

RACGP supplementary submission

Inquiry into Australia's youth justice and incarceration system

December 2025



Contents

Introduction.....	2
Summary of previous submission	3
Summary of the evidence – a health first approach to supporting children at risk of criminalisation.....	4
Response to the Terms of Reference.....	4
(a) outcomes and impacts of youth incarceration in jurisdictions across Australia.....	4
(b) over-incarceration of First Nations children.....	5
(c) degree of compliance and non-compliance by state, territory and federal prisons and detention centres with the human rights of children and young people in detention.....	6
(d) Commonwealth's international obligations in regards to youth justice including the rights of the child, freedom from torture and civil rights	6
(e) benefits and need for enforceable national minimum standards for youth justice consistent with our international obligations	6
(f) any related matters.....	7
Conclusion.....	8
References	8

Introduction

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a supplementary submission to the Inquiry into Australia's youth justice and incarceration system. This submission builds on our [October 2024 contribution](#) (Submission 12), which called for a health first approach to supporting young people who are at risk of contact with the youth justice system. This supplementary submission aims to reinforce our position and provide additional context in response to the Inquiry's Terms of Reference.

As Australia's largest and most established general practice college with more than 50,000 members practising in communities across Australia, the RACGP understands what supports health and wellbeing. The RACGP strongly supports reforms that align with evidence-based health principles and international human rights standards, as outlined in our October 2024 submission and our [Raise the Age Position Statement](#) (published March 2025).

The RACGP welcomes the fact that the referral from the Senate includes a requirement for the committee to seek evidence of effective alternative approaches to the incarceration of young people, including diversionary programs. Supporting proven, community led programs that meet the health needs of young people who are at risk of incarceration and prevent their contact with the youth justice system, have been shown to protect children's futures, make communities safer and save governments significant amounts of money. A supplementary report to the *Help Way Earlier!* Report outlines evidence-based initiatives to prevent and respond to crime by children.¹

Early intervention, diversion and joined-up services work.^{2,3,4,5,6,7} They are particularly effective for diversion of young people⁸ and for young Aboriginal and Torres Strait Islander people where is it community led.⁹

The Maranguka Justice Reinvestment Project¹⁰ showed that sustainable outcomes and savings can be achieved through diversionary and community development initiatives. Outcomes included:

- 38 per cent reduction in charges across the top five juvenile offence categories
- 31 per cent increase in year 12 student retention rates
- 23 per cent reduction in police recorded incidences of family violence
- Gross impact of \$3.1 million, with operational costs of \$600,000 demonstrating positive economic impacts at five times greater than operational costs.

As a nation we must look after children who experience the impacts of trauma and deep disadvantage. As outlined in our previous submission, incarcerating children harms them and their communities. It is also very expensive and does not reduce rates of crime. Over 220 submissions and testimonies from 40 witnesses that informed the interim report of the first Senate Inquiry into Youth Justice highlighted these harms of youth incarceration.

Protecting children's rights must be paramount in any policy developed by federal or state and territory governments, including protecting their right to health. Australia ratified the Convention on the Rights of the Child 35 years ago in December 1990. This means that Australia has a duty to ensure that all children in Australia enjoy the rights that are set out in the treaty. When it comes to youth justice, we are not honouring these commitments to our children.

Any policy that does not follow the clear evidence of what works for children and communities must be interrogated for its underlying aims. Punitive criminal justice responses are driven by policy phases in which the issue of youth crime is politicised when parties deem this to be to their electoral advantage.¹¹ These actions are in direct conflict with UN conventions and government closing the gap commitments to reduce over-representation of young Aboriginal and Torres Strait Islander people in incarceration.¹²

Compassionate approaches are associated with far lower youth justice problems, and with safer communities.¹³ And they honour the rights of children under the [United Nations Convention on the Rights of the Child](#). For example:

Article 23: Children who have any kind of disability should receive special care and support so that they can live a full and independent life

Article 24: Children have the right to good quality health care, clean water, nutritious food and a clean environment so that they will stay healthy

Article 28: Every child has the right to an education

Article 30: Every Indigenous child or child from a minority has the right to enjoy their own culture, religion and language

Article 31: Children have the right to relax, play and to join in a wide range of leisure activities

Article 36: Children should be protected from any activities that could harm their development

Article 39: Children who have been neglected or abused should receive special help to restore their self-respect

This renewed Senate inquiry provides an important opportunity for the Federal Government to also focus on structural issues behind the over-incarceration of Aboriginal and Torres Strait Islander children and to focus on children's rights and state and territory compliance with Australia's human rights and Closing the Gap obligations. The need for national leadership in driving evidence based approaches, including trauma informed healthcare and community led diversion programs, is stark.

Summary of previous submission

In our October 2024 submission, RACGP recommended:

- Implementing the 24 recommendations provided in the [Help Way Earlier](#) report as a matter of priority. This report provides key evidence-based actions for reform of child justice systems.
- Raising the age of criminal responsibility to 14 years across all jurisdictions.
- Piloting alternative, therapeutic models of custody for young people.
- Ensuring healthcare in youth justice settings is managed by Health Ministries and accredited against the RACGP's [Standards for health services in Australian prisons \(2nd edition\)](#).
- Improving early intervention and support for children with neurodevelopmental disorders, particularly Attention Deficit Hyperactivity Disorder (ADHD) and Fetal Alcohol Spectrum Disorder (FASD).
- Reducing the over-incarceration of Aboriginal and Torres Strait Islander children and ensuring Australia's practices align with international human rights obligations.

This is a high-level summary, the RACGP's [October 2024 submission](#) includes additional detail on our response to the Inquiry into Australia's youth justice and incarceration system.

Summary of the evidence – a health first approach to supporting children at risk of criminalisation

- Children's brains are still developing through their adolescent years.¹⁴
- Many young people at risk of incarceration experience significant health issues, including in physical, psychological and behavioural health, and so need holistic healthcare and wrap around support.¹⁵
- Adversities such as social disadvantage, traumatic experiences, substance use, and mental illness are common precursors to incarceration of young people.¹⁶
- Adverse childhood experiences may result in childhood trauma which can result in a discrepancy between chronological age and developmental age of a child.¹⁷
- Adverse childhood events are highly prevalent among children who engage in behaviours that constitute offending.¹⁸
- Developmental trauma can result in structural abnormalities in the limbic system, impacting a child's ability to reason, to regulate stress and to control their emotions and impulses.¹⁹
- Raising the age of criminal responsibility provides an opportunity to respond to children at risk outside of the justice system in ways that can reduce future criminalisation and risk of harm to the community.²⁰
- Non-punitive responses to children who offend reduce future recidivism and conversely, more punitive responses to children who offend result in greater levels of criminality.²¹
- Programs for young people that involve rehabilitation rather than incarceration and punishment work. They have been shown to lower rates of recidivism.^{22, 23, 24, 25}
- Youth justice is expensive – most of each youth justice agency's costs are associated with detention-based services.²⁶ Just as one example, in South Australia it costs \$3827 a day, or \$1.4 million per child a year to keep a child in detention.²⁷ And nationally, over \$1 million per year per child.²⁸
- Claims that diversionary practice are soft options that drive up crime are unfounded.²⁹
- Children in prison are less likely to complete school, to complete further education and training, or to gain employment.³⁰
- When children enter the justice system, they are highly likely to return as adults and contact with the criminal justice system aggravates existing health issues and increases the chances of incarceration over the life course.^{31, 32, 33, 34}
- Commissions in the Northern Territory and Tasmania indicated that current practice in youth detention centres is often in direct violation of children's rights.³⁵
- Policies to lower the age of criminal responsibility go against the UN Convention on the Rights of the Child, which Australia signed up to in 1990.³⁶

Response to the Terms of Reference

(a) outcomes and impacts of youth incarceration in jurisdictions across Australia

Any arguments that incarceration offers a diversion for the young person have been debunked by enquiries such as the [Royal Commission into the Protection and Detention of Children in the Northern Territory](#) which clearly shows the ineffectiveness of incarceration as a means of rehabilitation for young people. As pointed out by Australian Commissioners Natalie Siegel-Brown and Selwyn Button, locking up more children actually increases youth crime.³⁷

Australia's current youth justice system is failing to achieve rehabilitation or reduce reoffending. Incarcerating children and young people, many of whom lack the developmental capacity to fully comprehend the gravity of their behaviour, does not change behaviour. Evidence, including the Australian Institute of Criminology's own findings, shows that incarceration increases the likelihood of recidivism rather than reducing it.³⁸ The most recent Australian Institute of Health and Welfare (AIHW) figures found that 85 per cent of 10-12 year olds given a custodial sentence received another sentence within 12 months of their release, as opposed to 57 per cent of those given community-based supervision.³⁹ The University of Oxford analysed data from 33 countries and found that people given custodial sentences were more likely to reoffend than those given community sentences.⁴⁰

The RACGP accepts that incarceration may sometimes be necessary for people who commit serious crimes to support broader community safety. However, approaches that are purely punitive result in increased contact with the justice system over the long term and fail to protect the health and wellbeing of the young person, or enable them to develop and contribute to their communities, and are also likely to fail to meet the needs of the broader community.⁴¹ If young people are detained as a last resort, this period should represent an opportunity for intensive engagement and rehabilitation. However, the system has been unable to deliver on this objective for many years.

The AIHW has found that 72% of young people in detention on an average night in the June quarter 2025 were unsentenced.⁴² Any period of time in incarceration and disconnected from family and support services is harmful to children. A Victorian report from 2010 found that children who are vulnerable are highly overrepresented among those on remand and in sentenced detention. Children's levels of disadvantage also had more impact on their likelihood of being remanded than the offence or their history of offending. The same report found that all 27 children first remanded at 10 to 12 years old in the study period were involved in the child protection system.⁴³ These statistics won't change until health first approaches to supporting these vulnerable young people are prioritised.

Youth justice centres across most jurisdictions are often under-resourced and staffed by inexperienced workers. As a result, young people are often confined for extended periods, and staff are unable to effectively manage challenging behaviours. The work is challenging, with incidents of staff assaults not uncommon. This contributes to a cycle of high turnover, characterised by frequent resignations and ongoing recruitment challenges. Consequently, opportunities for rehabilitation are limited. Young people also often miss necessary health appointments.

The overrepresentation of young people with neurodevelopmental disorders, particularly Attention Deficit Hyperactivity Disorder (ADHD) and Fetal Alcohol Spectrum Disorder (FASD), in the youth justice system is of significant concern. Often incarceration can delay the opportunities for effective diagnosis and management of ADHD or FASD. Many incarcerated youth struggle with impulse control issues related to neurodevelopmental disorders, which can contribute to their involvement in criminal behaviour and subsequent incarceration. This highlights a crucial gap in early intervention and support services. A report from Deloitte estimates that the total cost of crime due to ADHD, including the cost to the justice system, was \$307 million in 2019.⁴⁴

Too often children who have experienced multiple disadvantages and trauma are pushed down a path, by policy decisions and systems, into the criminal justice system. Experiences of abuse and neglect, out-of-home care, domestic violence, social and educational exclusion, homelessness, physical and mental health, or impaired cognitive development should lead to intensive trauma informed support for these children. A low age of criminal responsibility results in punitive measures which compound trauma and reduce the opportunity for achieving wellbeing.⁴⁵ These are children powerless to alter most factors that propel them further into the system.⁴⁶

Criminal justice responses to offending increase government costs, with the costs of detention particularly high.⁴⁷ Despite this we see numerous state and territory governments invoking policies and legislative changes that are expensive and ineffective.

The RACGP restates our commitment to Raise the Age, urging governments to take a health first approach, increasing the minimum age of criminal responsibility to 14 years across all jurisdictions. Raising the age of criminal responsibility will reduce the number of children who are criminalised and detained in custody and provide opportunities for children who have experienced multiple and chronic adverse events to access the support they need. Punitive criminal justice responses are driven by policy phases in which the issue of youth crime is politicised when parties deem this to be to their electoral advantage. These actions are in direct conflict with government closing the gap commitments to reduce over-representation of young Aboriginal and Torres Strait Islander people in incarceration.⁴⁸

(b) over-incarceration of First Nations children

Aboriginal and Torres Strait Islander young people are grossly over-represented in the youth justice system, particularly during the younger ages, which in turn intensifies over-representation in adult prisons. Sixty three percent of young people aged 10-17 in custody are Aboriginal and/or Torres Strait Islander people, and they experience incarceration at relatively younger ages than non-Indigenous children.⁴⁹

Aboriginal and Torres Strait Islander young people have been subjected to a disproportionate level of punishment due to the impacts of colonisation and racism in health and justice systems, as well as a failure to recognise or support their complex health and social needs.⁵⁰ They experience ongoing and compounded impacts of intergenerational trauma and direct trauma as a result of colonisation and racism.⁵¹ These can include disconnection from family and kinship systems, Country, spirituality and cultural practices, and the loss of parenting practices.⁵²

High rates of systemic injustice, poverty, trauma, grief and disconnection from support networks through incarceration compounds the trauma experienced by these children. A disproportionate level of punishment has also been demonstrated against Aboriginal and Torres Strait Islander young people due to the impacts of racism in health and justice systems.

In QLD and the NT over 90% of people under justice supervision between the ages of 10 and 14 are Aboriginal or Torres Strait Islander children.⁵³

Removing children from their communities perpetuates intergenerational trauma and undermines cultural identity. These circumstances are well-recognised, and children at risk can often be identified from a very early age. Once they enter the justice system, engagement becomes significantly more difficult, yet this can be avoided. A more effective approach requires early intervention and stronger collaboration between communities and government agencies, including health, justice, education, and social services. The focus must be on ensuring that children are appropriately cared for within their communities, have access to quality education, and are engaged in positive activities. Importantly, health and justice solutions in Aboriginal and Torres Strait Islander communities must be community-led to ensure cultural appropriateness and long-term success.

The SNAICC [Family Matters report](#) is an annual publication that tracks progress towards ensuring Aboriginal and Torres Strait Islander children grow up safe, cared for and connected to their families, cultures and communities. The 2025 report again highlights the urgent need for holistic, culturally safe support services long before children come in contact with child protection services, which are often a precursor to contact with youth justice. We urge the inquiry to carefully review the recommendations in the Family Matters report to understand what works for Aboriginal and Torres Strait Islander children and families.⁵⁴

The RACGP's October 2024 submission includes further information, refer to the sections 'The over-incarceration of Aboriginal and Torres Strait Islander children' and 'Healthcare in custodial settings – a focus on supporting young Aboriginal and Torres Strait Islander people'.

(c) degree of compliance and non-compliance by state, territory and federal prisons and detention centres with the human rights of children and young people in detention

Current youth justice centres are typically unable to comply with the human rights of the children and are failing, as outlined under (a) and (d). The system cannot sustain its current state, yet many states and territories continue to commit to incarcerating more young people, an approach that will only exacerbate existing problems. Incarceration should remain a measure of last resort, with a significant emphasis on rehabilitation and reintegration rather than punitive responses.

(d) Commonwealth's international obligations in regards to youth justice including the rights of the child, freedom from torture and civil rights

Australia's current approach to youth justice breaches Australia's international obligations under numerous conventions, including the [United Nations Convention on the Rights of the Child](#) (such as Articles 9, 20, 24, 25, 27, 36, 37, and 39).

The RACGP joins many health and justice organisations in support of Australia's most vulnerable children at risk of incarceration. The most common minimum age of criminal responsibility internationally is 14 years. Any arguments that lowering the age of criminal responsibility offers a diversion for the young person have been debunked by enquiries such as the [Royal Commission into the Protection and Detention of Children in the Northern Territory](#) which clearly shows the ineffectiveness of incarceration as a means of rehabilitation for young people.⁵⁵

(e) benefits and need for enforceable national minimum standards for youth justice consistent with our international obligations

The absence of enforceable standards results in inconsistent care and rights protections across jurisdictions. Without national minimum standards, health, and wellbeing outcomes for young people in the youth justice system remain highly variable and often inadequate. Health Ministries should provide and be accountable for health care services in youth justice and advocate health youth justice conditions (rather than Ministries of Justice or Human Services) as per World Health Organization recommendations.⁵⁶

The RACGP also recommends:

1. Ensure that health facilities where children and adolescents are imprisoned are accredited against the RACGP's [Standards for health services in Australian prisons \(2nd edition\)](#)

2. Holistic assessments of all children in custody, including comprehensive neurodevelopmental and mental health evaluations.
3. Training for youth justice staff on recognising and appropriately responding to behaviours associated with ADHD and other neurodevelopmental disorders.
4. Enforceable national minimum standards should include mandatory screening for neurodevelopmental disorders like ADHD upon entry into the youth justice system, as well as ongoing access to specialist care and support services.
5. Implementation of evidence-based interventions for managing ADHD within youth detention facilities, including both pharmacological and non-pharmacological approaches.

(f) any related matters

The RACGP is a member of the [Thriving Kids](#) advisory group and has also made submissions to the Department of Social Services (DSS) [‘A new approach to programs for families and children.’](#)

Relevant case studies from the Thriving Kids inquiry should inform policy about a health first approach to supporting children and young people.

In the DSS ‘new approach to programs for families and children’ we welcome the ongoing focus on moving towards early identification and support of families at risk of child protection involvement. We are concerned about policies that may conflict with the aims of the program, including state and territory government policies that take a ‘tough on crime’ approach. Implementing trauma-informed approaches which can inform systemic responses that are individualised and recognise the relevance of trauma for children at risk of contact with child protection or youth justice are important.⁵⁷ A whole system approach is needed, with cross-cutting policy portfolios, prioritising the health and wellbeing needs of children and their families.

The 2021 Census showed that one-third (33.1%) of all Aboriginal and Torres Strait Islander people were under 15. This highlights the importance of supporting Aboriginal and Torres Strait Islander young people to thrive.⁵⁸

As stated by Catherine Liddle, Chair of SNAICC - the national voice for Aboriginal and Torres Strait Islander children, in her address to the Thriving Kids inquiry:

“You’d know already, I’m sure, that Aboriginal and Torres Strait Islander children are disproportionately represented in the rates of vulnerability and disability. But we see this moment as our opportunity to reverse that and that Aboriginal and Torres Strait Islander children might be, for the first time, disproportionately helped by a reform like this one.

What we know is that our children too often enter our school systems with undetected or misidentified developmental challenges and vulnerabilities. Those vulnerabilities persist throughout their lives. We know all too well that, if children start school with a learning gap, that gap gets bigger throughout their entire life journey.

We also know that often the first time our children are picked up as needing a little bit of extra support is when they hit the juvenile justice system. We know that often our families don’t look for support because of the intersection with the child protection system. We know that they are misrepresented, we know that they are overanalysed, we know that they suffer from oversurveillance, and we know that those things that could have been solved in early childhood are often disregarded and left in tatters.

We know that it is shameful that, in Australia—if we use the Northern Territory, for example—in 2021, 77 per cent of the children in juvenile detention had need for cognitive or developmental supports. None of them had been identified as needing those supports despite having contact with several systems by the time they hit the child protection system, and there they are, locked up in cells.

The Thriving Kids initiative, we think, will change this, because it doesn’t have to look like this. We know that the Thriving Kids initiative has the opportunity to work through shared decision-making and in partnership with us and our communities to address these failures. It is an incredible opportunity to build on the strengths of the national agreement—that agreement that roots program design and policy design and shared decision-making that listens to the voices of the communities and families on the ground. We know that it has incredible architecture to support it, which includes things like the early

childhood policy partnership, which brings together Health and Gayaa Dhuwi and FPDN and it brings together all the peak bodies that are responsible for looking after children.”

Conclusion

The RACGP reiterates that protecting children's rights and investing in health and wellbeing of children and families are paramount. Australia's current approach fails to reduce offending and causes significant harm. It perpetuates cycles of disadvantage, disproportionately impacts Aboriginal and Torres Strait Islander children, and breaches international human rights obligations. A health first, rights-based framework is essential to achieve better outcomes for young people and communities. This includes prioritising prevention and early intervention, ensuring continuity of care, and embedding culturally safe, community-driven solutions.

Thank you again for the opportunity to provide this supplementary submission to this important inquiry. For any queries, please contact qualitycare@racgp.org.au

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