



ALTERNATIVE FIRST RESPONDERS

POSITION PAPER SUMMARY

February 2025

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.

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.

Always was, always will be, Aboriginal land.

Project brought to you by National Justice Project



Content Warning

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.

EXECUTIVE SUMMARY

Across conversations, research, advocacy and surveys, a clear consensus is emerging: Australia urgently needs a dedicated commitment to policy and funding for alternative first responders to police.

Despite overwhelming support from research and communities, there has been a longstanding failure to commit to alternative first-response models, along with poor funding for health, social, and community support services at all levels of government. As a result, the current first response is ineffective and fails to meet the diverse needs of the community. This default police-first response causes significant harm to individuals, their families and entire communities. The impact is profound and long-lasting.

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.

IMPERATIVE FOR ALTERNATIVE 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.

First Nations communities in Australia have always experienced a history of over-policing, racial profiling and disproportionate incarceration at the hands of law enforcement.

NSW POLICE RECORDED

43%

of incidents involving serious injury or death

of a person interacting with police involved a person experiencing 'mental health crisis'.



The response provided by police cannot be rectified with extra training, organisational or cultural change, a holistic needs-base response from police is not attainable. Even with extra training, research demonstrates that police are still not the best fit for responding to situations that need care and de-escalation. In cases that require a health or social care response, alternative models that replace police as first responders, are urgently needed.

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"

The effects of police-first responses are felt across the full spectrum of life. Whether for young people to older residents – incidents of harm are occurring – and would have been preventable if an alternative first response was accessible. There is an urgent need to redirect responses to skilled professionals who are trained in care, de-escalation, can provide greater linear support and understand the needs of their own communities.



Police first responses in schools disproportionately target marginalised youth and increase their chances of experiencing prison time as adults.

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GUIDING PRINCIPLES FOR ALTERNATIVE FIRST 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

- 1 **TRAUMA-AWARE CARE**
- 2 **CULTURALLY INFORMED PRACTICES**
- 3 **COMMUNITY CODESIGN, LEADERSHIP, LOCALISED JUSTICE**
- 4 **HARM MINIMISATION AND DE-ESCALATION**
- 5 **ONGOING TRAINING, EVALUATION AND ACCOUNTABILITY**
- 6 **DIVERSITY AND PEER-TO-PEER SUPPORT**
- 7 **CROSS-SERVICES CONNECTION AND COOPERATION**
- 8 **APPROPRIATE RESOURCING**

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.

Community patrol and outreach programs	Drop-in centres and peer-based support for domestic and family violence	Mental health and 24/7 community-based support
<p>Community-controlled programs are governed by community members and provide support, referrals, and transportation to individuals experiencing homelessness, intoxication, or mental health needs. These programs often collaborate with services that offer immediate and practical assistance, such as emergency shelters and sobering-up centres.</p> <p>They also carry the responsibility of employing workers who have received robust training in care, cultural safety, harm minimisation, and de-escalation.</p> <p>Operating in a non-criminalised setting allows people to access holistic, long-term support, which reduces the risk of interaction with police – both immediately and in the future.</p>	<p>Community-based programs and drop-in centres offer vital support for people experiencing violence who don't feel safe or confident involving police. For many, this stems from police victimisation, misidentification, and punitive or dismissive responses to domestic and family violence. These experiences create significant barriers to police being an effective or adequate first response. Drop-in centres recognise the urgent and complex needs of those leaving abuse – offering shelter, peer support, counselling, case management, and legal help.</p> <p>Other responses – like community medics and peer networks – emphasise community accountability, support survivor healing, and work with perpetrators to break cycles of violence</p>	<p>There are some innovative peer-led services in Australia offering alternatives to police and emergency departments for mental health crises. In South Australia, the Urgent Mental Health Care Centre (UMHCC) is one such model, co-designed through a collaborative process informed by best practice, research, and the specific needs of South Australians. Operating 24/7, the UMHCC provides a safe, welcoming space where every guest is supported by a peer worker, with clinical staff available if needed. Services include showers, food, companionship, medical care, and referrals. Guests receive recovery-focused plans linking them to immediate and long-term supports.</p> <p>This person-centred approach helps reduce police involvement and the risk of punitive responses during crises.</p>

RESPONDERS MUST REFLECT THE DIVERSITY OF THE COMMUNITIES THEY SERVE.

Alternative response models must be restructured to remove institutional barriers and the harmful impacts of unconscious bias, racism and discrimination.

LEADING ALTERNATIVE RESPONDER MODELS

The creation, trialling and desire for alternative first responses are not a new phenomenon in Australia and has been well-funded in other countries globally. Alternative first responses are often created out of necessity and desire to address and social and health concerns, by and for communities. This is usually in the context of solidarity in the face of disproportionate institutional violence, exclusions from policy-making processes and ongoing systemic marginalisation.

This is why communities are and should be regarded as experts, both in their own circumstances and in the most appropriate ways to first respond to social and care needs. Examples of community-developed and led models should be prioritised, privileged and learned from as best practice. At the heart of all models is the need move away from one-size-fits-all solutions and have responses be as diverse as the communities they seek to reflect and serve.

WHEN PEOPLE CALL 000 - DIVERSIONARY PROGRAMS

The ubiquity of police as primary first responders means many people call them even when other responses would be more appropriate. Some alternative first response models work in partnership with government and emergency services to divert certain emergency calls away from police and toward programs that are less likely to cause harm. While emergency call diversion programs are less common in Australia, several international examples could inform the creation of a network that helps existing resources and programs reach people in crisis.

Crisis Assistance Helping Out On The Streets (CAHOOTS)

CAHOOTS program, based in Eugene, Oregon, USA is 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 nonemergency supports, acting as a bridge between people in need and further assistance.

Support Team Assisted Response (STAR)

The STAR program in Denver, Colorado, follows a model similar to CAHOOTS, working with local government and law enforcement to divert calls and offer a 'third option', beyond police or hospitals for situations involving mental health, poverty, homelessness, or substance use. Responding teams take a 'harm reduction, trauma informed' philosophy, focusing on de-escalation and assistance. Like CAHOOTS, STAR also connects people with community and social services to address ongoing needs.

These examples show that alternative emergency responses can be flexible, effective, and supportive - avoiding harm and escalation. Police do not need to be at the centre or involved in a first response where priority should be given to a health, social care or peer-lead response.

POLICY RECOMMENDATIONS

The National Justice Project has developed the following policy recommendations for moving towards alternative first responses to police.

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

Policy and funding reforms that centre community and other alternate diversion response models.

Prioritise community strength and resilience

Communities and peers should be recognised as experts in addressing health and social wellbeing, with a focus on supporting marginalised groups.

Adopt a justice reinvestment strategy

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.

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.

Long term success – invest in sustainability, impact and equity

Support for community-based response programs must go beyond basic service delivery, with proper training, staffing, and resources to ensure sustainability and impact. Greater investment is needed, especially in infrastructure for remote or underserved areas.