ALTERNATIVE FIRST RESPONDERS

POSITION PAPER

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ACKNOWLEDGEMENTS

The National Justice Project acknowledges that we live and work on unceded sovereign Aboriginal land, with our office on Gadigal Country. We pay our respects to Elders past and present and celebrate First Nations' continuation of a living spiritual, cultural and social connection with the land, sea and sky.

Always was, always will be, Aboriginal land.

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The National Justice Project is committed to embracing diversity and eliminating all forms of discrimination in the provision of its services. We welcome all people irrespective of ethnicity, disability, faith, sexual orientation and gender identity.

Content Warning

First Nations' readers please note that this document contains names of deceased Aboriginal and Torres Strait Islander people.

This document contains references to death, police violence, harm, and acts of discrimination, which may be confronting and disturbing. Please keep this in mind as you read this position paper.

ALTERNATIVE FIRST RESPONDERS

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1. EXECUTIVE SUMMARY

In Australia, there is a reliance on police to respond to and address social and health needs. It has become normalised that police are the default frontline response to a range of situations for which they are neither suited for nor trained. This default is causing significant harms to individuals, their families, and broader communities. The harm is profound and long term.[1]

The ad hoc reliance on police as first responders has led to their growing presence in roles traditionally reserved for care and support. These roles include, but are not limited to, schools, residential care facilities, nursing homes, hospitals, homes, and public spaces where people gather or seek shelter.

The status quo is increasing people's encounters with police and resulting in harm due to police practice and operational frameworks. Historically marginalised groups and individuals face an increased risk of harm due to the persistent structural and institutional barriers they encounter when navigating everyday life.

The reliance on police-led responses is the result of a longstanding failure to commit to and support alternative models, properly address police malpractice, as well as the failure of local, state and federal governments to appropriately fund health, social, and community support services. There is a wealth of research and demonstrated best practice, both in Australia and internationally, that exemplifies the potential and real effectiveness of alternative first responders to the police. Leading the way are community-based models.

The National Justice Project has previously conducted research on discriminatory policing and the harms faced by marginalised people in relation to expanded police duties and powers in Australia.

The National Justice Project has built upon this work by engaging various stakeholders to diagnose the problems present in Australia's current police-focused model and identify best practice examples and guiding principles for effective alternative community-based first response models. In a survey of multiple stakeholder groups including advocates, young people, legal, community and social services, mental health organisations and more:

- **100% agreed that alternatives to police as first responders are urgently needed for situations where a health or social response is required.**
- **100% agreed that, instead of police, first responders must be experienced and skilled in communicating and engaging with individuals in a way that minimises harm and recognises the importance of individual agency.**

This position paper, informed by broad stakeholder engagement, seeks to highlight the extent of the harm caused by current ad hoc police first responses, and explore the urgent need for, and effectiveness of, better responses in the future.

2. THE IMPERATIVE FOR ALTERNATIVE RESPONSES

Across Australia, police are often called to respond to situations that require a health or social care approach. These situations include:

- people experiencing mental ill-health
- people navigating alcohol and drug use
- people living with disability
- people experiencing domestic and family violence
- people who are experiencing homelessness
- supporting young people
- people experiencing poverty, disadvantage un/under employment
- people living with harm from systemic racism and discrimination
- over-policed communities

When looking at how police respond, it becomes clear that they do not have the appropriate organisational culture or capability to effectively provide a holistic needs-based response. Even with extra training, research demonstrates that police are still not the best fit for responding to situations that need care and de-escalation.[2] For this reason, alternative models that replace police as first responders for cases that require a health or social care response are urgently needed.

Harms and risks associated with police-led responses

Police-led responses can lead to serious harm or even death for the people interacting with them. Even when such outcomes are avoided, using police in these situations adds to the widespread criminalisation and marginalisation of already over-policed groups, including those with mental ill-health, people who are homeless, and culturally or racially marginalised communities.

International studies show that people experiencing mental health concerns are more likely than the broader population to have interactions with the police, and these interactions can exacerbate or lead to additional negative mental health impacts.[3] A 2022 RMIT University study of people who have experienced mental health-related police interventions in Australia notes that participants found the police's use of force against them and others with similar experiences 'common and distressing', and 'expressed feelings of shame, humiliation, criminalisation and dehumanisation' as well as fear of serious harm by police.[4]

People experiencing mental health crises face a significantly higher risk of serious harm or death at the hands of police. In the years 2017-2022, 43% of critical incidents (incidents involving serious injury to or death of a person interacting with police) recorded by NSW Police involved a person experiencing 'mental health crisis'.[5] Similar patterns have been noted in other states, including Victoria, where people who access mental health services are six times more likely than average to be fatally shot by police.[6]

2. The imperative for alternative responses

The impacts of a tactical police response to people with care or social support needs are exemplified in the case of Todd McKenzie, who was experiencing psychosis brought on by a change in medication when he was fatally shot by tactical police following a nine-hour standoff. An inquest into McKenzie's death found that not only were the police insufficiently trained to respond to the situation, but they were also unwilling to listen to or work with people who had experience supporting individuals during psychosis. Further, the inquest noted the police used 'inappropriate' language when communicating with McKenzie, escalating the situation, and declined offers of assistance from his family.

RMIT's report found that the harm police have caused to people in mental health crises shows that they are not able to provide the necessary care and de-escalation. The report recommends that police should not be used at all as first responders for people in psycho-social distress.[7] The continued use of police-led responses is ineffective, it criminalises and stigmatises mental health and is an inefficient use of resources that should be reinvested in community health models.

Impact on culturally and racially marginalised communities

Culturally and racially marginalised communities, and particularly First Nations communities, have long histories of over-policing, racial profiling and disproportionate incarceration at the hands of law enforcement in Australia.[8] When discussing police use of force, it is essential to consider the intersection of race and systemic discrimination in Australia. Likewise, responses to health and social needs must incorporate anti-racist principles.

Australian police have long been observed to use force disproportionately and harmfully against First Nations peoples and communities.[9] Police have also been key agents in the historical and ongoing sociopolitical trauma against First Nations communities; this, alongside other forms of institutional violence against First Nations peoples, raises deep concerns for the role of police as first responders.[10]

High and increasing rates of First Nations deaths in police custody reveal the severe harms faced by First Nations peoples in interactions with police: in the years 2022-2023, 31 First Nations people died in police custody, nearly double the 16 deaths recorded in 2021-2022.[11] Research shows that dying in custody is a major source of fear for First Nations people of Australia, especially people dealing with mental health issues. Some people who have had encounters with police say they feel 'lucky' when those encounters don't end in harm or death.[12]

RMIT REPORT

"The report recommends that police should not be used at all as first responders for people in psycho-social distress."

In 2021 Michael Peachey, a 27-year-old, Gamilaroi man, died after police tasered and pepper sprayed him. Police had been called to conduct a welfare check on Peachey, whose family and friends were aware of his mental health concerns and were worried about him. An inquest into Peachey's death found that after finding him, police responded to the situation by proceeding with a 45-minute struggle that ended in police holding Peachey in a 'dangerous' position. The inquest found that police failed to use proper equipment to monitor Peachey's health, and that they failed to take action that prioritised his health and wellbeing. Peachey's family and friends have criticised the police's use of force in what was meant to be a welfare check and have noted the difficulty they experienced accessing mental health support for him.

Policing in care settings: escalating harm and criminalisation

The harm caused by police as first responders is increasingly evident in settings intended for care and support, such as nursing homes, hospitals and schools. This is exemplified in the case of Clare Nowland, a 95-year-old woman who died after being tasered by police responding to a call from the aged care facility in which she lived. The nurse who called emergency services had requested an ambulance, not police, however, police were sent as a matter of protocol.[13] Police's actions have been criticised as dismissive of Nowland's safety, underscoring the risks of criminalising individuals rather than addressing their needs with appropriate care.

In a similar case, an 86-year-old First Nations woman in Western Australia was placed in a maximum-security prison by police for six days after she was accused of spraying her neighbour with a hose during a dispute.[15] Police were criticised for responding disproportionately to the issue, with Western Australia's Attorney-General expressing belief that this would not have happened if the woman had been white. This example further demonstrates how police involvement can escalate situations that require conflict transformation and care, rejecting solutions that work for all parties in favour of criminalisation and placing blame on one party.

This dynamic is also at play in schools. Many Australian states have a 'police in schools' program, however, there is very little research proving the benefits of increased police presence in schools.[15] Programs that formalise the presence of police in schools disproportionately target First Nations youth and their families. Calling on police to respond to issues such as student behaviour or attendance is linked to the school-to-prison pipeline, in which marginalised youths who have contact with law enforcement in school are more likely to experience prison time as adults.[16]

Australia's record of youth incarceration is a serious human rights issue attracting significant international attention; using police to respond to situations involving students which are more effectively and safely addressed by teachers and social workers exacerbates this issue.[17] Such examples highlight the damage done by normalising policing in spaces designed to ensure care and wellbeing, leading to outcomes that undermine support and exacerbate harm.

Incompatibility of the police system with appropriate responses

High profile cases, independent monitoring, advocacy and academic research have revealed serious and harmful shortcomings in police responses to people experiencing homelessness, people experiencing mental ill-health, situations involving communities that are culturally or racially marginalised and people experiencing domestic and family violence.[18] In response to this evidence, police forces across Australia have sought to provide more specialised training to the officers responding to these situations,[19] however, the success of greater training is questionable. The problems within the police force are entrenched. Police forces have developed institutional processes and cultures steeped in toxic masculinity, racism, militaristic practice, and prioritisation of punishment and force. The domino effect of these processes is that police forces are also reluctant to accept their limitations or effectively implement recommendations from identified systemic failings.

Police culture values hierarchy, power, and traditional masculinity.[20] Researchers have described a 'warrior' mindset among police in Queensland, linked to a higher tolerance for unnecessary force and greater suspicion and perception of threat from the public.[21] This mindset creates the blueprint for the framework of power and control, whilst also creating the need for a 'victim' and 'offender' – there is little room for nuance. These characteristics are not fit for purpose to respond to social and health needs and do not foster practices such as de-escalation and harm minimisation.

These cultures produce harmful and potentially lethal results when officers interact with members of the public.[22] They contribute to uses of force that disproportionately affect marginalised groups. Police in Australia have been known to engage in racial profiling,[23] discriminate against LGBTQIA+ communities,[24] and target young people, especially those from culturally or racially marginalised backgrounds.[25]

A 2022 report found that over 90% of Victoria Police's Critical Incident Response Team identified as cisgender men, raising serious issues and risks when those officers are tasked with responding to incidents of domestic and family violence.[26] Police responses do not reflect an understanding of the communities they serve, and marginalised communities often lack access to first responders who understand their experiences and specific needs.

Alternative first responders to police should be by community members and professionals who are deeply connected to and understand the communities they serve, prioritising wellbeing, care, and active community participation, rather than relying on law enforcement.

WHAT ABOUT MORE TRAINING?

"Police forces across Australia have sought to provide more specialised training to the officers...however, the success of greater training is questionable."

3. GUIDING PRINCIPLES FOR ALTERNATIVE RESPONDER MODELS

To create effective and sustainable alternatives to police responses, which prioritise community wellbeing, inclusivity, empathy and safety, it is essential that the following guiding principles be applied.

TRAUMA-AWARE CARE

Alternative response models must be embedded with the principles of trauma-aware care and practice. Service delivery must be able to recognise and acknowledge the impacts of trauma on people, triggers for people and create safety from re-traumatisation. Trauma-aware care does not cost more than standard services, reduces the use of hospitalisation, and creates better relationships between workers and consumers.

COMMUNITY CODESIGN, LEADERSHIP AND LOCALISED JUSTICE

Alternative response models must be created with active input from community members to ensure that they align with local needs and contexts and support localised justice. In short, there is no one-size-fits-all approach. This requires moving decision-making power away from traditional police forces and toward communities and care-focused organisations. The goal is not just to provide police with greater options but to ensure the response is rooted in community-driven solutions.

CULTURALLY INFORMED PRACTICES

Alternative response models must be re-structured to remove institutional barriers and the harmful impacts of unconscious bias, racism and discrimination. This involves respectful collaboration with local community members who understand how to incorporate cultural principles and practices. To ensure that cultural safety is not threatened or compromised it is essential that models include ongoing and responsive learning frameworks, and anti-racists principles.

DIVERSITY AND PEER-TO-PEER SUPPORT

Responders must reflect the diversity of the communities they serve and possess lived experiences relevant to those they are helping. This should include responders who have personal insight into the challenges faced by specific groups. Such peer-oriented structures build trust and improve the quality of care provided.

3. Guiding principles for alternative responder models

HARM MINIMISATION AND DE-ESCALATION

The guiding principle here is 'do no harm'. Responders must be trained in conflict de-escalation and harm reduction techniques, focusing on resolving situations without causing further trauma or criminalisation. This approach contrasts with police-led responses, where there is a risk of significant harm and trauma.

CROSS-SERVICE CONNECTION AND COOPERATION

Effective response relies on the collaboration between community organisations and various social services. This holistic approach draws on the strengths and expertise of different stakeholders, ensuring comprehensive support tailored to the needs of individuals and communities. This should be the framework for any government-backed initiative.

ONGOING TRAINING, EVALUATION AND ACCOUNTABILITY

Continuous training and development for first responders are crucial to ensure they remain up to date with best practices and evolving community needs, maintaining a high standard of care and safety in their responses. The same emphasis must be applied to institutional processes, with a focus on evaluation and accountability, ensuring that alternative first response models are delivered effectively and responsibly.

APPROPRIATE RESOURCING

Sustainable funding and resources are necessary for alternative response models to be successful. Alternative response models must be seen as a long-term investment and move beyond short-term pilots. This includes investment in training, community engagement, and operational support, ensuring the long-term viability and effectiveness of non-police responses.

Alternative first response models aim to achieve outcomes that connect individuals with their communities, treat people with care and respect, and recognise people as whole beings. These models empower people to make decisions that best meet their individual needs, while securing access to both short-term and long-term support that addresses all aspects of their wellbeing. At the core of these outcomes is a process and approach that rejects punishment or isolation, especially in response to failed policies addressing poverty.

4. LEADING ALTERNATIVE RESPONDER MODELS

Local communities, and particularly marginalised peoples across Australia and around the world have created their own alternative responses to health and social issues. Communities have emerged as leaders in both championing and modelling alternatives to policing, often with scarce or no resources. As noted in the guiding principle of community codesign, leadership and localised justice, communities are and should be regarded as experts, both in their own circumstances and in the most appropriate ways to address social and care issues.[27]

This is particularly important regarding responses and models developed by marginalised peoples and communities, whose alternatives have developed out of a necessity for peer-to-peer support, mutual aid and solidarity in the face of disproportionate institutional violence from police and law enforcement. Marginalised peoples are overwhelmingly excluded from the institutions and policy-making processes that develop models and set priorities for addressing the mental health and social issues that directly affect them. These alternative models are, therefore, both expert responses and expressions of autonomy and self-determination in the face of systemic discrimination. As such, community-developed models should be prioritised, privileged and learned from as best practice when developing alternative first responses to the police. The National Justice Project's recent stakeholder roundtable, which brought together numerous organisations advocating for alternative first responses to police, discussed historical and current models that have been informed by the very people they are there to support.

First Nations community responses in Australia

Collective solidarity and safety in the face of over-policing have long been central to First Nations communities across Australia. Grassroots and peer-led care programs aimed at reducing interactions with law enforcement are a cornerstone of this practice, providing culturally appropriate alternatives to policing.[28]

Alternative first responses to police in First Nations communities are diverse and reflect the needs identified by community members themselves. Common responses include:

- **Community patrol and outreach programs:** these involve community members offering support, referrals, and transportation to individuals experiencing homelessness, intoxication, or mental health issues.[29] Examples include, Murri Watch community patrols in Townsville and Mackay. Murri Watch cross-collaborate with emergency shelters and sobering-up centres across Queensland.[30] In Adelaide, Mobile Aboriginal Patrol helps First Nations individuals at risk of police interaction by connecting them with sobering-up centres, and housing and social support. In both examples, community involvement, cross-sector collaboration and robust training allows for individuals to receive immediate, short-term and long-term support. This reduces the risk of individuals interacting with police both immediately and in the future.

4. Leading alternative responder models

- **Diversionary programs:** community members who may be at risk of interacting with police are provided with support, safe spaces and referrals to avoid contact with law enforcement.

- **Culturally sensitive domestic and family violence responses:** these adopt a culturally safe approach informed by intergenerational trauma and the legacy of colonialism at the heart of violence within and against First Nations communities.

First Nations models often reject Western frameworks of criminality and punishment, instead embracing culturally grounded approaches that prioritise self-determination and contextualise issues like mental health, homelessness, substance use, violence, and conflict within intergenerational trauma and ongoing colonial violence.[31] These peer-to-peer models emphasise cultural safety, First Nations solidarity and resilience.

In 2023 and 2024, Queensland and Victoria have moved to decriminalise behaviours and remove laws that are used to disproportionately target First Nations communities.[32] As part of this process, social support programs have been established in partnership with Aboriginal Community Controlled Organisations. We see the funding of these services as a positive one and in line with best practice with our guiding principles of co-design, culturally informed practice and peer-support. These community programs have been at the forefront of alternative first response models and provide a historical blueprint for what can be achieved when community innovation is allowed to flourish with government financial support.

Drop-in centres for women, children and others experiencing domestic and family violence – counteracting policing barriers in creating safety

Policy addressing domestic and family violence in Australia tends to prioritise police as first responders and case managers, despite evidence suggesting the harmful outcomes of this practice.[33] Police culture can see officers dismissing reports of domestic and family violence as trivial or unfounded. In more severe situations, police may side with perpetrators.[34] The misidentification of victims of domestic and family violence as perpetrators by police – often due to flawed investigations and biases based on race, gender, and other factors, is a serious issue, further victimising people already experiencing significant violence.[35] Dismissive or punitive attitudes of police towards people who experience domestic and family violence, and the resulting mistrust, pose what has been called a 'possibly insurmountable' barrier to police providing adequate and effective first responses.[36]

The reasons above suggest broader problems with the reliance on police as first responders: First Nations people and people belonging to other culturally and racially marginalised communities may prefer not to engage police in situations of domestic and family violence due to their long shared history of victimisation by police, as may other groups such as LGBTIQIA+ people, people with disabilities, people who are financially vulnerable and people living in rural and remote areas.[37]

There are numerous examples of community-based programs that seek to fill the void in appropriate first response and care options, often established and run by people with lived experience of domestic and family violence.

- **Drop-in centres:** community drop-in centres respond to the needs of women, children and gender-diverse individuals in crisis through trauma-informed, person-centred and culturally safe approaches, without involving law enforcement.[38] Drop-in centres such as the First Nations women-run Mudin-Gal Women's Space, Lou's Place, Family Violence Prevention Legal Services across Australia, and the Ruah Centre for Women and Children often provide additional supports, recognising the many needs of people leaving abusive relationships. Services can include temporary shelter and housing assistance, peer-to-peer support, mental health counselling, case management and legal assistance.
- **Community medics and peer-based support:** these responses view domestic and family violence as issues rooted in broader social contexts, emphasising community responsibility to address causes, supporting survivors to heal, and helping perpetrators break cycles of violence.[39]

These examples underscore the potential of community organisations to create supportive environments for people facing violence who do not feel comfortable, safe or confident involving police.

Mental health crisis – community-based and peer-led support

There are examples in Australia of innovative peer-led services for people in need of mental health crisis support, offering an alternative to police-led responses or presenting at hospital emergency departments. In late 2020, SA Health funded the Urgent Mental Health Care Centre (UMHCC), which is modelled on local and international research into successful crisis intervention models.

The UMHCC is the result of a collaborative design process, best practice, and research, tailored to the South Australian context and consumer needs. Evolving since its opening, the service is now operational 24 hours a day, 7 days a week. The staff profile consists of 50% peer workers and 50% medical staff (clinicians, doctors, and registered nurses). People who attend the UMHCC for support are always assisted by a peer worker, with a medical professional available if needed or requested. Support services include shower facilities, food, companionship, medical support, and referrals. People using the service are referred to as 'guests' and are provided with a collaborative, recovery-focused plan to receive both short-term support and connection to long-term services.[40] The UMHCC's ethos is to create a welcoming space where everyone feels safe, accepted, while building care and connection.

Initiatives such as the UMHCC reflect the growing body of research and international best practice in supporting people during a mental health crisis. At the core of this work is a collaborative process in the design, service procedure, and execution of such support. This is in line with our guiding principles of community codesign, diversity and peer-support and cross-service connection and cooperation.

Emergency call diversion programs

The ubiquity of police as primary first responders means that most people call the police in situations where other responses are more appropriate. Some alternative first response models collaborate with government and/or emergency services to divert emergency calls that may be sent to police to programs that are less likely to cause harm.

4. Leading alternative responder models

Emergency call diversion programs are less common in Australia, however, there are several international examples which could be drawn upon to create a network in which the resources and programs that exist reach those in crises who need them.

- **Crisis Assistance Helping Out On The Streets (CAHOOTS):** The CAHOOTS Program in the city of Eugene, Oregon, USA was developed as a community-based public safety system. Calls to the city's emergency and non-emergency numbers are assessed and, if there is need of a mental health or social care response, they are diverted to the CAHOOTS team. CAHOOTS dispatches two people (one medic and one crisis worker) who are not armed and trained in conflict resolution and de-escalation, to respond. Situations include mental health emergencies, substance use, suicide risks, welfare checks, and people experiencing visible homelessness. CAHOOTS is equipped to refer and transport people to non-emergency supports, acting as a bridge between people in need and further assistance.[41]

- **Support Team Assisted Response (STAR):** The STAR program in Denver, Colorado, USA takes a similar model to CAHOOTS, working with local government and law enforcement to divert calls, and provide a 'third option' to police or hospital, when calls relate to mental health, poverty, homelessness and/or substance use that would otherwise go to police. Responding teams take a 'harm reduction, trauma-informed' philosophy, focusing on de-escalation and assistance. [42] Like CAHOOTS, STAR is also placed to refer and connect people to other community and social support services to respond to ongoing need.

- **Right Care Right Person (RCRP) Model:** The RCRP model was initiated in Northern England in response to the rising number of calls Humberside police station were receiving seeking assistance for welfare checks and/or mental health related support. Police were becoming the 'do all' service despite having a limited understanding of the complexities of mental health or the skills to prevent a situation escalating. The surge in calls was directly linked to care agencies being overwhelmed by demand and underfunded, preventing them from operating 24/7 services. A triage operating model was implemented to assess calls and the most appropriate responder was deployed. When appropriate, operational duties were given to local mental health providers who received the additional and adequate funding to support a 24/7 response service to crisis calls.[43]

These examples prove that alternative responses to police in emergency situations can be flexible, swift and effective while providing support and avoiding harm or escalation. It should be noted that the models above have been partially developed by, or work alongside, local governments and law enforcement. While there are things to learn from these examples, when designing alternative responses, the emphasis should be on de-centering police and moving away from any police involvement in situations requiring a health, social care or peer-led response.

5. POLICY RECOMMENDATIONS

Based on the research and examples outlined in this paper, the National Justice Project has developed the following policy recommendations for moving towards alternative first responses to police.

1. Challenge the status quo and re-evaluate the need for police intervention

The current default to police-first models should be reframed as one that upholds alternative first responders. Community and/or cross-sector responders should be prioritised due to their demonstrated best practice and evaluated effectiveness for harm reduction and fostering community wellbeing. This shift will require two streams:

- Policy and funding reforms that centre community and other alternate diversion response models.
- Expansion of public understanding of varied and diverse first response options that are available and are safer and more effective. This could be achieved through public information and advocacy campaigns that build awareness of the role and functions of alternative first responders to foster community buy-in and reduce ad hoc reliance on police as 'do all' service providers.

2. Prioritise community strength and resilience

Policy frameworks should prioritise fostering the resilience of communities by actively involving members in the development, operation and evaluation of alternative first response models. Communities and peers should be recognised as active and expert participants in addressing mental health and social wellbeing concerns. There should be a particular focus on the inclusion and participation of marginalised peoples and communities in these efforts. This approach could follow the example of natural disaster resilience and preparedness programs operating in rural communities, empowering local leaders, Elders, support groups and other stakeholders to take active roles in crisis response.[44]

3. Adopt a justice reinvestment strategy

Funding to expand police capabilities is instead better spent investing in community response programs. Governments should adopt a justice reinvestment strategy, allocating a portion of public safety funds traditionally spent on policing into community-based health, social and economic support initiatives that provide crisis response and foster long-term safety and resilience.

4. Greater government support, expansion of existing models and funding best practice models

Governments should recognise and make a formal commitment to supporting and expanding existing community-based alternative response programs. The commitment should extend to funding emergency call diversion programs and following international examples of best practice. The positive impact of community-based responses justifies greater government grants and funding streams to expand and develop successful programs. The integration of community-based response models into state and federal policy frameworks should not come at the expense of community ownership and participation, and the responsive and flexible nature of locally-based models should be retained.[45]

5. Long term success – invest in sustainability, impact and equity

Support for community-based response programs should go beyond the bare minimum for service delivery: governments should ensure that programs receive training, knowledge, staff and other resources so their work is sustainable, impactful and innovative. This should include greater investment in the infrastructure needed for regions or communities where there are limited to no supports, with a particular focus on remote areas. Training should be provided in various areas, including trauma-informed and person-centred care, de-escalation, cultural safety, and legal and human rights observation. Community ownership can be strengthened through the provision of capacity-building and employment to community members in various roles.[46]

Resources provided should allow the capacity to build connections as cooperation with other health and social support services, to create a holistic and integrated system in which people experiencing crisis can access ongoing support and assistance.

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End Notes

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