolen vehicle, stolen goods and driving offences. As a result his order is cancelled and he is placed in custody for a year from December 1996 until December 1997, his first lengthy stay in prison.

In 1998, after his release from custody, Ned is living in an outer-metro suburb when he is charged with stealing a motor vehicle and larceny. This offence occurs when Ned attempts to snatch money from an open cash register at a supermarket. Police note that Ned is heavily affected by drugs, and he admits that he has taken six Rohypnols that day. He spends 13 days in custody. By

October this year Ned has returned to his rural hometown and is again involved in a verbal domestic dispute and although no offences are detected, police charge him with two outstanding warrants for which he is refused bail. Over the following year he spends three months in custody, followed by three months in periodic detention. He then enters fulltime custody for seven months, being released in late 1999.

In mid 2000, when he is 28, Ned is on a methadone program for his heroin addiction, and is living with his partner and their now five children in a larger regional town in NSW. Violence again occurs in the home and an AVO is served on Ned. At the end of September 2000, Ned attempts to commit suicide by hanging himself from a tree, and it is his partner who cuts him down. Ned's depression is noted, as is the fact that he has been clean for seven months following heavy drug use. For the next year Ned is recorded as moving around the region living in tents and caravan parks. Police contact over this time identifies his depression and his known suicide attempts.

After a brief reconciliation with his partner and their now six children, during which Ned is working and the family is residing together in a house, in 2001 police are called to a domestic incident in which Ned, affected by drugs and alcohol and armed with a knife threatens to kill his partner and the children. Ned damages the house and the incident ends with him attempting suicide by hanging himself in the family home. He spends 18 days in custody following this incident. Another incident later this year sees Ned, intoxicated and armed with a knife and a bat threatening patrons of a local hotel. Further serious domestic violence incidents involving knives and AVO breaches continue in 2001 where police often note that Ned is affected by amphetamines. He serves five months in custody at the end of 2001 and on his release from prison in 2002 there are immediately further incidents of violence with weapons, associated with his use of speed, against his ex-partner and another woman.

The period at the end of 2002, when Ned is aged 30 and is on anti-depressants, sees multiple suicide attempts via overdose of Valium and hanging. Police are frequently involved in taking him to hospital as a result of these incidents where doctors usually decline to schedule him despite Ned telling police and doctors that he will attempt suicide again on his release. It is noted at this time that Ned is also using 'ice' and is known as a heavy speed user. There are also further breaches of the AVO and stolen vehicles, one in which Ned absconds from Police custody and a high-speed chase ensues. Ned is later detained in Sydney, charged with these offences and serves one year and eight months in custody, where alerts are noted for self-harm. He is placed on a methadone treatment program and is released in late October 2004 aged 32.

After a period in which he has no recorded police incidents Ned, in 2005 now in a small regional town in western NSW, begins to come to the attention of police due to his deteriorating mental health associated with his drug use. For example police are called to reports of a man riding a bicycle and making threats with a hammer and on another occasion threatening a woman with an

axe. As a result of these incidents Ned is scheduled under the *Mental Health Act* with hospital admission records noting his mental and behavioural disorders are due to multiple and harmful drug use. He continues to breach the AVO and moves in and out of custody over the period of two years where he regularly self-harms. During a prison stay in 2007 Ned enters a methadone program and sees a drug and alcohol doctor and psychiatrist.

Upon his release in 2007, now aged 35, Ned lives with his mother under a Housing NSW tenancy in Sydney. He is under psychiatric treatment through the Aboriginal Medical Service and is prescribed medication in both injection and tablet form. Ned is completing methadone treatment at a nearby hospital. He again breaches the AVO by telephoning and requesting to speak to his children. In late September 2007 a housing application is made under the category 'compassionate/severe over-crowding'. In October 2007 Ned receives a grant of Legal Aid in relation to a family law matter. In November 2007, aged 35, Ned is still living with his mother under a Department of Housing tenancy. While police are patrolling an area identified as a 'well known thoroughfare to people who possess drugs' they spot Ned. Police notice that Ned appears dazed; they speak to Ned and he tells them that he has been smoking marijuana. The police check his name and discover his history of drug abuse, violence and property offences, and so conduct a search on Ned, which reveals nothing.

At the beginning of 2008, Ned completes the 'Walking Together' Program, and a Certificate II in Tourism. Ned indicates that he would like to do work experience with a local Aboriginal owned and operated tourist business. Ned is still living in a one-bedroom apartment. The data indicates that Ned starts to apply for and receive more services and support, including the Newstart allowance. He submits an application for larger accommodation. Where previously Ned indicated that 100% of his associates were involved in crime, he now has associates who are not. In March 2008 Ned is observed to be complying with his supervision orders and his own personal requirements.

Police records for the period up until 2009 report no further offences but rather that Ned is often stopped and searched by police at train stations. These searches find nothing and Ned regularly explains to the officers that he is on his daily visit to receive his methadone.

It appears that Ned's participation on the methadone maintenance program and treatment for drug and alcohol and psychiatric problems through Justice Health whilst in custody in 2007 marks the beginning of a change in behaviour. His subsequent psychiatric treatment through the Aboriginal Medical Service and continuation on the methadone program through a nearby hospital leads to a period of desistance from offending behaviour. Ned appears to be seeking to make positive changes in his life. He completes both an Indigenous specific program that focuses on diverting adult Aboriginal offenders away from the criminal justice system, and a vocational training certificate with clear career direction. He receives Newstart, applies for larger accommodation, is associating with a more positive peer group, and

complying with supervision orders. This shift also marks a significant reduction in Ned's criminal justice-related costs.

Case Study 8 Alex: Summary of agency contacts over lifecourse

Agency	Service Type	No of contacts
Community Services		
	Notifications	1
	Out-of-home care days	1060
Police		
	Incidents	129
	Custody	66
	Charges	35
Juvenile Justice		
	Conferencing	1
	Community orders	3
	Custody	767
Corrective Services		
	Community orders	8
	Custody days	595
	Programs	
Courts		
	Finalised matters	43
Legal Aid		
	Legal advice	4
	Duty Solicitor work	17
	Case	3
Disability Service (Ageing Disability and Home Care)		
	Assessment for eligibility	
	Services (days)	
	Community Justice Program client	
Health		
	Hospital admissions	58
	Days admitted hospital	211
	Pharmaceutical Drugs of Addiction Scheme	1545
	Mental health programs	
Justice Health		
	Assessments	20
	Appointments	254
	Hospital admission	3
Housing		
	Assessment for eligibility	3
	Rentstart	2
	Housing tenancy	0

Case Study 8 Alex: Estimated lifecourse institutional contacts

Eddie	<10	10 to 15	16 to 18	19 to 21	22 to 25	26 to 35	36 to 45	46 to 55	Total Cost
Police	\$ -	\$ 128,173.38	\$ 46,892.70	\$ 51,581.97	\$ 25,009.44	\$ -	\$ -	\$ -	\$ 251,657.49
DoCS	\$ 4,379.50	\$ 14,264.64	\$ 115,852.44						\$ 134,496.57
DCS			\$ 7,114.08	\$ 162,013.98	\$ 63,391.31	\$ -	\$ -	\$ -	\$ 232,519.37
DJJ		\$ 130,400.48	\$ 553,800.20	\$ -					\$ 684,200.68
Housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health	\$ -	\$ 78,938.66	\$ 32,693.01	\$ 118,251.34	\$ 13,265.19	\$ -	\$ -	\$ -	\$ 243,148.20
Courts	\$ -	\$ 19,089.28	\$ 11,155.65	\$ 28,971.72	\$ -	\$ -	\$ -	\$ -	\$ 59,216.65
Legal Aid	\$ -	\$ 1,569.57	\$ 1,362.77	\$ 1,461.00	\$ 805.62	\$ -	\$ -	\$ -	\$ 5,198.96
PHDAS	\$ -	\$ -	\$ -	\$ 10,516.91	\$ 13,279.17	\$ -	\$ -	\$ -	\$ 23,796.08
Centrelink	\$ -	\$ -	\$ 24,392.01	\$ 33,161.63	\$ 70,013.21	\$ 2,252.31	\$ -	\$ -	\$ 129,819.15
JusticeHealth		\$ 6,382.27	\$ 34,330.42	\$ 20,690.90	\$ 8,698.41	\$ -	\$ -	\$ -	\$ 70,102.00
ADHC				\$ -	\$ -	\$ 110,911.00			\$ 110,911.00
Total	\$ 4,379.50	\$ 378,818.28	\$ 827,593.27	\$ 426,649.45	\$ 194,462.35	\$ 2,252.31	\$ -	\$ -	\$ 1,945,066.15

Case Study 8: Alex

Alex is an Indigenous male born in 1985. He has an intellectual disability, with a reported IQ of 69. Alex has a long history of problematic drug use beginning at the age of six, which includes prescription drugs, amphetamines, alcohol, cannabis, heroin, methadone and buprenorphine. Much of his contact with police is related to his drug use and break and enter and robbery offences, often violent. He regularly attempts self-harm from a young age. As a child, Alex attends a special class at his local country town school but is not known to have attended school past the age of twelve. Members of his family are known for their problematic use of drugs and alcohol, and Alex is recorded as first using drugs at the age of six. From 1995 when he is aged nine, Alex begins frequent short periods in out-of-home care.

Alex's first contact with police is recorded in 1996 when he is 11, when he and his younger brother damage property at a motel near their home. Alex admits to the offence in the presence of his mother and is cautioned. His next contact with police is later in 1997 when he is 12, for stealing from a bowling club. He admits to the offence, produces the stolen goods and is not charged. In 1998 when he is 12, police records note that Alex 'is uncontrollable and attention seeking. He is involved with the criminal element. He does not attend any school and has been known to distribute drugs when at school.' His mother reports him as a missing person at this time, and police records note that 'the MP (missing person) is streetwise.' From this time Alex begins frequent offending and while 13 is charged with and found guilty of a number of counts of theft, unlawful entry with intent/burglary, break and enter, offensive behaviour, non-aggravated assault, disorderly conduct, trespass and receiving or handling proceeds of crime. He is released on bail on the condition that he is not to be away from his mother's home address unless in the company of his mother or a responsible adult. Alex's first custodial episode of five days at age 13 is for breach of his bail conditions. Several other short juvenile detention episodes for breaching bail follow and Alex later tells a health worker that during one of these periods he is assaulted and raped by two older inmates. Police records state: "the victim does not wish to proceed with any investigation and is not cooperative with police. The child will be referred to a sexual assault counsellor, ASAP. This matter will be suspended pending the victim becoming cooperative." There is no further record of any follow up on this matter.

At age 14, Alex moves between foster care, a youth refuge and his aunt's house. All these placements break down because of his aggressive behaviour and his assaults on others. At this time Alex begins to attend the emergency department of the local hospital seeking assistance and hospital staff often request a police escort to transport him to the regional mental health facility due to his history of violence and aggression and his threats to kill himself and family members. He is often restrained and sedated. In November, police are called after Alex cuts himself in a public phone booth, and police note he has a lengthy history of attempting self-harm. He tells police that he is having problems coping with life generally, and that he is not able to get on with anyone and everyone is against him. Alex is placed in another foster care arrangement, this time with his aunt. Over the course of this year, Alex is

variously diagnosed with or noted as having adjustment disorders, disorders of adult personality and behaviour, a conduct disorder, somatoform disorder and mental and behavioural disorders due to use of cannabinoids, alcohol and volatile solvents, acute and transient psychotic disorder, schizotypal disorder, unsocialised and conduct disorder. His medical records also indicate history of self-harm including open wounds of wrist and hand, and poisoning (benzodiazepines) and note also 'loss of love relationship in childhood and other negative life events in childhood' . At the end of this year aged 15, Alex is participating in a program for young offenders when he is again admitted to the local hospital after a possible overdose of Valium. He becomes violent and destroys furniture before being escorted by police for assessment by the Mental Health Team. Police notes state he is assessed as 'being not mentally disturbed', and he is charged with malicious damage. He spends two nights in custody before being released.

Alex continues to experience foster placement breakdown and the pattern of violence and threatening to harm himself and others and being scheduled under the *Mental Health Act* continues. He comes into contact with police over the period when he is 15, 16 and 17 on various matters ranging from larceny, 'break and enter and steal' and 'armed robbery' to assault which cause him to serve a range of custody episodes during which he self-harms. When in the community he moves around between placements with his aunt, his step-mother (who leaves him with friends causing him to be in breach of his bail conditions). DJJ arrange for DoCS to support Alex to live independently with the support of a youth worker in another regional town near his. However due to his aggressive and unpredictable behaviour Alex fails to comply with his bail conditions, even with this support and serves periods in custody.

Alex is released from custody in February 2002 aged 16. In March he cuts his wrist and his DoCS carer takes him to the local police station, where he tells police that he may attempt to take his life again so he can be with his deceased brother. He is taken to hospital and assessed as having mental and behavioural disorders due to harmful use of multiple drugs, use of other psychoactive substances and somnolence. In July Alex is charged with 'armed robbery' after confessing to his carer and police. He is refused bail, found guilty and serves time in custody until April 2003. Whilst in custody DJJ alerts are recorded for Alex in relation to a number of incidents of attempted self-harm, inappropriate sexual behaviour, and in relation to the recent loss of his father. A few months later he is charged and found guilty of aggravated robbery, aggravated assault, fraud, theft and property damage and returns to DJJ custody. During an escorted absence when he is 18, Alex escapes and after he is re-apprehended is placed in adult DCS custody until the end of his sentence when he is 19.

Alex's adult life continues in the same pattern it has followed during his teenage years although the frequency with which he is scheduled under the *Mental Health Act* increases. He is generally hospitalised for up to a few days as a result of suicide attempts and drug overdoses. He also regularly serves prison custodial episodes throughout the period 2004-2008 for 'theft', 'fraud', numerous counts of 'unlawful entry with intent/burglary', 'break and enter',

'harassment and private nuisance', and 'offensive language'. Whilst in custody, his DCS case notes include detail about his illiteracy and the abuse that he and his siblings experienced in their early years. When not in custody Alex is noted by police as being homeless and is believed to be actively involved in the supply of prohibited drugs. On one occasion when questioned by police Alex admits recently injecting amphetamines. That night he is admitted to hospital and is diagnosed with mental and behavioural disorders due to use of opioids, schizophrenia, and an acute stress reaction.

In 2008 aged 22, Alex receives Rentstart-Plus assistance from Housing NSW and he resides in an accommodation service that specialises in providing services for people with intellectual disabilities, Police are called after he self harms and he tells them he 'just had a bad day'. He is taken to hospital. In a similar incident several months later police note that Alex states he is being supported in a unit by a government agency that will not move him to his home town to be near his family and this is making him depressed. Police note that he is known to ambulance staff and known not to be violent.

From a young age, Alex is portrayed as 'uncontrollable' and 'attention seeking' rather than as a young person in need of care and protection. Before he turns 18 he has had \$1.2 million of institutional costs. Despite extensive diagnoses, he receives little effective intervention as a young person or adult. His cumulative costs of almost \$2 million at the age of 23 relate substantially to institutionalisation in the criminal justice and health systems.

Case Study 9 Casey: Summary of agency contacts over lifecourse

Agency	Service Type	No of contacts
Community Services		
	Notifications	26
	Out-of-home care days	1169
Police		
	Incidents	356
	Custody	81
	Charges	68
Juvenile Justice		
	Conferencing	1
	Community orders	3
	Custody	419
Corrective Services		
	Community orders	3
	Custody days	185
	Programs	
Courts		
	Finalised matters	104
Legal Aid		
	Legal advice	11
	Duty Solicitor work	30
	Case	24
Disability Service (Ageing Disability and Home Care)		
	Assessment for eligibility	
	Services (days)	
	Community Justice Program client	
Health		
	Hospital admissions	67
	Days admitted hospital	270
	Pharmaceutical Drugs of Addiction Scheme	0
	Mental health programs	
Justice Health		
	Assessments	37
	Appointments	270
	Hospital admission	5
Housing		
	Assessment for eligibility	1
	Rentstart	0
	Housing tenancy	0

Case Study 9 Casey: Estimated lifecourse institutional costs

Casey	<10	10 to 15	16 to 18	19 to 21	22 to 25	26 to 35	36 to 45	46 to 55	Total Cost
Police	\$ -	\$ 303,239.46	\$ 318,870.36	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 622,109.82
DoCS	\$ -	\$ 44,607.55	\$ 150,038.61						\$ 194,646.16
DCS			\$ 60,540.16	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 60,540.16
DJJ		\$ 215,571.40	\$ 262,486.08	\$ -					\$ 478,057.48
Housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health	\$ -	\$ 111,631.67	\$ 174,290.01	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 285,921.68
Courts	\$ -	\$ 30,739.04	\$ 69,585.93	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 100,324.98
Legal Aid	\$ -	\$ 12,930.92	\$ 14,840.63	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 27,771.55
PHDAS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Centrelink	\$ -	\$ 33,832.53	\$ 43,608.50	\$ 52,473.96	\$ -	\$ -	\$ -	\$ -	\$ 129,914.99
JusticeHealth		\$ 25,046.03	\$ 50,592.97	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 75,639.00
ADHC			\$ 589,770.00	\$ 2,950,598.00					\$ 3,540,368.00
Total	\$ -	\$ 777,598.60	\$ 1,144,853.25	\$ 52,473.96	\$ -	\$ -	\$ -	\$ -	\$ 5,515,293.81

Case Study 9: Casey

Casey is a young Aboriginal woman, born in 1989, who has been multiply 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, in March 2002 occurs 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. DoCS 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* 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 are attempting to develop a plan to 'deal with her' but "difficulties lie with the fact that there is little or no facilities in the state to deal with a young child with this behavioural problem". It is noted that Casey has "a developmental problem not a mental health problem".

As a young person Casey is also the subject of very frequent police events. For instance in 2002 when she is 13, Casey 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 DoCS 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'. Likewise, on the multiple occasions when she is bail refused due to charges such as assaulting police and malicious damage Casey is held in a regional or a metropolitan Juvenile Detention Centre. This occurs on nine separate occasions from June 2002 to January 2003 for periods ranging from one to 39 days, with a total of 128 days spent in custody over the six month period. In an incident at her family home in late December of 2002 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 indicated to Police that 'she did not want her daughter charged, she just wanted support. She states that DoCS wouldn't help her and the only thing she could do was ring the Police'.

As Casey moves into her middle teen years her erratic behaviour continues and is increasingly associated with self-harm. As a result of her frequent offending Casey also has multiple juvenile custody episodes. She is suspended and ultimately expelled from school when she is 15 and continues to be scheduled under the *Mental Health Act* 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 reports to DoCS 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, DoCS 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 breach her bail conditions. A regular respite placement for 6 months between August 2003 and January 2004 appears to be the only time that Casey does not come into contact with Police, has no DJJ custody and no hospital admissions.

When she is fourteen Casey is placed with DoCS in temporary out-of-home residential care with a private service organisation which provides specialist support to young people at risk. She remains in the care of DoCS until May 2007. Her placements are mainly in small communities located between Sydney and Newcastle where she resides alone under 24 hours supervision. 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'. Her threats and attempts at self-harm during this time appear to escalate and she now regularly carries glass or aluminum can slivers with which she cuts herself on numerous occasions. She also begins to walk into traffic and threatens to 'jump in front of a truck'. Police are regularly called and Casey is repeatedly admitted to psychiatric facilities under the *Mental Health Act* where she is restrained and sedated and on several occasions spends substantial periods. For example, in 2004 Police are called to 47 of these types of events and in 2005 there are 34 events. She is admitted to hospital for short stays of one or two nights on 21 occasions in 2005, with one stay of 15 nights and another of 38 days in 2006.

In 2007 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 in January 2007. 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 2007 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 DJJ custody in on her 18th birthday and returns to her residential placement.

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 a. During one of these stays she is sexually assaulted. She 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 restraining belt and handcuffs to prevent harm to herself and Correctional staff'. Casey is currently participating on the Community Justice Program (CJP), having been referred to the program by ADHC.

Casey is the youngest individual profiled in the case studies and has the highest lifecourse institutional costs of all the individuals detailed in this study. Her intellectual disability and personality disorders appear to be the key factors precipitating her institutional contact. She has significant costs for all intervention and service types costed in this study other than Housing and the Pharmaceutical Drugs of Addiction Scheme, and there are many other related institutional costs that were not able to be included. Casey is a client of Community Services, ADHC, DJJ and a number of other community-based agencies and services from a young age, and yet due to her 'problematic behaviour', responsibility for responding to her significant needs is consistently left to police. These police costs alone are \$622,000 at the age of 18. Hers is a clear case of cost-shifting to the criminal justice system, until she becomes a client of the CJP at the age of 18. The intensive 24 hour supported accommodation she receives under the CJP obviates her police and other criminal justice contacts for the first time in her life.

Case Study 10 Brian: Summary of agency contacts over lifecourse

Agency	Service Type	No of contacts
Community Services		
	Investigation	0
	Removal of child	0
	Out-of-home care	0
Police		
	Incidents	169
	Custody	31
	Charges	46
Juvenile Justice		
	Conferencing	0
	Community orders	0
	Custody	0
Corrective Services		
	Community orders	1
	Custody days	1694
	Programs	
Courts		
	Finalised matters	32
Legal Aid		
	Legal advice	0
	Duty Solicitor work	18
	Case	6
Disability Service (Ageing Disability and Home Care)		
	Assessment for eligibility	
	Services (days)	
	Community Justice Program client	
Health		
	Hospital admissions	24
	Days admitted hospital	60
	Pharmaceutical Drugs of Addiction Scheme	1419
	Mental health programs	
Justice Health		
	Assessments	11
	Appointments	0
	Hospital admission	0
Housing		
	Assessment for eligibility	3
	Rentstart	1
	Housing tenancy	1

Case Study 10 Brian: Estimated lifecourse institutional costs

Brian	<10	10 to 15	16 to 18	19 to 21	22 to 25	26 to 35	36 to 45	46 to 55	Total Cost
Police	\$ -	\$ 1,563.09	\$ 4,689.27	\$ 6,252.36	\$ 4,689.27	\$ 21,883.26	\$ 342,316.71	\$ 51,581.97	\$ 622,109.82
DoCS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
DCS			\$ -	\$ -	\$ -	\$ 201,565.60	\$ 180,223.36	\$ 121,927.40	\$ 503,716.36
DJJ		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 13,837.82	\$ 20,374.47	\$ 34,212.29
Health	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 99,958.85	\$ 99,958.85
Courts	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 16,673.57	\$ 6,058.57	\$ 22,732.14
Legal Aid	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 135.45	\$ 4,719.51	\$ 2,416.86	\$ 7,271.82
PHDAS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 10,604.40	\$ 6,189.85	\$ 16,794.25
Centrelink	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 167,102.02	\$ 167,102.02
Justice Health		\$ -	\$ -	\$ -	\$ -	\$ 4,395.51	\$ 3,930.11	\$ 2,624.38	\$ 10,950.00
ADHC									
Total	\$ -	\$ 1,563.09	\$ 4,689.27	\$ 6,252.36	\$ 4,689.27	\$ 227,979.82	\$ 572,305.48	\$ 478,234.36	\$ 1,484,847.55

Case Study 10: Brian

Brian is a male born in 1956. His IQ, assessed at various times during his adulthood shows a decline from the age of 23 at an overall IQ of 89 (verbal IQ 105, non-verbal IQ 69), to the age of 24 at an overall IQ of 86 (verbal IQ 96, non-verbal IQ 75) and again at the age of 46 at an overall IQ of 71 (verbal IQ 73, non-verbal IQ 74) locating him in the borderline range at this age. Little detailed data is available on the early stages of Brian's life although it is known that he left school in year eight.

Brian's first recorded interaction with the police is in November 1970 when he is 13 and is charged with and convicted of break and enter and stealing. In 1972, when he is 15 he is charged with similar counts. Dates for these offences suggest that Brian's offending behaviour is associated with his birthday each year. There is no data to indicate whether or not Brian received Legal Aid at this time and what if any penalty was ordered and whether he pleads guilty or not guilty. There are no police notes in relation to their interactions with Brian as a young person.

From 1974 to 1980 between the ages of 18 to 24, Brian is charged by police once in each year with offences relating to theft and in 1980 he is charged with armed robbery. During his custody episode for this offence (presumed to be a period of three years) he is charged with assaulting a prison officer. When he is 26 in 1983 he is again charged with offences related to breaking and entering, stealing, illegally using a motor vehicle and nine counts of false pretences or attempting same. At 28 years in 1985 he is again indicted on three counts of break, enter and steal, two counts of receiving and one of utter which relates to attempting to use forged prescriptions. Again in 1988 aged 32 he is charged and convicted of six theft related charges. As a result of these he is imprisoned for one year in a minimum security facility. While in custody he is sanctioned for refusing a breath test.

Six months after his release from this custody episode Brian is again imprisoned for a further one year for breaching his parole. Also during this time Brian is granted Legal Aid for assistance with family law matters relating to domestic violence and custody/guardianship. His applications for assistance with divorce and later property settlement are refused. In 1992, aged 35 Brian is again charged with offences relating to stealing and goods in custody as well as for drug possession and escaping custody. He receives assistance from Legal Aid for these charges. As a result he is imprisoned for 18 months during which time he is sanctioned four times for offences in custody including one for possessing drug implements. Records indicate that during this period of incarceration Brian receives services from the Pharmaceutical Drugs of Addiction Scheme for six months, indicating he may have been on a methadone program. From September 1993 to October 2000 there are no records relating to him, indicating the possibility that he resided outside the state for that period.

In October 2000 at age 43 Brian again appears in police records as being fined for possession of a prohibited drug. At this stage records indicate that he

has been married, has one dependent child and that all members of the family are HIV positive. He is described as a daily heroin user and is on a disability benefit. The address recorded by police at this time is that of a hostel for homeless men in metropolitan Sydney. In early 2001 he is charged with theft-related crimes such as breaking and entering properties and stealing electrical equipment and CDs which he then sells to pawn shops. Although Brian denies the allegations in a police interview he pleads guilty to these charges in court. From April to July in this year Brian is charged with 25 offences relating to shoplifting making a total of 105 charged theft offences in this year. He is banned from several stores and eventually the CBD where the stores are located, after continually returning to the same stores to steal items. On the occasions where he admits to stealing, police records indicate that he gives reasons such as being six weeks behind in his rent, needing money to pay for methadone and being 'hard up for cash' when his child has asthma. In June 2001 police describe Brian as 'having full-blown AIDS'. He pleads guilty to all these charges and is imprisoned from July to December 2001. A Corrective Services alert during this period notes his use of methadone. Brian holds a tenancy with the Department of Housing in the inner city from April 2001 until September 2003.

Throughout 2002 Brian continues to return to stores from which he has been previously banned to steal items. In March he informs police that he is on a methadone program. He is charged with 10 theft related offences and two counts of assaulting police. On one occasion when he is caught by an off-duty police officer selling stolen goods in a hotel Brian threatens to stab the officer with a blood filled syringe. Brian is imprisoned from October 2002 until May 2003. During this period of incarceration DCS alerts are issued twice for security and four times for self harm. Before being released Brian is assessed by a drug treatment centre and is noted as having a recent history of self-harm and being on the methadone program at the centre. Brian is granted parole with supervision until December 2003. In May police are contacted by staff at the treatment centre as they are concerned that Brian has not been receiving his methadone, has not attended the address where he was to reside and has no family or next of kin. Brian's parole is revoked and he is again imprisoned from August 2003 until March 2004. It is at this time that his IQ is assessed as being in the borderline intellectual disability range.

From March 2004 Brian is recorded as homeless. Throughout the year he has five encounters with police, all related to being drunk in public, sleeping in parks, stumbling into traffic, sitting in building doorways and public urination. Brian informs police that he has been drinking methylated spirits on several occasions. On two occasions police drive Brian in a paddy wagon to local homeless accommodation. He is provided with emergency accommodation and assistance by the Salvation Army from October 2004 until 2010. During this time, when Brian is not living in crisis accommodation he is in hospital.

From 2004 to 2008 Brian is admitted to hospital 22 times and is diagnosed with physical ailments and injuries that reflect his chronic homelessness and alcoholism including degeneration of the nervous system due to alcohol, alcoholic liver disease, alcoholic gastritis, alcoholic polyneuropathy, very low

personal hygiene, optic neuritis, contusions of the abdominal wall, injuries to the head, open wound of the scalp, ulceration of the lower limb and hypothermia. In April 2004, Brian is diagnosed with mental and behavioural disorders due to the use of alcohol. He is found to have mixed anxiety and depressive disorder. In August 2005 he is diagnosed with dissocial personality disorder.

It is difficult to determine whether there is a lack of services made available to Brian or whether data is not available as he is the oldest individual detailed in the case studies. However it appears that Brian has little interaction with support services across his life; rather he is dealt with by police and becomes homeless and addicted to heroin. His pattern of offending and his reasons for committing offences, for example for rent or drugs, indicates that he steals out of necessity. The only period of respite is during a period where Brian is noted as receiving assistance from the Salvation Army which correlates with a decline in his theft related crime. It is salient to note that Brian's IQ and his mental health and social behaviour deteriorate over time as his drug and alcohol dependence increases. Brian has consistent contact with police over his lifecourse; however, it is with his increased problematic drug and alcohol misuse in the period when he is aged 26-35 that his criminal justice and health costs escalate.

Case Study 11 Daniel: Summary of agency contacts over lifecourse

Agency	Service Type	No of contacts
Community Services		
	Notifications	0
	Out-of-home care days	4736
Police		
	Incidents	351
	Custody	66
	Charges	103
Juvenile Justice		
	Conferencing	0
	Community orders	5
	Custody	327
Corrective Services		
	Community orders	12
	Custody days	2283
	Programs	
Courts		
	Finalised matters	135
Legal Aid		
	Legal advice	10
	Duty Solicitor work	44
	Case	29
Disability Service (Ageing Disability and Home Care)		
	Assessment for eligibility	
	Services (days)	
	Community Justice Program client	
Health		
	Hospital admissions	3
	Days admitted hospital	3
	Pharmaceutical Drugs of Addiction Scheme	0
	Mental health programs	0
Justice Health		
	Assessments	50
	Appointments	50
	Hospital admission	0
Housing		
	Assessment for eligibility	4
	Rentstart	2
	Housing tenancy	0

Case Study 11 Daniel: Estimated lifecourse institutional costs

Daniel	<10	10 to 15	16 to 18	19 to 21	22 to 25	26 to 35	36 to 45	46 to 55	56 to 65	Total Cost
Police	\$ -	\$ 67,212.87	\$ 226,648.05	\$ 123,484.11	\$ 165,687.54	\$ 125,047.20	\$ -	\$ -	\$ -	\$ 708,079.77
DoCS	\$ 226,983.00	\$ 228,484.54	\$ 137,140.77							\$ 592,608.31
DCS			\$ 8,102.01	\$ 263,192.26	\$ 349,295.11	\$ 125,978.50	\$ -	\$ -	\$ -	\$ 746,567.88
DJJ		\$ 47,191.24	\$ 313,889.24	\$ -						\$ 361,080.48
Housing	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Health	\$ -	\$ -	\$ -	\$ -	\$ 4,164.95	\$ 8,329.90	\$ -	\$ -	\$ -	\$ 12,494.86
Courts	\$ -	\$ 8,486.12	\$ 20,768.01	\$ 15,255.72	\$ 38,780.38	\$ 19,749.84	\$ -	\$ -	\$ -	\$ 103,040.07
Legal Aid	\$ -	\$ 135.45	\$ 4,707.35	\$ 4,792.57	\$ 12,435.24	\$ 8,063.28	\$ -	\$ -	\$ -	\$ 30,133.89
PHDAS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Centrelink	\$ -	\$ -	\$ -	\$ -	\$ 670.90	\$ 87,217.00	\$ -	\$ -	\$ -	\$ 87,887.90
JusticeHealth										\$ 20,484.00
ADHC										\$ 161,516.00
Total	\$ 226,983.00	\$ 372,423.68	\$ 727,070.41	\$ 407,243.35	\$ 572,352.66	\$ 375,057.22	\$ -	\$ -	\$ -	\$ 2,701,614.32

Case Study 11: Daniel

Daniel is a male born in 1979. He has multiple diagnoses including a mild intellectual disability, with a reported IQ of 62, psychosis, a personality disorder and a substance use disorder. When assessed in prison in 2001 he is also noted to have experienced a traumatic acquired brain injury. From 1984 when he is 5 until 1997 when he turns 18 Daniel is a ward of the state and under Public Guardianship and the Office of the Protective Commissioner. He is in the care of Community Services, having a total of nine different placements throughout this period. In addition during the period 1994 to 1998 Daniel has 25 periods of juvenile detention for periods from one or two days to two months and has been granted Legal Aid almost 100 times throughout his life so far. He is noted to be living in children's shelters and refuges and in Community Services residential care homes. Daniel attended a special school but records indicate he did not attend beyond 6th class and is unable to read and write. Notes from assessments in custody when he is in his early 20s indicate that Daniel has poor social functioning, behavioural problems, and is prone to violence if provoked. He receives a disability support pension.

Daniel's first recorded contact with police is in 1993 at age 14 when he is arrested for assaulting carers and causing malicious damage when asked to do the dishes after dinner whilst in the care and custody of a residential care unit in western Sydney. One month later he is listed as one of a group of young people (some of whom are noted as developmentally delayed) reported missing from a children's shelter to which he returns the next day. A further month later he is reported as the suspected perpetrator of an act of aggravated sexual assault at a Community Services child residential unit but due to inadequate disclosure by the victim no charges are laid. Later in the year again he is charged with assault as a result of biting another student and destroying property at his school. Two years later in 1996 he absconds from a residential facility and reappears one month later stating that he had been in a regional town visiting a friend. Police note at this time that he is 'intellectually delayed'.

In 1995, now aged 16, Daniel again absconds from his place of residence, returning the next day stating that he had been to a party. He also comes to the attention of police as a result of multiple occasions of violent behaviour while staying at a several different youth refuges where he threatens carers and other residents whilst armed with a knife, and extensively damages property including head butting and smashing furniture, windows, walls and doors. At the end of this year he is arrested for aggravated sexual assault against another resident after he masturbates in front of her, and is subsequently transferred to a juvenile detention centre. Again in 1996 he comes to police attention on multiple occasions for damaging walls using forks and knives, smashing windows and stealing cash from the residence. After being evicted from one residence during this year Daniel steals a car. Whilst in custody at a children's correctional centre he is recorded as attacking other residents on several occasions. When not in custody Daniel resides at a caravan park in western Sydney and is himself the victim of attacks by others on several occasions. In 1997 Daniel again moves between

residential placement and custody and comes to frequent police attention for acts of violence against others and damage to property. On many occasions over his youth DJJ notes the reason for his being remanded is his 'lack of community ties'. On one occasion whilst being interviewed in relation to a stolen bicycle Daniel assaults police by biting and kicking them. From age 18 Daniel begins to commit regular break and enter offences and to steal cars, offences which he commits with increasing frequency throughout subsequent years.

In 1998 Daniel is in supported residential accommodation where he again damages property by kicking in a plate glass door and spends several months of the year in custody in a juvenile detention centre as a result of stealing and selling stolen goods. While in custody he is the victim of an assault by another inmate. This is his final juvenile custody episode. In 1999 he is detained at a city railway station and fined for fare evasion and possession of a knife. At the end of this year he is taken into custody due to outstanding warrants and when informed by police at the station that they intend to search him Daniel kicks out at officers who then spray him with capsicum spray. Once he calms down Daniel explains the reason he refused the search is because he had a bag of cannabis on him. The drugs are recovered and Daniel is charged with drug possession. During the episode for this matter Daniel is noted to have assaulted another inmate. Following this custody episode Daniel resides at a boarding house where he comes to the attention of Police for assaulting and stealing property from other residents. Daniel's adult custody episodes begin at this time and over the next in years for which data is available Daniel has 21 further custody episodes, predominantly served on remand, with durations varying from a few nights to five months. While he is in custody Daniel is often placed in protective custody within the prison to ensure that he associates with limited other inmates, or is on Special Management Area Placement.

During this year Daniel moves around NSW and comes to the attention of police in locations including western and inner city Sydney and in a regional area. In one regional town he is involved in stealing a vehicle and as an unlicensed driver is involved in a high speed car chase which ends in the vehicle in which he is travelling colliding with a power pole. He presents at the DoCS office in a nearby town some days later where he states he has been brought by a social worker to make links with family there, requesting that they arrange accommodation for him as he is homeless. At this time he is registered as receiving a disability benefit. Staff at the DoCS office indicate that they have made numerous attempts to locate adequate housing but he has not attended the addresses supplied. They also inform police that Daniel "suffers a mild intellectual disability and is also possibly mentally disturbed". Back in Sydney Daniel is granted Rentstart-Plus by Housing NSW and is again involved in the theft of vehicles and driving off from petrol stations without paying. Later in the year Daniel comes to the attention of police for stealing money and property from fellow residents in a 'house for mentally ill/disabled in which he is residing in inner Sydney.

In 2000 Daniel is again in contact with Police in relation to car theft from residential locations and car yards. Police note on arrest that Daniel is in possession of multiple different worn down unmarked car keys (up to 13) for different makes of cars. On interview he states that he does not own a car. During one arrest Police establish that Daniel is in breach of a bail agreement that required him to report to his local police station on a daily basis but which he did not do. He is charged and bail refused. Daniel serves a custodial sentence at in the later part of 2000. Whilst in custody Daniel is found to be in possession of heroin.

In 2001 Daniel serves a period of custody in a regional prison and after his release is involved in several incidents where police are investigating traffic offences and stolen motor vehicles in regional areas and in central Sydney. Again Daniel is found to be in possession of suspicious sets of vehicle ignition keys. He is also detained in the ticket booth of an inner city parking station where he tells officers he is 'trying to sleep'. When he is searched on several of these occasions Daniel is found to be carrying items such as a cannabis pipe, scissors and bolt cutters. Similarly in 2002 Daniel is arrested in inner city car parks in possession of various sets of 'jiggle keys' and in one incident, when police are attempting to remove his shoelaces, Daniel struggles violently, spits and attempts to bite officers. Later this year Daniel is charged in inner Sydney when he is found to be in possession of coin cassettes from vending machines. In 2003 Daniel is again arrested for cannabis possession, car theft and carrying a knife in a public place. At the end of this year Daniel is found asleep in a train carriage. When asked to produce a rail ticket Daniel shows a pensioner ticket but is unable to produce a pension card. Police are of the view that Daniel is under the influence of a drug due to his slow movements and manner of speech and when searched Daniel is found to be in possession of a prohibited drug.

Throughout 2004 and 2005 Daniel comes to frequent police attention across the Sydney rail network whilst asleep on trains and is regularly found in car parks to be in possession of cannabis, associated smoking implements, numerous car keys, stolen property and an array of knives and scissors. He is also found in possession of house and car breaking implements in factory areas. In 2005 Daniel for the first time receives regional resource and support team services from ADHC. He resides for a short time in a hostel in western Sydney but is assumed to be homeless for significant periods. It is noted at this time that his finances are under the management of the Office of the Protective Commissioner. In 2006 he is again granted Rentstart-Plus by Housing NSW. In this year and 2007 Daniel is frequently in contact with police in the inner city for a range of offences including breaking into and stealing from vehicles and in western Sydney for breaking into schools and other premises. In 2008 for the first time his release from prison is under the *Mental Health Act*, and he becomes a client of the Community Justice Program. He is placed in a residence belonging to ADHC in southern NSW where he sexually assaults another male resident. During this year he also comes into contact with Police in the inner city for possession of cannabis and ice. Later that year Daniel is residing in an ADHC residence in inner Sydney. He again comes into contact with police for possession of cannabis and smoking implements.

In 2009 he is recorded as being absent from his place of residence for periods of more than 48 hours and is “thought to be in the Oxford St and Kings Cross areas begging for money and using illicit drugs”. When he is found begging, he states that he is staying at an inner city homelessness shelter and that he does not wish to return to his residence. However as a result of his status with the Protective Commissioner, Police are able convey him involuntarily back to his care facility. In early 2010 Daniel appears to be homeless and is assisted by the Salvation Army with assistance to move and store his belongings and provided with food hampers and supermarket vouchers. Up until the time the data is exhausted Daniel continues to come to the attention of police for the possession of cannabis.

Daniel’s high lifecourse institutional costs are apportioned both to the length of time he spent in out of home care as a child, and his very high level of contact with police and custodial episodes. His institutionalisation as a child and young person means that he has no family or community connections, and he is often homeless. He is provided with supported living services from April 2010 as part of his participation in the CJP, which correlates with lower police and other criminal justice costs.

DISCUSSION

Case Study Analysis

The case study summaries presented above provide narratives of the lifecourse institutional contacts and interventions experienced by individuals with differing conditions and circumstances but who all have some experience of homelessness. Individuals were selected for the case studies based on selection criteria including gender, intellectual disability and/or mental health disorder, substance use disorder, experience of domestic and family violence, experience of juvenile custody, being a disability services recipient, receiving public housing assistance; being Indigenous; and/or having episodes of out of home care as a child. These criteria reflect the composition and dimensions of difference amongst the individuals making up the MHDCD dataset. Whilst each individual story reflects the impacts of particular conditions and experiences, together the case studies highlight the breadth and depth of social need and disadvantage experienced by these individuals, the systemic arrangements positioning them in homelessness and the criminal justice sector, and the complex and compounding interactions between them. They raise questions about the role and responsibilities of government and non-government agencies. Occasionally there are insights into successful interventions which appear to protect or prevent an individual becoming homeless or coming into contact with the criminal justice system. Overwhelmingly however, the siloed nature of service systems, both in budgetary and service terms, mitigates against holistic support for persons who have complex needs, propelling them into offending pathways and homelessness. Some specific insights emerging from the case studies are now discussed.

Prevention, systemic and safety net failures

In almost every case discussed, significant disadvantage, vulnerability and risk factors are obvious from early adolescence and, for several individuals from early childhood, yet here there is systemic failure, where care and protection and early intervention do not occur in any substantial or sustained way. For the individuals above, these vulnerabilities, disadvantages and risk factors include for example the presence of drug and alcohol abuse in the family context, early school disengagement, the presence of domestic and family violence, episodes of out of home care and unstable accommodation, and early contact with police both as a victim (often of violence) or as an offender. The case of Matthew in particular exemplifies how a child can be identified by Police and Community Services, as moving from living on the street, to various relatives and institutional care but where there is no evidence of early intervention by any service. In light of the case studies it appears that when a child or adult who is poor and disadvantaged experiences complex and compounding issues, there is no comprehensive service support for them. They often fall outside the remit of any one service and cross the boundaries of many, decreasing the likelihood that their needs are recognised and met.

There are two aspects to this issue. Firstly, that child, disability and education services should have preventive capacity to ensure children who appear early

in life to experience the myriad of difficulties evident in our case studies; and secondly, that there should be effective safety nets. Neither of these system arrangements appears to exist in the case studies. This may be so because service implementation for those with early complex needs is challenging for any one individual service provider or service type, since such services and professionals are skilled, funded and invested in dealing with their specific domain issues. Individuals with mild and borderline intellectual disability seem to be most at risk of being excluded from all service support for instance, Community Services' workers may have confidence in acting in matters of child protection but have only limited understanding of the impact of cognitive disability on either children or parents. The second factor is systemic and recognises the fact that a policy framework that is premised on siloed responsibility for education or mental health for example will have only limited capacity to recognise and address these multiple and complex interactions. Moreover, as the experiences of Hannah, Ned, Roy and Casey illustrate, addressing this complex picture in a culturally appropriate way and ensuring that available remedies do not themselves lead to further cultural injury and disablement are particularly challenging.

Although a cost benefit analysis was not part of this project, the way in which costings are broken down by agency and age imply the escalation of costs, for those like Matthew, are associated with lack of preventive and early care and support. For example, the recognition by Police that Matthew, at age seven, is homeless so early in his life suggests that this may well have been evident to teachers at school and to others in the community at a much earlier stage. This could have led to a supported disability accommodation and case management response tailored to assist him and his mother or an alternate carer before he became entrenched in homelessness and delinquent-type behaviour. Such dedicated and intensive action early may well have averted much of the \$2.8 million spent on Matthew before his 22nd birthday.

The notion of 'risk'

Risk management and risk assessment have become mainstream control system elements for all service agencies over the past 15 years in Australia. The operation of risk for this group, appears to reach a tipping point beyond which more frequent and higher order risks can assume an inverse relationship to system responses. Recognition and notifications, particularly by Police, of 'risk' or 'at risk of harm' are made with high frequency for many individuals in the MHDCD cohort. It appears though that this frequency, usually coupled with the simultaneous presence of multiple complex and compounding needs, risk factors and risky events and situations, serves to dampen or inhibit responses which would be expected or precipitated by the occurrence of a single incidence of 'risk' alone. For example early and/or frequent incidents of self harm or of substance abuse at a young age seldom appear to invoke any substantial response. For these individuals who are mainly Indigenous, intellectually disabled and/or mentally unwell, uneducated, socially disadvantaged and often living in regional/rural and remote locations, this almost certainly speaks to the overlay of an ableist, racialised, materialist and geographically centralised context which privileges white, working/middle class, urbanised, non-disabled, law abiding citizens. So in summary it appears

that the more notifications of risk, the less likely any adequate response is forthcoming; in fact service personnel construct these risks as evidence of criminality (Matthew), malingering (Casey), or as fabricating stories (Hannah). This can be understood as the construction of 'needs' as 'criminogenic risks' and the subsequent criminalising of vulnerability. As individuals move to later adolescence and adulthood, often accompanied by an escalation in the seriousness of offence types, they are labeled not as at risk any longer but as 'a risk' without obvious change in their circumstances. This then legitimates the cost shift seen in the case studies from the human service support systems to the criminal justice system.

Systems of control rather than care and support

The failure to adequately recognise and address the care, protection and early intervention needs of children and young people, particularly those who have multiple and compounding vulnerabilities, is shown in the case studies above to have the effect of funneling these children and young people into systems of control rather than of care. Examples of the behaviour of those children and young people such as Casey's nuisance '000' calling, Daniel's lashing out at his surrounding in his out of home care placements or Hannah's early drug use and theft are all signs of deeper disadvantage, inappropriate housing, vulnerability, cognitive disability, trauma and emerging mental ill health. However instead of responses of support, management and maintenance within their families and/or communities, these and many other 'difficult to manage individuals' evident in the larger cohort, are responded to and regulated by criminal justice agents, beginning with the Police, and later the juvenile and adult justice and correctional systems - all agencies whose remit is public order and safety with no discretion or choice as to who they deal with. Once enmeshed in these systems of surveillance and control including being known to police, meeting bail conditions, serving periods in detention and on community orders, the cycle is both very costly and difficult to break.

Of particular concern in the context of surveillance and control systems is the culture of disempowerment, trauma and violence which appears to characterise such systems. In these case studies, young people time and again signal their trauma and sense of powerlessness through repeated self-harm whilst in detention or custody settings. Several stories also contain references to sexual assault whilst in a custody setting or in restricted environments such as involuntary psychiatric units or congregate out of home or disability residential care settings. Records indicate that authorities rarely act upon these reports of assaults. Individuals in the case studies who deal with others using resistance and violence themselves are dealt with using physical violence. For example, accounts of Police subduing and restraining an individual or hospital staff restraining and sedating an individual are common in the narratives. These have the effect of enmeshing the individual from an early age in cycles of assault, charge and sanction, a pattern common to almost every individual in the case studies described above and to many others in the cohort.

Cost-shifting

This predominance of early response by criminal justice and emergency service agents such as Police and Ambulance and the subsequent enmeshment of individuals in criminal justice processes and systems rather than in community support has a marked economic implication. Costly criminal justice responses are applied to vulnerable people whose needs may well be better addressed in a health, rehabilitation or community space in which there is access to integrated and responsive support services including drug and alcohol support, mental health and disability services or other psycho-social forms of support. In particular the provision of secure housing and support for an individual to maintain their tenancy appears a key factor in higher criminal justice and emergency services costs. As the case studies of Hannah, James and Roy demonstrate, the lack of appropriate housing is a key factor in their ongoing offending. Early and well-timed community and human service interventions to establish and maintain secure supported housing are likely to reduce if not eliminate years of high levels of police contacts, court appearances, associated legal processes, frequent custody and community corrections interventions and ambulance use. As important as financial burdens, the social and human cost of a lifetime of offending and homelessness can also be reduced. This study was not funded to provide a cost benefit analysis using the case studies and data gathered but such an analysis would be useful.

Escalation of contact

While initiating early social and human intervention in place of criminal justice responses has clearly demonstrable economic benefits there is a significant social and human advantage as well. As can be seen from the experiences of the individuals in the case studies, offence types and offending patterns do not remain constant over the lifecourse. In fact in all cases the predominance of minor or nuisance offences such as those related to public order, use of bad language and minor traffic and motor vehicle infringements and petty theft in the early years of an individual's lifecourse, give way in every case to more frequent offending and more serious offences such as armed robbery, domestic and family violence, the use of weapons in assaults, dangerous driving and sexual offences. For many individuals these are associated with the development of entrenched drug abuse and addiction as they move from early teens to adulthood. This escalation in frequency and seriousness signals significant cost to victims of crime, to family members of offenders who become increasingly unable to cope and are then estranged as well as to society with threats to social safety. Intervening to prevent this escalation therefore has myriad potential economic, social, political and human benefits.

The escalation in frequency and seriousness of offences for individuals has a concomitant upward pressure on their interactions with institutions of control. As they become more well known to officers of various systems, interactions tend to intensify. Railway stations are salient examples of this. Many individuals in the case studies find themselves coming into contact with police on train station platforms, usually as an everyday effect of transport policing. They are often reported for minor offences such as being on public transport without a ticket. These instances of fare evasion are related to the individual's

disadvantaged circumstances such as being homeless and sleeping on trains and individuals being stopped because they do not make eye contact with police and who later indicate they are collecting their methadone nearby. These minor offences are commonly compounded or escalated when police, on searching the individual, discover evidence of other more serious offences such as possession of stolen goods, 'weapons' (often scissors) or drugs and drug paraphernalia. Police sometimes discover that the individual is also in breach of their bail conditions (e.g., staying out of the CBD); often Police discover outstanding warrants against the person. These usually lead to the individual's arrest on the more serious matter. Some individuals come to the attention of police because they are the victim of a crime and upon investigation or as the result of their own behaviour in response to their circumstances find themselves being arrested and charged as the perpetrator of another offence. For example: Hannah, when presenting at her local police station as a result of a domestic violence incident is found to be in breach of bail conditions and an AVO; Casey is charged with offences against carers and police officers when she assaults police and absconds after being taken to a sexual assault clinic which is located in a building adjacent to the one in which the sexual assault occurred three days prior. The likelihood and consequences of such complex, multiple and negative synergies for this group are difficult to predict, anticipate and quantify.

The impact of these operations of the criminal justice system on vulnerable individuals can exacerbate their difficulties and further enmesh them in the system. Bail conditions for young people in isolation from their personal, material, social and structural context, especially in the context of family violence and breakdown and homelessness are often extremely damaging. For example Matthew, at age 14, on release from custody on conditional bail, receives conditions which include a direction to attend school. However, due to his history of disruption and expulsion from the one school in his town Matthew is refused permission to enroll in that school. The school also claims he is illiterate and too far behind other students as he has not attended school since he was eight. The bail conditions are impossible for Matthew to comply with due to systemic barriers. This guarantees his continued enmeshment in the CJS. In another example Casey is repeatedly given bail conditions, which require her to reside with her mother and not to leave the house unless accompanied by her mother. But the breakdown in this parent-child relationship is one of the key precipitating factors for the behaviour (such as repeatedly dialing 000), which has brought her into the CJS in the first instance. In attempting to meet these bail requirements further pressure is exerted on the relationship between Casey and her mother, which in turn leads to further offences precipitating more CJ intervention.

Residential care arrangements are often not suitable. Daniel and Casey are unhappy with arrangements made for them, and as a result of their disabilities that impair their capacity to reason with staff, they damage property and assault carers to bring to light their distress and trauma. Their bail conditions require both of them to remain in that site and obey the directions of the workers – almost precisely re-inscribing the circumstances that precipitated the offences in the first place. In fact it is particularly common for individuals to

commit offences against care workers or custodial staff including assaults and thefts for which they are charged and for which they incur further custodial episodes. This is not necessarily unexpected for individuals in this group as these persons are the key figures of authority and influence and are the focus of resistance. It does however appear incongruous that the support or human service arm of the system should funnel individuals into the CJS.

Diagnosis in the CJS

Contact with the criminal justice system, particularly the prison, results in the first time diagnosis of intellectual or cognitive impairment for a number of individuals in the case studies and for the majority of persons with cognitive impairment in the larger cohort. The prison serves as a site of diagnosis and treatment and may additionally create a conduit to accessing disability services and entitlements for individuals upon their release. This recognition may further traumatise and marginalise the individual with a new diagnostic label. Such a diagnosis though does not necessarily trigger any systematic accommodations by service personnel in either criminal justice or human service agencies.

There is little evidence in the case studies of an effective means by which the impact of cognitive impairment on an individual's general behaviour and functioning is communicated in reports or to other agencies. Nor is it apparent that individuals' vulnerability and its effects on patterns of offending is understood. For example little account appears to be taken of the presence of intellectual disability or mental illness in types of offending: there are instances in which the individual, for example Peter or Natalie, is being used by others to do the crime. The presence of compounding social disadvantage such as homelessness and low educational attainment coupled with mental disorder and substance abuse, makes cognitive impairment opaque. The evidence suggests that while attention and support along any one of these dimensions may have positive impacts, recognition of the presence of the multiple, complex and compounding factors, particularly from early childhood, is crucial to receiving adequate and appropriate support and services.

Economic implications

The lack of adequate services early in the lives of these individuals is associated with very costly homelessness, criminal justice and health interactions and interventions later in their lives. The criminal justice system and emergency services appear to be bearing the majority of these displaced costs. In most cases a lack of access to integrated and well resourced services and support for people with mental health disorders, cognitive disability and complex needs who are often homeless exacerbates these costs. The data gathered in relation to the health services received by these individuals, shows costly emergency department usage (as noted in police records) and hospital admissions. Police note frustration at the time and resources taken up in playing a default case management role; in seeking, often unsuccessfully, to find appropriate supported accommodation and community-based services for individuals who are vulnerable and in need of treatment and assistance. The time spent by police transporting individuals considered to pose a risk to emergency department staff to secure facilities,

or waiting in emergency departments, is regularly documented in police records. The true costs of police time in responding to individuals with mental health disorders without adequate community-based support and services is beyond the scope of this study, but certainly worthy of further investigation. Similarly, in a number of the case studies, mental health diagnoses, treatment and services primarily occur whilst in custody. Where mental illness is connected to the offending behaviour that led to incarceration, this presents as a particularly expensive avenue for treatment and services.

Homelessness

Homelessness emerges in these case studies as both a trigger and a compounding factor in these individuals' costly contact with the criminal justice system. A lack of stable and appropriate housing appears consistently in connection with higher criminal justice and emergency services costs, and the case studies highlight that becoming enmeshed in the criminal justice system exacerbates housing instability. Taking Chamberlain and Mackenzie's (1992) conception of three tiers of homelessness - primary (people without conventional accommodation covering people 'living on the streets', in parks, train carriages, etc); secondary (people residing in or moving between various forms of temporary accommodation including emergency and refuge accommodation, those residing temporarily with others because they have no place of their own); and tertiary (people living in private boarding houses on a long-term basis) - individuals in the case studies commonly experience primary and secondary levels of homelessness throughout their lives, often from early childhood. Even crisis accommodation emerges as difficult to access for individuals with complex and compounding disadvantages and disabilities, particularly when at their most vulnerable or unwell. The only 'housing' then available to these individuals is a police cell, hospital (mainly specialised secure facilities), or corrective services custody. These are more costly than supported community-based housing. The case studies document the poorer mental and physical health associated with homelessness, particularly in the cases of Natalie and Brian. Homelessness as it is experienced by those in these case studies exacerbates other problems that they may be experiencing, making them less likely to access adequate care and treatment and more vulnerable to contact with the criminal justice system.

Positive costs

There are very few examples of positive cost interventions emerging from these case studies. The second most costly of all the individuals examined here, Matthew, appears to receive no positive services involving treatment or support in his short life at all; his cumulative costs of almost \$3 million mostly relate to his regular and escalating engagement with the criminal justice system.

However, it is important to note that higher individual lifecourse institutional costs are not always indicative of costly criminal justice or emergency services interventions. Post-release programs, Centrelink payments, the Pharmaceutical Drugs of Addiction Scheme, public housing tenancies, SAAP accommodation and services, and the ADHC Community Justice Program (CJP) are all examples of assistance, proactive programs and services

provided by government that a number of the case study individuals have access to at various points in their lives. The CJP in particular is an important example of an ADHC scheme providing intensive disability supported accommodation to the most complex of clients with cognitive disabilities such as a number of those individuals detailed in the case studies.

Casey, the individual with the highest lifecourse institutional costs examined here at more than \$5.5 million, became a CJP client in 2007 at the age of 18. Her CJP costs are proportionate to her institutional contacts with other agencies, and her intensive involvement emerges as an important response to her extraordinarily high levels of police, corrective services and emergency health care contact. Her involvement with the CJS has significantly reduced since she became a client in the CJP. Casey's involvement with the CJP provides evidence of the program targeting an individual for intensive appropriate disability support and reducing the extreme costs born by Police, Corrective Services, Health and Housing. Increased costs in relation to health services is another example of a positive intervention that may indicate access to treatment previously not received. The diagnoses, services and treatment provided by Justice Health whilst individuals are in custody, is arguably a positive cost amidst the broader negative experience associated with these individuals' criminal justice contact.

The two periods in Peter's life in which he has no intervention other than the complex needs parole program are also examples of positive costs leading to dramatically reduced other intervention costs.

Contribution to Research

The project team's findings are in line with Australian and international research that describes the nexus between people with complex needs who experience homelessness and have high emergency services and criminal justice costs. The Michael Project (2012), a study of men experiencing homelessness in the Sydney metropolitan region, found that health and justice costs were much higher than the general population for all clients (50). These costs were lower after 12 months participation in the project, which involved temporary accommodation or outreach support, case management, and access to specialist services and support (1). McLaughlin suggests that homeless people with untreated mental illness represent a higher number of offenders who commit nonviolent, nuisance type crimes (McLaughlin, 2007). A study of hospital admissions of homeless people in Hawaii found that the rate of psychiatric hospitalisation was over 100 times higher than for the non-homeless cohort, and the researchers estimated that the excess cost for treating those homeless individuals was approximately \$2000 per person (Martell et al., 1992). Hopper et al (1997) found that homeless people with limited access to treatment for their mental illness spent an average of 59% of their adult lives in institutions, prisons and shelters. Steverman & Lubin (2007) found that community-based mental health treatment cost per day is nearly one third of what it costs to spend a day incarcerated, and that connecting people with mental health services is better than a stay in prison for both them and the community. McLaughlin (2011) notes that when people with mental illness are placed in supportive housing environments they become stable

and use fewer services than when they were homeless, in particular generating significant savings in relation to police contacts, nights in prison, homeless shelter stays, ambulance usage, and hospital emergency department visits.

This study is not a cost-effectiveness study, however the evidence suggests that the disproportionately high criminal justice and emergency services costs incurred by individuals in the case studies could have been better spent supporting these most vulnerable individuals to greater well-being. The MHDCD Project research team has hypothesised that if earlier, targeted and appropriate support, and more culturally appropriate support for Indigenous persons (25% of the cohort), had been given at a variety of points such as early school education, early family support, childhood disability support at the first point of any cognitive or mental health diagnosis or recognition, as revealed in their pathways, there would have been a reduced chance of eventual homelessness and imprisonment (Dowse et al, 2009). The findings of this costings study support this hypothesis for economic reasons, as well as for individual and societal benefit.

STUDY LIMITATIONS

There are some limitations regarding the method developed for this study.

Limitations of the data

Whilst the data contained in the MHDCD Dataset provides an unparalleled opportunity to cost the lifecourse interactions with government agencies of people in the MHDCD cohort, the data itself has limitations that are important to note. Centrelink data has been imputed via other agency data so may be inaccurate and some benefit types may be missing altogether; detailed SAAP data are missing but evidence of SAAP service use is taken from other agency records; direct school education data are missing as historical education data in NSW are held in each school rather than a central point so other services' information on school education is used; mental health ambulatory (community based) data are currently not held centrally in NSW although this is being rectified shortly and will be added to data; NSW Guardianship and Financial Guardian data are not available currently but are being added to the dataset shortly. These additional data will provide a more comprehensive and illustrative picture of institutional contacts and trajectories. In addition, in some cases even where there is data on certain services and interventions, it is insufficient or too complex to cost accurately.

Average costs

Being restrained in most cases to identifying average costs rather than unit costs means that the complex needs and specific experiences of many in the MHDCD cohort is often obscured. Calculating average or aggregate costs for the interactions of the case studies in this project likely under-estimate the costs borne by agencies. The lack of ability in some cases to cost the actual service use and associated administrative costs associated with this cohort (typically high churn and high needs) means there are significant aspects to the institutional costs to government that are not included.

Agency sensitivities

There were some sensitivities on the part of some government agencies regarding the development of unit costs, in particular where services were reduced to a single figure that could be taken out of context.

Other costs

Finally, there are some important costs that are not included in this study of direct unit costs, such as those borne by the individual and their family, by the community, and by NGOs and community-based organisations (discussed in more detail below under Future Research).

Policy/Program implications

As Pinkney and Ewing (2006, 5) note, it has been clear to practitioners and policy makers for many years that the homelessness service system bears the costs of the failure of other, generally better resourced, service systems to respond adequately to the needs of their clients. Most of the people who request assistance from homelessness services have been clients of other services, such as the health system, Centrelink, housing, child protection or the criminal justice system. In turn, homelessness can result in additional demands on these same service systems in both the short- and the long-term (Pinkney & Ewing, 2006, 5). This study provides evidence of other service and cost displacements, not just for the homelessness sector. In fact, early homelessness in the case studies does not usually result in homelessness services becoming involved, rather it tends to be ignored and allowed to escalate into anti-social behaviour.

The negative interactions between and among services emerges in this study to be a generator of extra costs. The economic costs of various services refusing to work with or support persons with complex needs lead to escalation of costs for other agencies. Eventually though this approach results in higher costs for all.

Unequivocal policy implications of the findings in this study are that:

- The atomised and singular manner in which homeless persons with complex compounded needs are addressed by most agencies is extremely costly and counterproductive.
- Early holistic support is crucial for disadvantaged children with cognitive disabilities and/or mental health disorders who are homeless or in chaotic housing.
- Provision of skilled disability supported accommodation and education early in life would save significant spending on homelessness and criminal justice interventions later in life.
- System incentives to cost-shift should be eliminated.
- There is evidence of avoidance of working with complex and poorly housed children and adults by human service agencies resulting in criminal justice services, Police in particular, being used as frontline child protection, housing, mental and cognitive disability services.
- A significant change in the way government human service agencies approach this small but extremely costly group of persons is required. The evidence from this project suggests that robust, holistic, cross portfolio support and intervention responses fit for purpose (e.g., appropriate and adequate disability support with housing) are needed.

FURTHER DEVELOPMENT

All possible costs to government or to society more generally have not been captured in this study. Information contained in the MHDCD Dataset could contribute much to future studies. In particular:

- **Individual costs** – experiences by participants of distress, dysfunction and powerlessness should be considered unacceptable in our society. Enhanced understanding and quantification of these costs could inform policy to provide greater equity.
- **Family and community costs** – the significant burden on the families and close associates of people with MHDCD and complex needs who are enmeshed in the criminal justice system and homelessness is evident in the data. Detailing these costs could inform early intervention program development.
- **Costs of crime** – the MHDCD Dataset has the capacity to detail the impact of crimes such as theft and assault by the individuals in the cohort to provide more comprehensive costs to the community.
- **Opportunity Costs** – this study hints at the enormous opportunity costs associated with this cohort. Alternative uses for government resources and capital, not to mention the benefits associated with individuals leading more stable and meaningful lives, are worthy of further study.
- **Cost benefit research** – building on this study, future research could explore the cost benefits of, for example, early intervention or community-based housing or mental health programs against the current overuse of emergency services and custody.

CONCLUSION

Merging data across the criminal justice sub-systems and with relevant human services and examining individual trajectories is a beneficial way to provide a broad, trans-criminal justice and human service dynamic understanding of the involvement of persons with mental health disorders, cognitive disabilities and complex needs in the criminal justice system. By developing unit costs associated with their institutional engagement, this study highlights the economic costs associated with cohort members' experiences to date. Costs are seen in the context of the narrative of an individual's lifecourse, reflecting the breadth and depth of social disadvantage, multiple support service needs and frequent and ongoing criminal justice contacts observable chronologically and in relation to each other. The costs associated not only with individual agency interactions, but also with the synergistic effects of the cumulative disadvantageous life experiences and events have been highlighted, providing a means to inform current policy and program debates and funding priorities.

The findings of this study on the lifecourse costs associated with people with mental health disorders, cognitive disability and complex needs cycling in and out of the criminal justice system and homelessness suggest that for the individual case studies examined, the economic costs to government are significant, as are the social and human costs to these individuals, their families and communities. Lifecourse institutional costs for the 11 people in the case studies, who are currently aged between 23 and 55, range from around \$900,000 to \$5.5 million, with the highest costs being associated with the youngest individual. Whilst each story reflects the impacts of particular conditions and experiences, together the case studies highlight the breadth and depth of social need and disadvantage experienced by these individuals, as well as the complex and compounding interactions between them. In almost every case discussed, significant disadvantage, vulnerability and risk factors are obvious from early adolescence and, for several individuals from childhood. Yet care and protection and early intervention do not occur in any substantial or sustained way for these children.

The lack of adequate services early in the lives of these individuals is associated with very costly criminal justice, health and homelessness interactions and interventions later in their lives. Millions of dollars worth of time and resources by Police, hospitals, courts, Juvenile Justice and Corrective Services continue to be spent on a relatively small number of individuals. Costly criminal justice responses are applied to vulnerable people whose needs may well be better addressed in a health, rehabilitation or community space which is able to provide access to integrated and responsive support services including drug and alcohol support, mental health and disability services or other psycho-social forms of support. In particular the provision of secure housing and support for an individual to maintain a tenancy appears a key factor in higher criminal justice and emergency services costs. Early and well-timed interventions to establish and maintain secure housing and associated support services will likely reduce if not obviate the need for the future years of criminal justice interventions. It is

apparent from the very high levels of police contacts, court appearances, associated legal processes, frequent custody and community corrections interventions and emergency department use detailed in the case studies, that engaging more appropriate community and human service responses is likely to reduce the economic costs associated with early and ongoing criminal justice enmeshment for people with complex needs. Equally as important is that the more hidden social and human costs of a lifecourse of offending and homelessness can also be reduced.

WHAT WE ALREADY KNOW ABOUT HOMELESSNESS

In Australia and overseas, evidence has been mounting for some years that people with mental health disorders, cognitive disability and complex needs are over-represented amongst those coming to the attention of police; those being serially arrested and incarcerated; those using alcohol and other drugs; and the homeless and marginally housed. As Pinkney & Ewing (2006, 5) note in their study on the costs and pathways of homelessness, it has been clear to practitioners and policy makers for many years that the homelessness service system bears the costs of the failure of other, generally better resourced, service systems to respond adequately to the needs of their clients. Most of the people who request assistance from homelessness services have been clients of other services, such as the health system, Centrelink, housing, child protection or the criminal justice system. In turn, homelessness can result in additional demands on these same service systems in both the short and the long term (Pinkney & Ewing, 2006, 5).

The costs of homelessness to the individual, their families, and the agencies is estimated to be very high (Burt 2003; Edwards et al 2009; Flatau et al 2008; Gulcur et al 2003; Mental Health Coordinating Council 2008) but until this study there has been no empirical data enabling accurate costings taking into account all the factors and agencies involved.

HOW THIS STUDY CONTRIBUTES TO BETTER UNDERSTANDING OF HOMELESSNESS

Merging rich quantitative and qualitative data is a highly beneficial way to provide a broad, trans-criminal justice and human service dynamic understanding of the movement of individuals with mental health, cognitive disabilities and complex needs in and out of homelessness. With the capacity to examine the trajectories of key individuals drawn from the MHDCD Dataset and to develop unit costs associated with their institutional engagement, this study describes detailed economic costs associated with their experiences to date in 2011 figures. This provides unique and detailed costings that can inform current policy and program debates and funding priorities around homelessness for Commonwealth and state and territory government and non-government agencies.

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