

Introduction

This submission does not seek to go over the same ground as a large number of excellent extracts received by the Select Committee. Indeed, it is a matter for the Select Committee if this submission falls within the terms of reference of the inquiry.

The Tennant Creek sittings of the Select Committee heard there are currently 26 people in the Northern Territory officially diagnosed with Foetal Alcohol Spectrum Disorder (FASD). The actual number may be much higher; diagnosis is a difficult and lengthy process.

From its experiences, Barkly Youth Services knows it is extremely difficult to determine differences between FASD, acquired brain injury (ABI) or even autism spectrum disorders (ASD). However, all three have something in common apart from indicators – there are few places in the Northern Territory that offer appropriate care facilities.

The recent media spotlight on Rosie Ann Fulton highlights the dilemma faced by governments in providing appropriate care for people with FASD, ABI or ASD. As more people are diagnosed, the pressure on governments to provide appropriate care will mount.

While few will argue that families need to be a part of that care, very few families have the education, knowledge or even the ability to provide that care. This submission seeks to provide some suggestions around possible care alternatives.

Case study – participant H

H is a 16-year-old male who was referred to Barkly Youth Services' Youth Diversion program in 2013 after an alcohol-related incident. He performed exceptionally on diversion and completed his program in two months; he found two jobs in that time – both of which he still holds – and found his own accommodation. He has not touched alcohol since the incident.

H was on medication for Asperger Disorder at the time of his referral but observations by BYS indicated that medication may not have been effective. He was referred to a child psychologist and had a change of medication but still exhibits behaviours that concern BYS staff.

In fact, there is debate between staff as to whether H has been correctly diagnosed. He may have High Functioning Autism; He may have an acquired brain injury or he may even have FASD. He exhibits indicators of all three; he requires ongoing counselling in an area where mental health services for under 18-year-olds is almost non-existent.

H requires a high level of after care. BYS provides limited services as it is not funded to provide that care but there are no other options for him in the region. That support will be needed by H well into his adulthood; without it, BYS believes it is only a matter of time before he falls off the edge again.

Background

In 2011, staff of Barkly Youth Services were working for another service organisation at Tennant Creek. That organisation was contracted by the Federal Government to provide Language, Literacy and Numeracy (LLNP), Youth Connections (YC), Disability Employment Services (DES) and had one of the three pilot programs nationally focusing on strategies to reduce volatile substance abuse (RSA).

With the help of Anyinginyi FASD Coordinator Adele Gibson, screening was undertaken on the majority of participants in those programs. The Canadian Medical Association's guidelines for FASD diagnosis released in 2005 were used during the screening; it should be noted that the screening was incomplete as neither a physician nor a speech pathologist was available, as required for proper diagnosis.

Results of those screenings were presented in a submission to the House of Representatives Standing Committee Inquiry into Foetal Alcohol Spectrum Disorders in 2012; in summary, a total of 220 participants were screened and just over 70 per cent exhibited one or more indicators of FASD.

The majority of those who exhibited indicators were volatile substance abusers, while many others were LLN participants. The danger in the findings was extrapolation of the figures; there is no suggestion that the figures were representative of the Barkly population in general as the programs offered by the organisation would be expected to attract case loads of people who met indicator criteria.

Of interest, many of those on the RSA program in 2011 who exhibited FASD indicators remain volatile substance abusers. Some of them are chronic abusers – at least three times a week – though none are viewed by BYS as facilitators or “boss” sniffers, those who procure the substances and induct others into the habit.

Almost all those screened as having indicators in that 2011 study had some level of involvements with police and the courts and almost all have been recidivist during the past three years. Of those on BYS programs in the 12 months to June 30 2014 who reoffended during that time, all exhibited FASD indicators.

However, several others on the program – some of which were considered at higher risk than those who reoffended – maintained good habits during the period. This can be viewed as the result of continuity of involvement and intensive case management and support, which will be covered later in this submission.

What the screenings did show was that the risks may well be higher in the Barkly region due to its demographics. Former Labor Minister Kon Vatskalis coined the phrase the Mulga Curtain to describe it; perhaps that tag is apt.

Behind the Mulga Curtain

The Barkly region covers 293 606 square kilometers, or 21 per cent of the Northern Territory land mass. It covers the Barkly Tablelands, MacArthur River Basin, Alpurrurulam, Elliott, Alekerange, Borroloola, the Tennant Creek township and outstations. The main centre of Tennant Creek is 500km north of Alice Springs and 1000km south of Darwin.

Despite its size, the Barkly region is home to approximately 7900 people in total or just three per cent of the Territory population. Population centres are far flung, with more than 60 per cent of the total population living at either Tennant Creek or Borroloola.

Young people (0-34 years) account for nearly 60 per cent of the population in the Northern Territory, with a significantly higher rate of younger people in the Barkly. Australian Bureau of Statistics figures show the Barkly region has highest population of young people (aged under 25 years of age) per capita in Australia and it is envisaged that these numbers will double in the next five to 10 years.

Young people in towns and communities are most vulnerable of higher risk due to following social issues including:

- Lack of access to education, training and transitioning to employment and further training;
- Alcohol and other substance abuse, including volatile substances and petrol sniffing;
- Overcrowded and unaffordable housing, homelessness or at risk of homelessness;
- Over-involvement in the youth justice and criminal justice system; and
- Mental health, grief intercession needs and issues and suicide ideology.

Mental health disorders, alcohol and other drug use, volatile substance abuse/misuse, limited access to health services, sexually transmitted diseases, teenage pregnancy,

Case study – F

F is a 17-year-old male referred to BYS in 2013 on the Diversion program. Despite intensive case management over a five-month period, he failed his diversion and has subsequently re-offended.

F has been known to BYS staff for almost five years due to his chronic volatile substance abuse. His substance of choice was petrol but this year, he spiralled out of control on butane. All of his offending has been either under the influence of a substance or attempting to procure it. He associates only with known chronic abusers.

BYS became concerned about his behaviours when he switched to butane. He knew the risks but no longer cared; his mental and physical disintegration was disturbing. BYS attempted to arrange counselling for him but despite getting a court order for that to happen in May, it still hasn't happened.

F is now in a rehabilitation facility but has run away from there. He is back in that facility but continues to have major issues.

unemployment, homelessness and youth justice involvement are some of the key issues facing young people in Tennant Creek and the Barkly region.

The region has the highest rates of illicit drug use and of homelessness in Australia, while young people represent 40 per cent of all clients accessing mental health services in the Northern Territory. Between 1999 and 2003, the suicide rate in the Northern Territory was 77 per cent above the national average. Suicide rate for young people aged 15-24 between 1996 and 2003 was also the highest rate for all jurisdictions and 2.5 times the national average.

Lack of engagement with education remains a major issue for young people in the Barkly. A census undertaken by the NT Education Department in 2012 allegedly showed fewer than half of school-aged children (2700 in total) were enrolled with schools (1300). Attendance rates, particularly in remote schools, are also anecdotally significantly lower than the Territory average.

A contributory factor to this may be the transient nature of many people, particularly in remote communities. Tennant Creek has the only store that resembles a supermarket in the region; it also has the only butcher, hospital and specialised stores. Many people come to Tennant for shopping, courts, hospital, football or major events such as the Show or royalty payments; at those times, houses particularly in town camps become highly overcrowded and levels of anti-social behaviour rises significantly.

At the time of writing, there are also few real employment opportunities. Government, shire councils, Aboriginal corporations and cattle stations are the major employers, with some mining jobs in the Borroloola region and service positions in Tennant Creek and Borroloola. In both centres, however, government positions are increasingly held by dido (drive in, drive out) staff from Alice Springs and Katherine. Most employees at Xstrata's McArthur River project are fifo staff from Darwin and Cairns.

Into the future, mining and transport will become the major employers in the region. Two large mining operations began near Borroloola and Mataranka in late 2013, while exploration continues into major gold and copper deposits near Tennant Creek. Major phosphate, oil and gas resources are expected to be tapped within a decade, while the current NT Government appears committed to the long promised Mount Isa to Tennant Creek rail link which could see a major freight hub established north of the town.

Low education and training levels for many young people in the region will be a major impediment to them taking advantage of opportunities in the future, however. Apart from school of the air on stations, there are no alternative learning facilities available in the region. Training tends to be ad hoc and scatter gun; very little of it is planned or employment focused, while many of those currently unemployed are genuinely work ready.

Provision of youth services in the region has, for several years, been provided on an ad hoc basis. There is no "peak body" for youth in the region or the

Territory for that matter; services have been provided by a range of agencies but none that cover the entire region. Most government services for young people are visiting services and difficult to access.

Case study – E

E is a 15-year-old male who was referred to the BYS at risk program in 2013. He had been known to staff for more than a decade; he is diagnosed as FASD.

E has had constant disruptions in his life. In the past five years, he has been sent to rehabilitation, out of home care elsewhere, foster care, been passed around different family members and incarcerated.

He has significant VSA issues but never as a leader. He has a long list of offending, always in company. He is highly likeable and non violent but simply does not understand right from wrong.

E does not have family with the capacity to support him. He was released from Don Dale last month; his current whereabouts are unknown to our organisation because we were not involved in his after care planning.

That is despite staff visiting him in juvenile detention at least monthly during his incarceration. He had no other visits by anyone and was case managed by phone from Alice Springs.

BYS believes E will require ongoing support well into adulthood. Without support that is not simply a band-aid, the cost of that will continue to rise.

Few of those organisations offer continuity of staff or services. Most service providers have high staff turnovers which impedes service delivery on key programs. Cyclical changing of those programs also has a negative effect on the young people and their families.

The quarterly crime statistics for Tennant Creek always make interesting reading. For the year to June 30, 2013, there were 17 sexual assaults. Across the rest of the Territory, there were 58. The Barkly has three per cent of the Territory's population.

There were 382 assaults here in the first six months of 2013 which can be read as one for every 10 people. In the rest of the Territory, the average was around one in every 206 people.

In the first six months of 2013, assaults rose to 382 from 230 for the same period in 2012. In the June quarter 2013, property offences rose to 206 from 86 the previous year. Overall, property offences rose 10 per cent for the year.

In 2013, more than a third of the Territory's reported sexual assaults were committed at Tennant Creek.

You can throw stones at police and say they are not doing their job. Or you can look at their arrest rates and clean-up rates and wonder what police in the rest of the Territory are doing. The figures have improved in 2014 but there is still a long way to go.

How much does it cost the Northern Territory and Federal governments to address youth offending in the Barkly? In dollar terms alone, look at school disruption, police time, court time, travel for offenders and families, incarceration, out of home care or rehabilitation, bureaucrats in other

departments, travel for them, vehicles and other services.

Conservatively, each young person who falls off the edge in the Barkly costs the government on average around \$500,000. And the numbers are growing every year and will continue to do so while support services remain non-existent.

How much will it cost?

NT Corrections' annual report says that this year, there will be an average of 75 youth detained in the Territory every day. That's almost double the number of two years ago and four years ago, there were 28.

Corrections estimates this year, they will need 90 peak beds. Four years ago, the number was 36. They also estimate there will be 95 new admissions to youth detention this year although the actual figure last year was 141, when 85 were budgeted for.

Corrections also estimates this year, there will be a daily average of 203 youth offenders under supervision orders across the Territory. Three years ago, there were 39. Last year, there were 310 order commencements, up from 180 two years before.

According to the latest Northern Territory Department of Correctional Services Annual Statistics published in 2011 – 2012, there was a 20 per cent increase in the number of receptions into juvenile detention centres in 2011-12 compared with the previous year. Most of these receptions (81%) were unsentenced juveniles.

Remand orders comprised 84 per cent of order type commencements in 2011-12, compared with 79% in 2010-11. Current known statistics are somewhere within that range.

According to Corrections' annual report, cost per detainee per day on a financial year projection for 2012-13 was \$629.44. That's \$230,000 per year and youth detention is allegedly around \$50,000 a year more. Anecdotally, the youth recidivism rate for young people from the Barkly is over 90 per cent.

According to the Children and Families' annual report, child protection notifications in the Territory increased from 6533 in 2010-11 to 9967 in 2012-13, an increase of more than 50 per cent in three years. Output cost to the Department rose from \$38.9 million to \$55.3 million during the same period.

According to the report, children in out of home care rose from 634 in 2010-11 to 748 in 2012-13 and is estimated to hit 900 this year. In that time, cost of out of home care rose from \$53.2 million to \$85.4 million.

We have no access to figures for the Barkly region. We are told by service providers in Alice Springs that young people from the Barkly are taken to Alice Springs by DCF and placed in their care; they are then classified as being from there. We have had little contact from the responsible department; requests

for information under the guidelines of Section 5(a) of the *Care and Protection of Children Act* are either not responded to or have scant information that, in some cases, has turned out to be false.

Since the study in 2011, continued contact with those screened shows that those who exhibited positive indicators were far more likely to require out of home care, incarceration or other services. As mentioned earlier, those numbers – and the cost – is growing by the year.

Clearly, there is a critical need for further research. That research should not just focus on causes and prevention but what to do with the significant numbers already at risk in the Barkly region.

Barkly Youth Services does not have the answers. Its programs delivered during the 2013-14 financial year, however, do show some signs of promise in that regard.

The BYS model – what we do

Barkly Youth Services was founded in January, 2013 as a not for profit organisation by a group of Tennant Creek residents who believed there were too many gaps in services for young people in the region.

Paramount to the creation of BYS was the desire of all staff to continue working together as a close-knit team and remain at Tennant Creek, a town known for revolving door employment, under-qualified staff and wide gaps in service provision.

The aim of Barkly Youth Services is to affect and empower young people through experiential learning, integrated case management, mediation, counselling, family engagement and conferencing and through care planning, with the aim of making them more productive members of their community. It would be nice to get them all into good jobs; more realistically, our primary aim is to ensure they become good parents.

Barkly Youth Services has been operating diversion and early

Case study - L

L is a 17-year-old male who was referred to the BYS Diversion program in 2013. All of his offending has been VSA related; he is known to have been a chronic sniffer for at least four years.

BYS attempted to find L to get him on the program for almost six months. He is highly transient and gets moved around a lot by family due to his VSA issues.

In late January, he returned to his "home" community and resumed sniffing with his peers. Within a week, he attempted suicide; initially, the attempt was not reported to anyone by the person who found him.

BYS found out about the incident three days later and visited the community to talk to the young man. BYS also alerted mental health services and police.

Five days later, he again attempted suicide by a different method. Police found him and defused to situation; after that, he was removed to another community.

He has remained transient ever since and has still had no counselling.

intervention programs since July 1, 2013. By July 1 2014 we had 123 active files in that cohort plus another 52 18-25-year-olds who voluntarily accessed our services.

We make daily school attendance one of the conditions of the program for most participants. Given that attendance records published by the Education Department last year indicated only around half the young people in the region are even enrolled at school, that's a start. We have established an excellent rapport with all schools and principals across the region; Tennant Creek High provides us with weekly attendance records for our participants which are invaluable case management evidence.

More than a third of our active files have significant volatile substance abuse issues and it's not just petrol. Unfortunately, we receive only sporadic contact from the government agency that deals with the issue and are rarely consulted.

Of the young people who have been removed from their communities in the Barkly for VSA reasons in the past 18 months, whether mandated or voluntarily, all have sniffed again after their return home. You can make them happy again but unless the circumstances at home have changed, they return to the same issues. Whatever agencies or organisations not based in the Barkly say, we have consistent evidence over almost 20 years that removing young people with such issues simply does not work. At all.

Barkly Youth Services is not guaranteeing it can make significant change with all those young people. We can achieve significantly lower recidivism rates than the best efforts of NTG. We have had significant success in getting young people into full time, ongoing employment. It's going to save the public purse significant money initially and potentially massive amounts into the future.

We don't believe in band-aids. The BYS team has a total of more than 50 years of service to the region and experience and expertise encompasses the following skills and attributes:

- . Comprehensive experience and qualifications in holistic therapeutic programs and service provision that involves case management, working with young people who have needs, issues and barriers in alcohol and other drugs, volatile substance and petrol sniffing misuse, at risk of being homeless or homelessness, domestic violence and abuse;
- . Comprehensive experience in case management, through care planning and after care support;
- . Comprehensive experience and qualifications in alcohol and other drugs, volatile substance and petrol sniffing misuse awareness, anger management, conflict resolution, life skills, mediation and counselling programs;
- . Authorised persons qualifications under the volatile substance abuse act;

- . Qualifications and experience in facilitating mediation, youth justice conferencing, family conferencing, acting as a responsible adult with police interviews, law, education, youth and social work and support in the youth justice court (under section 63 of YJA) and criminal justice system;
- . Qualifications and experience in mental health first aid;
- . All staff have established relationships with elders, traditional owners and community members across the Barkly Region;
- . Experience in the provision of alternative learning programs, accredited and non-accredited, with a focus on increasing literacy and numeracy skills so young people can transition to further education and training and/or employment, including traineeships or apprenticeships.

Case study - R

R is a 15-year-old female referred to the BYS at risk program in 2014 due to her chronic VSA issues. Petrol has been her substance of choice for at least two years.

R lives with her grandmother and other young people at that address also have chronic VSA issues. R also suffers FASD.

At this stage, R has had numerous police involvement but none as an offender. She sniffs in mixed groups of girls and boys and as such, must be viewed as at high risk of other issues.

The latest plan by government departments is to send R to boot camp while giving the grandmother support to deal with her. R has been sent to rehabilitation in the past without success, although she does engage well in the programs. She thrives on routine, which she will never get at home.

R is likeable and popular with teachers and others however she lacks the capacity to discern right from wrong. It is BYS' view that the boot camp will change nothing, particularly without after-care support.

Part of the issue that seriously affects service provision in the Barkly is the transience of many families. BYS aims to visit at least one community (Ali Curung, Elliott, Epenarra or Canteen Creek) every week; it is essential for us to know where the young people are and where they are likely to be heading. It is also vital that case management remains regular and we know the issues surrounding the young people at the time. During the year, staff traveled more than 136,000km on case management alone.

The closure of Years 10, 11 and 12 programs at remote schools in the Barkly at the end of 2013 added significantly to BYS' caseload. Young people who had been engaged in their communities either came to Tennant Creek or were sent to boarding schools, usually for the first time. Many fell off the edge due to the change of circumstances. The Barkly region

already had the highest percentage of Section 64 referrals from Youth Court.

To June 30, 2014, only 12 participants have reoffended since joining the BYS caseload. Of those on the caseload, only 16 are not attending school regularly now, 42 have been assisted into employment and 27 have been assisted into

training. Six others have been co-case managed with Corrections.

BYS believes these figures indicate the program has been successful, however more accurate data would be available if the at risk program was able to continue. There are no other services in the region that deals with this cohort of young people.

The at-risk program

In May, 2013, Northern Territory Justice Department (Youth Justice Division) funded Barkly Youth Services to deliver a one-off program to young people aged 10-17 in the Barkly region who were identified as at risk of becoming engaged in the youth justice system.

The program was designed to run in concert with BYS' youth diversion program, also funded by DoJ, and was a pilot aimed at dealing with the Barkly region's level of youth recidivism, which is anecdotally the highest in the nation.

BYS believes simply completing diversion does not necessarily change a youth's offending behaviours. The at risk program was designed to ensure young people were given support to change those patterns and make better choices.

BYS established a referral system with government agencies (including police, schools and health), other service providers, families and the young people themselves. The program targeted young people with prior offending, delinquency, truancy, unstable family environments and alcohol, drug or substance abuse issues.

Rather than running a few activities for the young people, BYS has used a model which delivers:

- . Integrated case management and through care planning for all identified at risk and disengaged Indigenous young people;
- . Case management assessment of all identified at risk disengaged Indigenous young people. The assessments were mainly created by BYS staff through their knowledge of the region, the people and the issues and barriers;
- . Facilitation of family conferences with elders, family members and the young people;
- . Early intervention and prevention education awareness programs in alcohol and other drugs, anger management, counselling, crisis intervention, volatile substance abuse, sexualised behaviour and life skills;
- . Identifying and supporting the most appropriate family members in

relation to their young person and applying intensive case management to them;

- . Provision of an alternative learning program that involves literacy and numeracy, support to further training and mentoring and support to employment;
- . Access and support to medical, paediatric, mental and sexual health services, including the visiting child and adolescent psychologist;
- . Youth Justice Court support in Tennant Creek, Elliott and Alekerange for young people and their families;
- . Mentoring, mediation and counselling services for family members.
- . On-call after care 24 hours a day, seven days a week for crisis situations.

From June 1, 2013 to May 30, 2014, the program was delivered to 123 at-risk young people aged nine to 17 at Tennant Creek, Elliott, Ali Curung, Barrow Creek, Corella Creek, Epenarra and Canteen Creek; we also conducted monthly visits to young incarcerated people from the region at Darwin and Alice Springs.

Case study - K

K is a 17-year-old male referred to the Diversion program in early 2014. He was a gifted and diligent student in his remote community; he was forced to move to Tennant Creek when senior schooling in communities was closed down.

K moved in with distant family in Tennant's version of the House of Horrors and that is saying something. He quickly developed alcohol and cannabis habits and quickly became involved with police.

BYS supported K into a hostel and get him re-engaged at high school, where he quickly became very popular. He did very well at school and on his diversion program. He had major unresolved grief issues resulting from witnessing the murder of his mother several years ago and never receiving counselling for that.

In early April, K was subjected to severe family pressure to return to his community. He contemplated running away; instead, BYS arranged for K to transfer to a leading boarding school in Adelaide. He received intensive tutoring from the school and his report card from Term 2 was exceptional; he was mentored by former AFL footballer Che Cockatoo-Collins and quickly became very popular at Port Adelaide Football Club. He told BYS staff he planned to become a doctor.

In the school holidays, he returned to his community and family brought him in to Tennant for the Show. Within hours he was back on the grog and gunja; he simply fell off the edge. BYS staff spent countless hours over two frustrating weeks getting him back on the rails and back to school.

At the time of writing, he has been back at school for three weeks. He is the superstar of the school's football team and is going well in class. He is volunteering at a soup kitchen for the homeless. It's all great until he comes back.

Young people who either failed to engage with, failed or successfully completed Diversion were also added to the program and continued to be monitored as after-care.

The closure of Years 10, 11 and 12 programs at remote schools in the Barkly at the end of 2013 added significantly to BYS' caseload. Young people who had been engaged in their communities either came to Tennant Creek or were sent to boarding schools, usually for the first time.

Many fell off the edge due to the change of circumstances. Several who went away to boarding school for the first time disengaged before the end of term one and returned to the region, where some would not return to school. Others who came to Tennant Creek went to live with extended family and did not receive the levels of support they received on community.

Several of those young people who had to leave their communities were referred to BYS by police as being at risk due to their disengagement. Some developed offending behaviours and were placed on diversion. Some simply disengaged completely and returned to their communities.

Barkly Youth Services staff have monitored volatile substance abuse in the region for the past decade. In nine of those 10 years, there had been a spike in VSA behaviours around the middle of the year, usually starting in May. In 2014, BYS began monitoring a steep spike in March in Tennant Creek and one other remote communities. Most of those involved were young people who were not enrolled at, or disengaged from, school.

The Barkly region already had the highest percentage of Section 64 referrals from Youth Court.

To June 30, 2014, only 12 of the 123 on the caseload have reoffended since coming onto the program. Of the 123, only 16 are not attending school regularly now, 10 have been assisted into employment and two are too old for school and unemployed. Six others have been co-case managed with Corrections.

BYS believes these figures indicate the program has been successful, however more accurate data would be available if the program was able to continue. There are no other services in the region that deals with this cohort.

In addition to those on our caseload, BYS is also assisting or has assisted a total of 52 others aged 18-25 and also considered at risk into employment or registered training with the promise of employment since June 1, 2013. All participants in the 18-25 caseload were self-referred; all were young people BYS staff had worked with in other programs over the past decade. They knew the BYS staff and had established a trusting relationship; all had approached other agencies without success.

The at-risk program delivered by Barkly Youth Services was aimed at ensuring young people don't simply "slip through the cracks". BYS received weekly

attendance records from the schools which indicate not just school attendance but class performance and any other relevant factors, such as being late or behavioural issues.

We attempted to keep track of the movements of families around the region and forward plan for any significant events where possible to attempt to be ahead of emerging issues. We liaised with government agencies and service providers to attempt, where possible, to ensure support was being provided to the young people who need it.

BYS believes that after care is an essential element of diversion. While many young people successfully completed diversion with BYS during the year, all needed ongoing support to stay on the rails. There are no other programs or agencies available to them in the Barkly.

Diversion program

In June 2013, Barkly Youth Services successfully tendered for the youth diversion contract for the region from the Youth Justice Division of the Department of Corrections.

Case study - S

S is a 16-year-old male referred to the BYS diversion program in 2013 for offences committed in Darwin. He engaged well for about a month while re-engaged with school; in the holidays his contacts tapered. A few weeks later, he attempted suicide.

BYS encountered extreme reluctance by mental health services to provide counselling. We subsequently discovered he had several previous attempts; we had sought information from agencies about his history under the Act but found what we had been told was not accurate.

S worked diligently in our office researching his own diagnosis and medication and was able to see a specialist and present those findings. As a result, his medication was changed and he became functional for the first time in years.

However, in recent weeks his behaviours have again changed and he is being brought back to Tennant Creek by his family to work with BYS.

The program started on July 1 with eight participants who had not completed diversion being transferred across from the previous contractor. There was no handover of files and only one of the eight subsequently successfully completed their program.

Over the year to July 1 2014, 76 young people were referred from police or courts to the program, 62 males and 14 females. Of those, 28 successfully completed the program while 48 either failed or would not engage with the program.

Where possible, BYS attempted to incorporate a restorative justice conference into the individual's program; in most cases, community service was also included. That community service was based on giving back to the victim plus a work experience component based on the individual's stated pathway to employment.

BYS used a range of assessment tools in setting the program, many of which had been developed by BYS staff over years of working with young people in the region. Those assessments indicated which therapies and counseling would best suit the young person; a number of sessions of each were included in the programs. Most of those therapies and counseling sessions were delivered by BYS staff due to a lack of services in the region.

Engagement with education, training and employment was also a requirement of each program and BYS supported other agencies to ensure the young people complied with that.

The assessment process also focused on the safety, needs and well being of the participant and if necessary, elements were added to the program to cover that.

A number of those referred had VSA issues but none of those successfully completed their diversion.

Almost 40 per cent of those referred to diversion lived in remote communities. That required significant travel around the region, with BYS staff covering just over 136,000 kilometres over the year servicing the caseload.

During the course of its assessments, BYS found almost 90 per cent of the referrals required mental health intervention. Only nine of the caseload were successful in gaining appointments with the infrequent visits by a child psychologist; four of the caseload attempted suicide during the year and only one received any form of follow-up counseling.

A key component of the BYS diversion program is court support for the young offenders. BYS works with the young person and their families to ensure they fully understood the process through the courts. On several occasions, BYS also acted as prisoner's friend during police interviews.

Key to the success of the program so far has been the ability to engage the young people in after care. As that element of the program is no longer funded, BYS expects a dramatic falloff in results in the next financial year.

Extending the care

As mentioned previously, there are no residential care facilities for young people in the Barkly region. As shown, simply removing them to another place for rehabilitation, out of home care or incarceration is both extremely costly and immensely unsuccessful.

Bear in mind the vast majority of those needing such care will have indicators of FASD, ABI or ASD. Almost all will require mental health support.

Barkly Youth Services (BYS) has advocated for almost two years for a funded residential program to be established at Tennant Creek for young people aged 10-17. Most will be on court-ordered bail; some will be deemed by government agencies including police and education as being gravely at risk.

BYS has a partnership agreement and memorandum of understanding with Alice Springs Youth Accommodation and Support Services (ASYASS), which has a lease on an eight-bedroom facility which will deliver an intensive portfolio of services to the youth of the Barkly. ASYASS has had a two decade history of providing supported accommodation services for young people in Central Australia.

The hostel program is based on the delivery of evidence-based therapies to Indigenous young people assessed using both the Tracy Westerman assessments and other resources developed by BYS staff specifically for remote Indigenous use based on a decade of research of best practice across Australia and overseas.

Other elements of the program which will be delivered under the model are:

- . Early intervention and prevention education programs in alcohol and other drugs, anger management, counselling, crisis intervention, volatile substance abuse and young people's responsibilities in the youth justice system;
- . Integrated case management and through care planning of young people with barriers, needs and issues in alcohol and other drugs, volatile substance abuse and petrol sniffing and anger management;
- . Access to and support to health and mental health services;
- . Youth and criminal justice court support for young people and their families;

Case study – J

J is a 12-year-old boy who was referred to the BYS diversion program after a string of offences in 2013. He failed his diversion but continued to be supported on the at-risk program due to his continued chronic VSA issues.

J exhibits some indicators for FASD, mainly developmental issues. His mother has severe mental health issues and is institutionalised interstate; his father was killed in an alcohol related incident four years ago, which J saw but was never counselled for. He lives with his grandmother, who does not cope with his violence.

In term 4 2013 and term 1 2014, J was suspended 10 times from school. In term 2, he simply stopped going. His VSA issues worsened and he began trying different substances; his behaviours became erratic.

In May, he was placed in juvenile detention for more than a month while BYS and other agencies searched for a safe environment for him. Finally, a place was found in a rehabilitation centre. He adapted to the program well initially but found some petrol and began sniffing again. His placement in the program is now in jeopardy and he has significant youth court issues waiting for him.

BYS believes J will require high levels of support well into his adult years and perhaps long periods of incarceration.

- . Diversion program support for young people and their families through the assessment, youth justice conference and program phase of the diversion program process;
- . Integrated case management , through care planning and after care support of young people and their families to identify and address their barriers to education, training and other issues and develop a case management plan for their future development;
- . Identification and encouragement of community Elders to support young people in their diversion program and youth court involvement;
- . Co-case management with other youth service providers in their area of expertise and corroboration with NT Community Corrections to ensure young people act in accordance with supervision orders. This is in relation to their supervision and community program conditions, as they relate to accommodation, education and training, alcohol and other drug misuse, volatile substance abuse and petrol sniffing;
- . Alternative learning programs in literacy/ numeracy and support to study with the Northern Territory Open Education Centre. BYS staff delivered programs in Years 10 and 11 maths and English through NTOEC last year and had surprisingly good results;
- . Early intervention and prevention of offending and anti-social behaviour needs and issues through crisis intervention, case management, diversion programs, restorative justice programs and developing individual intervention plans with the young person, their families and government departments. This includes programs and services in anger management, conflict resolution, combating overcrowded housing, domestic violence issues, alcohol and other drug awareness programs and volatile substance abuse and associated counselling programs;
- . To improve the support for young people, their responsible adults and families and support persons so they gain a better understanding of their involvement in the Justice System;
- . Advocating for young people with government and non-government agencies in relation to programs, services and needs and issues for mainly Indigenous at risk disengaged young people;
- . Identifying and supporting the most appropriate family members to allow them to gain the necessary skills to better engage and interact with their young person through case management;
- . Re-engaging mainly Indigenous at risk disengaged young people through the provision of an alternative to detention and mainstream education through a residential support program, bail support program and alternative training and education programs, to transition to employment and further education/training.

The intensive case management of at risk indigenous young people requires family conferencing and support and community consultation with elders in a case management model inclusive of a residential training model that also involves alternatives to detention and provides other prospects for volatile substance misuse, petrol sniffing and alcohol and drug misuse.

This will also address the needs, issues and barriers of at risk Indigenous young people and ensuring that families, community and elders are gaining skills to better work with their young people, via intensive case management and family and community conferencing.

Staff of BYS have formal and post-graduate qualifications in the law, education, social work, youth work, psychology, business and mediation. We live here and have for a long time; half the staff have family and cultural links to the region.

The hostel itself has eight separate rooms each with their own ensuites. Each room has a bed, mini fridge, desk, air-conditioner and wardrobe and four also have televisions. The single bed rooms are spartan; the double bed rooms have the televisions - behave and you get a proper flash room; any recalcitrance and you're back to a single.

There is a commercial kitchen, dining room, common room, laundry, office and an extra bedroom with ensuite adjoining the office for crisis accommodation for young people not referred to the program but at high risk. There is currently no fully staffed option for young people in such situations at Tennant Creek.

The program involves young people before the courts being given the option of undertaking an intensive three-month residential program or being referred from a government agency. Young people would be assessed for eligibility into the program then have to sign a behavioural contract which sets out the rules for the program. Should they breach any of those rules, they will be exited from the program and their matter returned to court.

Participants will be expected to attend school daily or take part in alternative education (through

Case study - D

D is a 15-year-old male and was referred to Diversion with BYS in late 2013 due to his involvement in property offences.

D was significantly disengaged from education and had extremely low level literacy and numeracy. Initially, he had VSA issues but worked well with BYS for about two months and returned to school.

D attended ceremony early in 2014 and came back very withdrawn and non communicative. It took more than a month to get him back to school; he was moved into the student hostel and showed some progress for a few weeks.

Late in the term, he returned to volatile substances and his behaviours became alarming. He failed his diversion and was later incarcerated due to involvement in other property crime.

D thrived in detention, telling BYS it was the first time he had ever had his own bed. BYS found him a place at a rehabilitation centre and he is again going very well in the strictly controlled routine. He has been enrolled in a specialised remote school for term 4.

NTOEC), accredited training or supported work experience. They will also be expected to do chores, clean their rooms, do their laundry, help prepare meals and even be involved in the budgeting for those meals. They will have morning and afternoon exercise sessions, study periods, life skills education and either individual or team case management prepared on a daily basis. Daily observations will be recorded by staff and a weekly report prepared for the referring department.

The hostel will be staffed around the clock by qualified staff - there will be no "sleep over" shifts. There will be activities on Saturdays and family visits on Sundays. Social media and mobile phones will not be permitted under the program.

When a young person is referred to the hostel, BYS staff will work with agencies (DCF, Corrections and/or Police) and elders to identify family members to be involved in the case management of the individual, BYS staff will then work with identified family members to ensure the young person has a safe and supportive environment to go to when they leave the program.

BYS believes the family support aspect of the program is paramount to ensure its long-term success and as such, both the young people and identified family members will have full access to after care support services at the hostel.

There will be a minimum of two staff per shift and traineeships offered to suitable young people in the region. A requirement of that traineeship would be successful completion of a Certificate IV in Youth Work and the trainees would be supported by BYS staff to achieve that goal.

Further information on the hostel program, including a business plan and full budget, can be supplied on request.

Really, it comes down to simple mathematics. The BYS hostel model costs \$200,000 per bed per year, with through-care planning and intensive after-care.

The current NTG model costs at least \$500,000 per year with no planning, no after care but plenty of recidivism. And again, the numbers requiring those services will only grow.

Conclusion

In its preamble to its FASD diagnosis tool, the Canadian Medical Association said a common misconception is that FASD is associated with ethno-cultural background. However, the data suggest that risk factors for prenatal alcohol exposure include higher maternal age and lower education level, prenatal exposure to narcotics and smoking, custody changes, lower socio-economic status and paternal drinking and drug use at the time of pregnancy and reduced access to prenatal and postnatal care and services, inadequate nutrition and a poor developmental environment (e.g., stress, abuse, neglect).

A five-year Canadian follow-up study of birth mothers of children with full FASD

found that these women came from diverse racial, educational and economic backgrounds. They were often challenged by untreated or under-treated mental health concerns, they were socially isolated, they were victims of abuse and they had histories of severe childhood sexual abuse.

Even in the Barkly, FASD is not simply an issue with the Indigenous population. There are certainly more Indigenous people in the region who exhibit indicators of the disorder but it can be argued that is simply because of the demographics of the region – around two thirds of the population are Indigenous and many fall within the boundaries of the at-risk group as defined by the Canadian Medical Association.

One of the issues that also makes those in the Barkly more at risk is the lack of access to mental health services, particularly in young people. As some of the case studies in this submission show, getting help for young people in the region is extremely difficult, even in critical circumstances. An analysis of our case load in May found that more than 90 per cent needed some mental health intervention but only four per cent were receiving it and all of that handful were only getting that assistance on an ad hoc basis.

The Tennant Creek sittings of the Select Committee heard from a foster parent of a three-year-old boy with FASD. The parent spoke passionately and eloquently about the challenges faced by his family in caring for the child; the insight afforded by his presentation would have been invaluable to the members.

One of the parent's key points was that the boy is manageable providing he is afforded routine and consistency. Those two points are at the heart of why Barkly Youth Services was founded.

Most of the participants of BYS programs have worked with our staff for more than a decade. In many cases, their families have had contact with members of our team for more than three decades. Mutual respect and trust has been established; we still get told what participants want us to hear but we can work through that.

Barkly Youth Services has significant background and knowledge in working with young people in the region. Like almost all non-government organisations however, we are doing it tough. The at-risk program is no longer funded; there is no one else in the region doing that work or even with the capacity to do it.

In its 2014-15 Budget, the NT Government announced funding totalling \$1.4 million for Intensive Youth Support Services in Darwin, Katherine and Alice Springs. In announcing the funding, Attorney-General John Elferink outlined what basically BYS had been delivering in the Barkly, with exceptional results, for a year.

BYS asked why that funding had not been extended to the Barkly. The response from a senior bureaucrat was that there were no young people in the region considered at risk.

Without that program, BYS cannot offer after care for diversion participants. It cannot offer support for those in the region who are falling off the edge. As indicated in this submission, the vast majority of those young people have one or more indicators of FASD.

People in the Barkly region are perhaps more fortunate than most. They are serviced by three locally based non-government service providers which have decades of consistency of delivery to the region. Each have committed, long term staff.

It is a constant challenge for Anyinginyi, BRADAAG and BYS to continue programs – and therefore, provide certainty and security to staff and routine and consistency to its participants – due to the vagaries of funding. While it is understandable that programs change as governments change and that there is evolution of solutions, all three Barkly-based NGOs offer core services that will not change.

Unfortunately, those core services are being constantly squeezed by funding uncertainty. Collection of valuable data and research undertaken by each of those services has become ad hoc due to that uncertainty, in some cases making that data incomplete or unreliable.

There are people in the region with FASD. Many more possible cases go undiagnosed and not supported. While it is not a key term of reference for the Select Committee, any report into FASD will be incomplete if the question of supplying services to sufferers and potential sufferers of the disorder remains unaddressed.

It is essential that any support services be based on intensive case management, routine, extensive family involvement and consistency. Due to the reality that numbers of those in need of those services will only rise in the future, those programs must be cost effective. By necessity, they will need to be based on intensive therapies such as Multi-systemic Therapy.

The Territory was built on brave decisions made by risk takers – and those gambles did not always pay off. To address the issue of care may be seen as brave but it won't be a gamble. To do nothing, however, is simply not an option based simply on the Budget bottom line in a decade, to say nothing for duty of care or compassion.