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Mr Jeff Collins MLA
Chair
Select Committee on a Northern Territory
Harm Reduction Strategy for Addictive Behaviours
Legislative Assembly of the Northern Territory
GPO Box 3721
DARWIN NT 0801

Via email: RAB@nt.gov.au

Dear Mr Collins

**RE: SELECT COMMITTEE ON A NORTHERN TERRITORY HARM REDUCTION
STRATEGY FOR ADDICTIVE BEHAVIOURS**

Thank you for your invitation of 23 July 2018, for Territory Families to provide a submission to the Select Committee's inquiry into a Northern Territory Harm Reduction Strategy for Addictive Behaviours. Territory Families deals with the impact of substance misuse and problem gambling on children and families, and the harm that it causes, through our responsibilities in the area of Child Protection, Youth Justice and Domestic, Family and Sexual Violence Reduction. The Select Committee's call for submissions is an important part of the development and implementation of effective policies, legislation and interventions to reduce the effects of addictive behaviours.

The attached paper outlines information regarding this agency's support for affected families and communities, and is submitted for your consideration.

Should you require any further information, please contact Ms Jane Burton, Director, Government Relations, by calling 08 8999 2894 or emailing at jane.burton@nt.gov.au.

Thank you for the opportunity to have input.

Yours sincerely



Ken Davies
Chief Executive Officer

12 October 2018

Harm Reduction Strategy for Addictive Behaviours Call for Submissions 2018

Territory Families Response

Overview

Territory Families welcomes the opportunity to provide input into the Select Committee's consideration of a Northern Territory Harm Reduction Strategy for Addictive Behaviours. The submission does not seek to address all terms of reference and focuses on item 3(8) support for affected families and communities.

Across the Territory Families portfolios, efforts are directed to supporting the safety, wellbeing and engagement of individuals, families and communities. Addictive behaviors can impact negatively on an individual's ability to care for self and others. Substance abuse in particular, can lead to addictive behaviors associated with contact with the child protection, youth justice and domestic, family and sexual violence service systems.

Territory Families is working with other Northern Territory Government agencies to align key initiatives which seek to understand and address the underlying causal factors of disadvantage and vulnerability. The impact of alcohol misuse and associated issues addressed in the 2017 Riley Review into alcohol policy and legislation and the Northern Territory Government's development of the NT Alcohol Harm Minimisation Action Plan, being led by the Department of Health, remain current considerations in the examination of addictive behaviours.

Neurodevelopmental Impairment

In 2015 the Legislative Assembly of the Northern Territory Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorder (FASD) released its report '*The Preventable Disability*'¹. The report noted that:

There is presently no solid data indicating the number of children or parents diagnosed with FASD who come into contact with the NT child protection system and require out of home care. There is, however, strong evidence suggesting that FASD children are over-represented and exposure to alcohol increases the likelihood of entering care. Abuse and neglect due to parental alcohol abuse and hampered growth and development are the main factors behind this increased risk of contact. One 2014 study conducted by Prue Walker found that 86 percent of cases with children on child protection orders in the NT involve problematic alcohol abuse by one or more parents.

A further study by the NT Department of Children and Families (DCF) found that 6 percent of 230 children under review had a confirmed FASD diagnosis and one fifth were identified as prenatally alcohol exposed. In the same study, 63 percent of parents reported concerning alcohol use, with 50 percent of the children living in families with long term alcohol abuse problems.²

Territory Families has been instrumental in highlighting the prevalence of children affected by FASD in contact with the child protection and youth justice systems. Procedures have been established for circumstances where the health and medical records of a child coming in to care

¹ 2015 Report of the Legislative Assembly of the Northern Territory Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorder, [The Preventable Disability](#)

² *ibid*,p67

contain a history of prenatal alcohol exposure, and if FASD is suspected, for staff to refer children to a paediatrician for investigation. Targeted assessment of high risk populations such as those children born to mothers who have identified as alcohol dependant during pregnancy; children placed in out of home care/in the care of Territory Families, children who have siblings that have been diagnosed with FASD and youth in correctional facilities would be beneficial.

The Department of Health has commenced developing a FASD pre-assessment screening tool for use by families and service providers such as Territory Families, to assist with identifying developmental delay in children. By ensuring increased awareness of signs of neurodevelopmental impairment, families can gain a better understanding of what to look out for in their children's development, giving them increased confidence to seek further assessment if there is a concern.

It is understood that the Department of Health is also working on a program for young pregnant women to educate and support them on the implications of alcohol misuse and FASD.

Discussions with the Department of Health have highlighted service shortfalls including for parents with substance abuse seeking assistance, who need to be accompanied by their young children and for preteens who are sniffing addictive volatile substances. Anecdotally, by the time substance using teenagers are old enough to access the limited services available, many have also come into contact with the youth justice system. Another limitation of current service delivery is that adult programs are more geared towards men, with both Indigenous and non-Indigenous women missing opportunities for assistance.

The Department of Health has also identified a correlation between children of parents with addiction entering out of home care and the youth justice system. With a new client information management system under development, Territory Families is currently unable to reliably quantify the number of young people in care suffering the effects of substance addiction however anecdotally an increase has been observed by frontline staff.

Child Protection

Territory Families identifies substance misuse as a significant contributing factor to child abuse and neglect in the Northern Territory. This view is supported by a number of significant reports and reviews that have identified substance misuse as a critical factor impacting on the safety and wellbeing of children. Addictive behaviour has clear impacts on a parent/carer's ability to care for children, in that funds spent on gambling or substances are not available for food and necessities for the family, it can result in less awareness and reduced supervision and reduced protection of children by family members.

In the 2015 NT Gambling Prevalence and Wellbeing Survey, 28 per cent of participants said a parent's gambling affected them. Negative impacts from problem gambling can include domestic and family violence, family breakdown and children may be left unsupervised or neglected due to time spent gambling.³ Problem gambling risk was significantly higher among Indigenous participants than non-Indigenous with almost twice the prevalence. On average 13 per cent of Northern Territory adults were negatively affected by someone else's gambling (28 per cent of Indigenous adults reported they were negatively affected, compared with 8 per cent for non-Indigenous adults). Some of the consequences of problem gambling listed in the report were 'raided savings account/funds' (12.4 per cent), 'relationship problems with family' (6.6 per cent) and 'no money for food' (6.4 per cent). Substance abuse also decreases the ability to care for children when inebriated, and for pregnant women, is associated with FASD and other child cognitive impairments. Substance abuse and misuse also has a strong correlation with violent behaviours.

³ NT Code of Practice for Responsible Gambling 2016 <https://nt.gov.au/industry/gambling/gambling-codes-of-practice/nt-code-of-practice-for-responsible-gambling-2016>

Support for families and communities potentially affected by addictive behaviours is offered through Territory Families family support services and community youth programs. Family support services focus on the strengths of the child's family to enable members to maintain and build upon their own resources and networks to support them to care for, protect and raise their child. The Strengthening Families program offers plans and services to families who come to the attention of a child protection team. Referral to income management, the Banned Drinker Register (BDR) and private alcohol free zones are some of the methods that families can use to self-restrict from harmful gambling and substance use.

In conjunction with the Government's reform agenda, Territory Families is building a partnering approach to improve services. One example of this is a project being undertaken with the Aboriginal Medical Services Alliance Northern Territory (AMSANT) to develop an early intervention family support service which better meets Aboriginal community needs.

Community and service provider workshops run by AMSANT in 2018 about child protection matters, reported that children and families require more access to appropriate early intervention and family support services and more services provided in regional and remote areas. Consultation indicated a desire for Aboriginal led services, such as family support, social and emotional wellbeing (SEWB) and the expansion and resourcing of alcohol and other drugs (AOD) responses. The need for specialist children's services, including primary health, mental health and paediatric care, and assessment for severe neurodevelopmental impairments, including FASD behavioural and development delays was also identified.⁴

The Royal Commission into the Protection and Detention of Children in the Northern Territory recommended standardised FASD screening for all children entering out-of-home care, however the view from AMSANT's workshops was that screening for FASD as well as other issues should be made more easily accessible as an early intervention approach to support *all* vulnerable children and their families. The workshops reported that even when the need for cognitive, behavioural or psychological assessments is recognised, access is limited due to the unavailability of specialists in remote locations.

Territory Families is funding the Central Australian Aboriginal Congress Aboriginal Corporation in 2018-19 and 2019-20 to expand a comprehensive assessment service to focus on priority assessments of children and young people in the care of Territory Families, where possible to establish a diagnosis and determine appropriate treatment pathways.

While problematic substance use and gambling are risk indicators in conjunction with seeking protection orders over children, there is currently difficulty in drawing statistically significant data on notifications where this resulted in a substantiation. The development of a new contemporary client information management system is underway which will assist with this data collection in the future. When a substantiation is made there are several case management practises available to address substance abuse and problem gambling. They include referrals to the BDR, to prenatal health providers, and to the child protection measure of income management.

Youth Justice

Research and anecdotal information suggests that a significant proportion of young people in detention will have had a substantial involvement with alcohol (and other drugs) either through their own use or their experiences of growing up in a family where alcohol and drug misuse occurred.

⁴ Aboriginal Medical Services Alliance Northern Territory, "Listening and Hearing are two different things", July 2018

In a study conducted in 2005 by the Australian Institute of Criminology⁵ it was found that 71 per cent of youths used one type of substance regularly, and 29 per cent used more than one type regularly, in the six months prior to entering detention.

Programs have been run within Youth Detention Centres that aim to directly and indirectly address alcohol and other substance misuse. This has included the DAISY program delivered by CatholicCare which supports young people and their families who are affected by alcohol and/or drugs; the Elders visiting program which indirectly supports mental health, wellbeing and reintegration; and the CHART program, focused on behaviour change, with modules that addresses drugs and alcohol. Territory Families is building its capacity, including the availability of psychologists in Darwin and Alice Springs with the intention that these staff will assist in running support programs within detention and as part of the bail support program. In the future it is planned that these programs will be extended out into the community.

Territory Families Youth Outreach and Re-engagement Officers (YOREOs), who case manage and support both young people at risk and young offenders, have received training to ensure appropriate responses are provided to meet the needs of young people. This includes young people being assessed to determine if volatile substance abuse or drugs and/or alcohol is impacting their wellbeing.

Community youth programs operate under a case management framework that involves frequent and specialised referrals of young people to appropriate external programs such as alcohol and other drug education and rehabilitation services, or other specialist support services that provide intervention commensurate with the criminogenic risk and needs of the young participants. The AMSANT workshops also found that given the evidence of the widespread nature of FASD and cognitive impairment in a recent study in Western Australia, as many as 33 per cent of youth in detention have FASD.⁶ Funding for FASD/cognitive assessments for young offenders should be a high priority.

Domestic, Family and Sexual Violence Reduction

Studies investigating the potential for comorbidity of domestic violence, addictive disorders, and sexual abuse have identified strong correlations.

The Northern Territory Domestic, Family and Sexual Violence Reduction Framework 2018–2028 was launched in May 2018 to address the serious, prevalent and life threatening problem of violence within relationships. While it does not specifically address addictive behaviours it identifies that alcohol and illicit drugs although deemed not sufficient in themselves to predict violence, can increase the probability, frequency and severity of violence.

Women consistently report that coercive and controlling violence occurs whether their partners are drunk or sober. However, in the context of power imbalances and attitudes that normalise violence, the harmful use of alcohol and/or drugs increases the risk of domestic, family and sexual violence. The Family Safety Framework is also a key component of the Domestic and Family Violence Reduction Strategy. It comprises an integrated, multi-agency approach to supporting victims (primarily women) and children at serious and imminent risk of death or serious injury due to domestic and family violence.⁷

⁵ 2005 Australian Institute of Criminology, Alcohol, drugs and crime: a study of juveniles in detention, Pritchard, J and Payne, J, Research and Public Policy Series No. 67, p11.

⁶ Carol Bower et al, 'Foetal alcohol spectrum disorder and youth justice: a prevalence study among young people sentenced to detention in Western Australia' *BJM Open* (19 February 2018)

⁷ The Domestic, Family and Sexual Violence Reduction Framework 2018–2028

Royal Commission into the Protection and Detention of Children in Northern Territory

The Report of the Royal Commission and Board of Inquiry into the Protection and Detention of Children in the Northern Territory was tabled in Parliament on 17 November 2017. It made 227 recommendations and 142 findings regarding failings in the Northern Territory youth detention and child protection systems.

The Northern Territory Government accepted the intent and direction of all recommendations, and in April 2018 responded formally with a five year implementation plan *Safe, Thriving and Connected: Generational Change for Children and Families 2018-2023* articulating a coordinated reform agenda. While the Royal Commission did not specifically address addictive behaviours, recommendations broadly relevant to this inquiry are listed below.

Recommendation 15.1: The comprehensive medical and health assessment required to be carried out (on admission of a child or young person to a detention centre), should include an assessment of both physical and mental health and a behavioural questionnaire to determine whether a formal assessment for FASD should be conducted, and if so determined and if the detainee has not previously been the subject of a formal assessment, that assessment to be conducted.

Recommendation 15.2: While in detention: regular drug and alcohol education programs are provided to promote harm minimisation, and after release, specialised drug and alcohol treatment services if required continue to be made available.

Recommendation 33.14: To standardise screening for children with FASD when entering out of home care.⁸

Recommendation 33.15: For children in out of home care to have access to effective rehabilitation and counselling services including for prevention and treatment of substance abuse.

To address the above recommendations the Northern Territory Government has committed to ensuring trained and skilled health professionals deliver services to children and young people in detention, and improve access to therapeutic counselling and drug and alcohol treatment programs.

Recommendation 19.1: A case management system be implemented in all youth detention centres: to manage behaviours in a therapeutic non-punitive, non-adversarial, trauma-informed and culturally competent way to apply to all detainees including those on remand to include:...providing each young person with individually tailored rehabilitation, with appropriate programs and services, including drug and alcohol programs ensuring each young person has ongoing access to their case management programs and activities regardless of security classification.

The Northern Territory Government has invested \$22.9 million over five years from 2017-18 to implement a Youth Justice Model of Care Framework to ensure the youth justice system provides quality care, supervision and guidance for all young people in detention. The framework aims to create a well-trained, multidisciplinary and flexible workforce able to transition between roles and deliver contemporary best practice across the youth justice workforce by improving staffing levels, qualifications and staff rosters and by increasing opportunities for staff to participate in professional development, including Certificate IV and leadership courses.

The focus of the framework is to support the youth justice workforce to provide:

- enhanced family contact;
- appropriate programs and services for girls in detention;
- high quality case management;

⁸ Findings and Recommendations <https://childdetentionnt.royalcommission.gov.au/Documents/Royal-Commission-NT-Findings-and-Recommendations.pdf>

- exit planning; and
- through-care for young people leaving detention.

The investment also includes ongoing funding for the Aboriginal Cultural and Wellbeing Grants program which funds Aboriginal organisations to support young Aboriginal people in detention.

Recommendation 20.3: Youth justice officers participate in induction training before commencing work in youth detention centres which includes:

- trauma informed practice;
- cultural awareness;
- drug and alcohol awareness;
- mental health issues; and
- staff well-being.

To address this recommendation Territory Families in partnership with the Australian Childhood Foundation, has designed a course to provide the foundation skills and knowledge required to complete Certificate IV for Youth Justice Officers. The topics covered include:

- trauma informed practice;
- recognising stages of lifespan development;
- providing supervision in the community and in a secure system;
- supporting the progress and development of young people;
- supporting Aboriginal and/or Torres Strait Islander young people in youth justice;
- preparing young people for reintegration;
- undertaking outreach work;
- supporting young people in crisis and assessing and responding to individuals at risk of suicide;
- working effectively with young people and their families; and
- responding effectively to behaviours of concern.

Conclusion

In conclusion, Territory Families supports the opportunity presented by the Select Committee to examine the challenges faced by the Northern Territory to respond effectively and holistically to the complexity of addictive behaviours.

Territory Families acknowledges the role played by the Department of Health in leading Northern Territory Government responses to addictive behaviours manifested in association with the misuse of alcohol and other drugs.

While not focussing specifically on responses to addiction, Territory Families identifies drug and alcohol use as factors in family and community dysfunction and inability to adequately provide for the safety and welfare of children, young people and partners.

Consistent feedback from Territory Families case workers and youth outreach and engagement officers points to the lack of intensive and residential services for young people. Territory Families plays a role in a wider service system and while currently focused on improvements to our own services, seeks to access more specialist supports for children and families to break destructive cycles, provide therapeutic interventions and build personal and parenting capabilities.

Territory Families would support exploration of increased and timely service responses and options for children and young people.