

Life Without Barriers

ROYAL COMMISSION
INTO THE CHILD
PROTECTION AND
YOUTH DETENTION
SYSTEMS OF THE
NORTHERN TERRITORY

Response to Call for
Submissions

28 October 2016

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Championing opportunity for all

Introduction

The Royal Commission has rightly identified systemic problems with the child protection and youth detention facilities in the Northern Territory. Our view is that many of these stem from the fact that neither system sufficiently reflects the fundamental differences between the needs of young people and adults. As such, we believe that a fundamental, systemic shift toward an evidence- and trauma-informed, therapeutic, rehabilitative approach to child protection and juvenile justice in the Northern Territory, grounded in community involvement and acceptance, is required.

Our submission will outline some of the proven approaches to supporting this critical change, and to closing the gap between what evidence and experience tells us works for children, young people, their families and communities, and what actually happens on the ground.

About Life Without Barriers

Life Without Barriers (LWB) is a not-for-profit organisation working in more than 300 communities across Australia. Our services currently support over 11,500 people living in their own homes or in residential houses that we manage.

We support children, young people and families, people with disability, older people and people with mental illness. We work with people who are homeless and refugees and asylum seekers. LWB is committed to reconciliation and improving outcomes and opportunities for Aboriginal and Torres Strait Islander peoples.

LWB is participating in reforms in child protection across Australia and is one of the non-government organisations that undertook an increased role in response to the Keep Them Safe (KTS) initiative in NSW through the provision of family support and out-of-home care services. We are also increasingly working with young people involved in the juvenile justice system.

In the Northern Territory, LWB has been delivering services for over 10 years and has a workforce of over 330 staff. We deliver disability, aged care, immigration support and child and family services in urban, regional and remote areas across the NT including Darwin, Alice Springs, Katherine, Tennant Creek, Minjilang and Lajamanu.

Our Submission

We welcome the opportunity to contribute to the Royal Commission into the Child Protection and Youth Detention Systems of the Northern Territory. It is our view that this presents an opportunity for cultural and systemic change that has the capacity to create better outcomes for children and young people involved in the child protection and juvenile justice systems in the NT.

This a complex issue for the Commission to consider, and you will no doubt have received submissions approaching it from a number of angles. Ours will focus on closing the gap between what research and practice experience tells us works for young people involved in these systems, and what actually happens on the ground.

We know, for example, that children and young people in both systems are very likely to have a history of trauma, abuse and/or neglect. Further, an established body of literature repeatedly demonstrates that at-risk children who are failed by the child protection system all too regularly show up in the juvenile justice system.

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We also know that the realities of child and adolescent development mean that the needs of young people in the juvenile justice system are very different to those in an adult setting. This is expressed in several international treaties to which Australia is a signatory – the Beijing Rules, for example, state that the rehabilitation and promotion of wellbeing of the juvenile should be of paramount consideration (UNSMRAJJ, 1985), and the United Nations Convention on the Rights of the Child stipulates that detention of juveniles should only be used as a last resort and for the shortest appropriate period of time (UNCRC, Article 37, 1989).

As such, it is our view that a fundamental, systemic shift toward a trauma-informed, therapeutic and rehabilitative approach to children and young people involved in the Northern Territory juvenile justice and child protection systems is required. We believe that there are a number of complementary approaches to accomplishing this shift and improving outcomes for at-risk youth, including:

- Specialist training for Youth Justice and Community Corrections Officers
- The provision of clinical specialists in juvenile justice settings
- The use of evidence-informed approaches and interventions that are adequately monitored and evaluated
- Improved Quality Assurance processes
- Targeted early interventions that engage and empower young people, families, communities and other networks, and
- Community consultation and involvement in decision-making processes.

Our submission is informed by our substantial experience working with vulnerable populations, especially in the delivery of out of home care and family support and, increasingly, in the area of juvenile justice. As explored below, LWB delivers a range of services and programs for young people already or at risk of being involved in the juvenile justice system, with a particular focus on evidence-informed programs that promote resilience and seek to improve outcomes by engaging family, community and other networks.

We will focus on two key areas, taken from the Commission's Terms of Reference:

(g) What measures should be adopted by the Government of the Northern Territory, or enacted by the Legislative Assembly of the Northern Territory, to prevent inappropriate treatment of children and young persons detained at the relevant facilities?

(h) What improvements could be made to the child protection system of the Northern Territory, including the identification of early intervention options and pathways for children at risk of engaging in anti-social behaviour?

We wish to thank the Royal Commission for the opportunity to contribute to this important conversation and look forward to working collaboratively with our sector to achieve positive change. We would also welcome the opportunity to contribute further to the work of the Royal Commission by appearing at a hearing, meeting or in any other forum that the Commission sees fit, such as the Policy Roundtable scheduled for 2017. The developers of many of the initiatives below have also indicated a willingness to appear before the Commission.

What measures should be adopted by the Government of the Northern Territory, or enacted by the Legislative Assembly of the Northern Territory, to prevent inappropriate treatment of children and young persons detained at the relevant facilities?

We believe that there are a number of complementary approaches to the prevention of inappropriate treatment of children and young people detained in juvenile justice facilities. These include formal safeguards and quality assurance, improved staff training and capacity building, and working with at-risk children and young people to improve outcomes and thus minimise their contact with the justice system.

In our view, crucial to preventing inappropriate treatment of young people in the juvenile justice system is providing support to the young people themselves, their families and their networks. This can take a variety of shapes and we will explore this in detail below. This submission will focus on trauma-informed approaches that help equip young people with the skills to manage their behaviour, make better choices and build the resilience needed to re-engage with their communities and thrive.

There are of course other mechanisms to support youth involved in the juvenile justice system that must be considered, such as complaints mechanisms, community visits and the implementation of a Custody Notification Service similar to those used in NSW and the ACT.

We also recognise that the Vita Review into the NT Juvenile Justice System – among others – emphasised the importance of implementing and utilising evidence-informed programs that meaningfully target offending behaviour. There exist several programs, practices and interventions that have a strong evidence base and, in our own experience, lead to good outcomes in practice – many of these are outlined below. LWB has the capacity to offer some of these and would be pleased to provide further detail given the opportunity.

Finally, we believe that the ultimate goal should be a paradigm shift to a therapeutic, trauma-informed approach to the provision of juvenile justice services. The requirements of child and adolescent development must be taken into account, as must the needs of young people in what must become a more rehabilitative and therapeutic context.

Evidence-informed, Therapeutically Focussed Service Delivery Models

A key issue faced by juvenile justice systems worldwide is that they are often appended to a much larger criminal justice system. It is well established in organisational research that when a large system is combined with a smaller system, the culture of the large system prevails. As such, we tend to see the kind of cultures and techniques prevalent in the adult corrective services system – which in Australia is around six times larger than the juvenile justice system – being transferred to a juvenile setting. This is concerning, as the adult system is neither designed nor equipped to take into account the realities of childhood and adolescent development, nor the very different needs of young people in what should be a rehabilitative setting.

Children and young people involved in the juvenile justice system are overwhelming more likely to have a history of trauma, abuse and/or neglect – many will have previously been the subject of a formal child protection investigation. As the Commissioners are aware, Aboriginal and Torres Strait Islander young people are also grossly overrepresented in the juvenile justice system, so the realities of intergenerational trauma and disenfranchisement must be recognised. All of this is not to paint a bleak picture, but to highlight just some of the reasons that the juvenile justice system must increase its orientation toward therapeutic service delivery to improve outcomes for often very disadvantaged children and young people.

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There are a range of approaches to doing this. We have chosen in this submission to focus on a selection of therapeutically-focused service delivery models that have been shown through rigorous research and evaluation – and our own practice experience – to deliver improved outcomes for children and young people involved in the juvenile justice system, as well their families and their communities. We would be glad to discuss these models – and the services we are able to provide around training, implementation and practice guidance – in more detail.

Cognitive Self Change

Cognitive-behavioural therapeutic methods have been repeatedly demonstrated to have a significant effect in reducing offending behaviour and recidivism (McGuire and Priestly 1995), helping people of all ages reintegrate into the community. At LWB, we have focussed particularly on the use of the Cognitive Self Change (CSC) model – there are a variety of reasons for this, but perhaps the most pertinent is that unlike many other cognitive-behavioural programs it does not assume that participants start with any motivation to change. Rather, it aims to support the development in the individual of tools that lead to change over time.

The core function of CSC is therapeutic group sessions which aim to assist the development of four key skills:

1. Learning how to pay attention to thoughts, feelings and attitudes
2. Learning how to see when thoughts, feelings and attitudes are leading towards doing something potentially hurtful, violent and/or criminal
3. Being able to generate new thinking that will lead away from the old, offending-related thinking, yet allow participants to feel good about themselves
4. Practice using this new thinking in real life situations.

CSC is the central pillar of LWB's Back on Track (BoT) program, an intensive, offending targeted intervention for young people involved in the justice system. While LWB only commenced BoT in January 2016 – for a cohort of 20 young people in Tasmania on community corrections orders – there is already evidence of successful outcomes. One young person reported that attending the group sessions had 'shown me that I'm not a no-hoper and that the right decisions can get me somewhere' and since joining the program, had completed a vocational training course, obtained their P-Plates **Privacy** r. There are also benefits for staff in enhanced skills in service delivery.

BoT can be delivered in either a detention setting or within the community as a part of court-based orders. The ideal length of time for delivery is nine months, however, this can be accelerated in a detention setting – it is also accessible for people with varying cognitive, language and literacy levels. It is also well indicated for addressing broader conduct issues that can arise in a custodial setting, and is a good 'transitional' program as it can accommodate young people who are returning to the community and who may have commenced in the program while in detention.

Youth Advocate Program

The Youth Advocate Program (YAP) was developed in the USA with the aim of connecting vulnerable and at-risk young people – particularly those involved in the juvenile justice system – to family and community. It is one of the most strongly supported evidence-based programs for high-risk young people, with a number of independent studies demonstrating improved outcomes and a reduction in offending behaviour for participants (cf: Devlon et al, 2014).

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YAP utilises paid and trained 'Advocates' who work intensively with young people with the aim of supporting them to plan and make decisions that help them get back on track. The advocates are available 24/7 and work with the young person for up to 15 hours a week for six to nine months. Central to the YAP ethos are a 'no reject, no eject' policy that ensures no young person is refused services on the basis of prior history or reluctance to engage in the program and a commitment to providing services to the most 'challenging' youth.

YAP's process is person-centred – tailored to the unique needs, strengths, and interests of the individual young person and her or his family – and is based on self-determination, aiming to ensure that young people and families have meaningful choices with regard to their overall service plan and daily activities. YAP is particularly committed to community integration and participation and ensuring that young people and families have access to resources and opportunities that improve their quality of life.

LWB recently completed a two year pilot of the YAP program in NSW – the first time that YAP had been utilised in Australia. Among other positive outcomes, of the 22 at-risk young people involved in the pilot, only one was incarcerated at its conclusion – given that the selection criteria for the pilot was at-risk young people in the child protection system with complex behavioural issues, this is a significant result, particularly as several of the participants had prior involvement in the juvenile justice system. We have provided more information about YAP in Attachment A to this submission.

Functional Family Therapy

Functional Family Therapy (FFT) is an intervention developed in the US that has registered highly successful outcomes for clients and is supported by a very strong evidence base. FFT focuses on the young person's family, and in particular the communication, problem-solving and parenting skills involved in family interactions, and is targeted at 11-18 year olds exhibiting serious behavioural issues, such as substance abuse and violent acting out. FFT is based on the theory that the problematic behaviour of the young person serves a function within the family – that is, the behaviours are an attempt to meet certain relational needs such as distance or closeness – and that some patterns of family interaction can reinforce the problematic behaviour. As such, FFT works with families to improve interactions, taking into account the needs of each family member and the attendant risk and protective factors.

Another stated aim of FFT is to engage and motivate young people and their families by decreasing the intense negativity that is often characteristic of families with young people displaying serious behavioural problems. Many of the negative experiences identified by the FFT development team are particularly relevant in the NT context – they include cultural isolation, racism, loss and deprivation, poverty and depression. FFT acknowledges and incorporates these often powerful emotional forces to increase engagement through respect and positive reattribution techniques.

While FFT is yet to be implemented in Australia, there have been exceptional outcomes in the United States – one example among many is that for every dollar spent on FFT in Washington State, \$18.98 is saved through reductions in felony recidivism (Aos et al, 2011).

Multi-Systemic Therapy for Juvenile Offenders

Multi-Systemic Therapy (MST) is an internationally recognised evidence-based intervention developed specifically to address youth conduct problems, and particularly offending behaviour and involvement in the juvenile justice system. It is an intensive family and community based program that addresses the multiple factors known to influence anti-social behaviour and youth offending across the settings and systems –

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including school, home, social networks and the wider community – in which young people operate. That is, rather than removing young people from these systems and settings, MST mobilises their strengths and resources to facilitate long-term, sustainable behavioural change that works in their world.

The effectiveness of MST is very strongly supported by evidence, with one randomised-controlled trial in the USA reporting an 88% reduction in the average number of arrests for participants in the program when compared to the control group, as well as a reduction in the seriousness of offences leading to arrest (Schaeffer and Borduin, 2005). Other trials have revealed similar outcomes (Timmons-Mitchell et al, 2006).

LWB is the Network Partner for delivery of MST in Australia and New Zealand. We've worked directly with hundreds of families across Australia, and also provide support through programs being delivered by the WA Health Department – we have witnessed exceptional outcomes with this program and have provided additional information in Attachment B to this submission.

Of particular note, however, is feedback from Aboriginal families who have experienced MST in WA. The families we supported live in the metropolitan periphery or poorly serviced metropolitan areas with limited access to private and public transport options, reported an unwillingness to trust or engage Government services, and are commonly unable to reliably access office-based services. The responses we gathered, however, indicate that the availability of MST in the home, the 24/7 'back-up', the intensive intervention and persistence of the therapists made them feel less abandoned by the system and more hopeful, engaged and supported in striving for change.

As Network Partners, we are able to provide all consultant supervision, ongoing staff training, quality assurance and other services to ensure that the MST model is delivered effectively. We very highly recommend this program and would be enthusiastic to assist in its implementation in the Northern Territory juvenile justice system.

Provision of Specialist Components in the Training for Youth Justice Officers and Community Corrections Officers

It has long been recognised that staff training and capacity building are crucial to improving service delivery and client outcomes. Further, equipping staff with skills and knowledge to do their jobs well is a vital plank in creating sustainable cultural change, which includes improving retention rates for high-quality staff.

We have outlined below some high-quality tools that we believe would increase staff capacity in the juvenile justice system. LWB has the capacity to provide a range of support for these programs – from guidance and advice through to implementation, training and accreditation – and we would be pleased to discuss these further in a forum the Commission sees fit.

Non-Violent Crisis Intervention training

Non-Violent Crisis Intervention (NVCI) training has for several decades been considered a gold standard approach to addressing hostile and violent behaviour in a variety of institutional settings. NVCI draws on a variety of techniques – from prevention of violent behaviour with respectful communication through to non-harmful, non-invasive physical interventions – to de-escalate crises, alongside appropriate debriefing and incident reporting approaches. The ultimate aim is to defuse confrontational behaviour before an incident escalates into a crisis situation, decreasing physical and emotional stress for those involved.

Youth Level Service/Case Management Inventory

We echo the recommendation of the 2015 Vita Review into the NT Youth Detention System that training in the Youth Level of Service/Case Management Inventory (YLS/CMI) be provided to detention centre staff. The YLS/CMI is an evidence-informed risk/needs assessment and case management tool for young offenders that has been in use for over 30 years and is based on three primary principles:

- **Risk.** Research and experience indicates that clients that present a low risk do as well or better with minimal intervention, with more structured interventions reserved for higher risk clients
- **Need.** The type of service provided should match the factors directly associated with the offending behaviour, including changeable factors such as attitude, peer selection and family relationships
- **Responsivity.** The style of service provision should be in line with the learning style, strengths and characteristics of the client.

It is our understanding that the NT Department of Corrections has taken steps toward the implementation of the YLS/CMI, and we would support the continuation of this process.

Foetal Alcohol Spectrum Disorder/Cognitive Disability Training

While reliable data as to the prevalence of Foetal Alcohol Spectrum Disorder (FASD) in the NT is not available, higher levels of alcohol consumption and other issues lead many to believe that rates are far higher than the national average. While FASD has a range of negative impacts upon an individual, the first point of interest in this context is an increased likelihood of contact with the criminal justice system. Bringing these together, a 2011 study among Aboriginal community service users in the Barkly region screened 220 participants for FASD symptoms – of these, 70% were found to have at least an indicator of FASD, and nearly all had had some involvement in the justice system (Barkly Youth Services, 2015). Anecdotal evidence appears to suggest that these rates are similar across the NT.

The 2015 Report of the NT Select Committee on Action to Prevent FASD found that individuals with FASD had as a secondary disability a greater likelihood of committing criminal offences and incarceration. Moreover, from the initial point of contact with police right through the justice system, people with FASD faced significant disadvantages related to hearing, communication, memory and comprehension difficulties. Among these are a propensity to provide false confessions to please interviewers and, conversely, exhibiting behaviours that are incorrectly interpreted as non-compliant or confrontational. The Committee also heard that heightened difficulty in adjusting to new rules and understanding social cues often lead to victimisation by other inmates and correctional staff (SCAPFASD, 2015).

More broadly, research indicates that similar disadvantages exist for those experiencing other cognitive and intellectual disabilities. Recently, LWB has partnered with the Disability Justice Project in NSW to deliver training, learning materials and support to disability service providers working with people with cognitive disabilities who have had contact with the justice system. The project incorporates a particular focus on Aboriginal people with cognitive disabilities due their significant over-representation in the justice system. We would be in a position to negotiate with the other providers to gauge the possibilities for expanding this program to the NT.

Another approach is the one taken by the NSW Community Justice Program (CJP). CJP provides supported accommodation – along with case management, behaviour intervention, psychological therapy and other supports – to assist people with an intellectual disability who have been released from detention to

reintegrate into the community. While LWB has not had direct involvement in this project, it is a promising approach to providing support and reducing recidivism for people with an intellectual disability in NSW.

Quality Assurance

Quality Assurance Processes

A strong, independent quality assurance system, comprised of auditors from across several relevant disciplines and committed to continuous improvement, is critical to preventing inappropriate treatment of children and young people in juvenile detention. The 2015 Vita Review into the NT Youth Detention System reported that Quality Assurance 'should encompass a rigorous process that involves phases of self-assessment, annual review, improvement review and progress review' (Vita, 2015 p.34). To this end, the report identified the model in place in NSW as a benchmark of best practice, and we would strongly recommend reviewing the literature around Quality Assurance to develop a best practice approach tailored to the NT context.

Supervision/mentoring program for Youth Justice Officers, with a focus on secondary trauma impacts

Due to the nature of the work, secondary traumatic stress (STS) – the emotional duress that results from hearing about or witnessing the firsthand traumatic experiences of others – is a well-established risk for workers in the juvenile justice sector. Symptoms are compared to those experienced in Post-Traumatic Stress Disorder (National Child Traumatic Stress Network, 2011) and the adverse effect of such symptoms on employee wellbeing and retention (and, by extension, on clients) are well documented.

There are a range of supervisory and mentoring approaches to address this issue. A recent and successful example is the Leading Practice initiative at LWB, targeted at supervisors of frontline workers to equip them with the skills to effectively lead and support their staff. Drawing on a range of professional development and psychological literature, it is delivered via intensive workshops that are supported by a range of resources and tools, as well as by follow-up coaching and debriefing sessions. Formal evaluation of the program is underway and initial feedback has been very positive.

What improvements could be made to the child protection system of the Northern Territory?

LWB has extensive experience in working with children, young people and families involved in the child protection system. Across Australia, we support over 2,500 clients in a variety of contexts, including foster and residential care, early learning centres and youth advocacy and mentoring. We view child protection as a continuum, with the placement of children in out of home care a last resort and believe – supported by extensive research evidence and practice experience – that families are a child's first and most important relationship.

We do, however, acknowledge that some families experience adversity and crises that impact their capacity to provide a nurturing environment for children and young people. There exist a wide range of early interventions to support families facing such circumstances, some of which we will detail below. If the removal of a child or young person becomes necessary, it is absolutely critical that the care provided is responsive to their needs, developmentally appropriate and above all, therapeutic.

As such, this section of our submission will focus on two key aspects:

- Early intervention programs that include and empower family, community and other networks
- A trauma-informed, therapeutic approach to service delivery

Before proceeding, it is our view that there are two clear and uncontroversial improvements that could be made to the child protection system in the NT. These are:

- The implementation of an independent approval body for registration of foster carers
- A child advocacy role – providing expert advice to the court, representing the child's best interests – for children subject to court order applications

As with our suggestions relating to the juvenile justice system, LWB has the capacity to work with Government Departments and other agencies to support the implementation and use of programs and strategies to improve outcomes for children and young people, and would be pleased to do so.

Identification of early intervention options and pathways for children at risk of engaging in anti-social behaviour

Both the research evidence and our practice experience clearly reveal that the quality of parenting that a child or young person receives (and the home environment that this creates) is the single most important factor in childhood development. It will of course be no surprise to the Commissioners that many children and young people in both the child protection and juvenile justice systems experience or have experienced poor parenting behaviours, including harsh and/or inconsistent discipline, little positive parental involvement, poor monitoring and supervision that in extreme cases lead to removal and multiple placements.

We also know that the short and medium-term outcomes of such parenting behaviours for children and young people can include antisocial and other behavioural problems, such as aggressive and/or defiant conduct that leads to problems in school and family environments and early contact with the police/justice system. These in turn lead to poor longer term outcomes including expulsion from school, persistent and serious offending, family breakdown, unemployment and drug and alcohol abuse. As such, LWB's focus is on interventions that take a whole of family (and where appropriate, community, school and other networks) approach to improving outcomes.

Research indicates that there are many factors that can contribute to these kinds of family crises, particularly for Aboriginal and Torres Strait Islander families – financial stress, alcohol and other substance abuse, racism, poor housing, intergenerational trauma such as that arising from the Stolen Generations, isolation from services and mental health issues are but some of them. It is a prime example of a 'wicked problem' for many communities in the Northern Territory, and despite significant efforts over many years has proven very difficult to address. There are, however, some interventions that have been proven to work in these difficult situations, and while it is not our suggestion that putting these programs into every family and community will change the determinants mentioned above (or is even possible), there is solid evidence to show that they can make meaningful differences to people lives.

It is well established that successful early interventions, while sometimes challenging and resource-intensive, have clear and demonstrable long term benefits for the entire community. Not only do they lead to better outcomes for individuals, they increase community safety and can remove the need for more resource-intensive interventions down the track such as out of home care and incarceration.

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However, we also believe that ‘early’ interventions should be available at a range of ages and developmental stages. It is often the case that as children age and behaviour issues escalate, interventions become more punitive in nature and tend not to involve family, community and other networks in a strengths-based manner – simply put, there is often a belief that the damage is already done. We have therefore provided below outlines of early interventions targeted at a variety of circumstances and needs.

Abecedarian Approach

LWB is currently partnering with the University of Melbourne and the local community to deliver training in the Abecedarian Approach Australia (3A) at one of our crèches in a remote Aboriginal community in the Northern Territory.

3A is underpinned by evidence-based teaching and learning strategies that maximise children’s learning outcomes by enhancing educator practice. It focuses on learning games, enriched caregiving and other activities to help support educators, parents and caregivers to provide the best possible environment for learning and childhood development.

Following extensive consultation, a tailor-made 3A practitioner training package was developed to ensure that educators and others in the community were able deliver the best possible outcomes for the kids in the crèche and beyond. Key messages from the workshops have also been translated into Warlpiri so that they can be displayed on the walls of the crèche.

While the implementation of this program is still in its early stages, LWB’s experience with 3A has so far been very positive, and their flexibility and hands-on approach is to be commended. We would be happy to discuss the outcomes of our 3A rollout as details come to hand, and once completed, we will have a number of qualified practitioners, many of whom are able to speak local languages. We understand that both the NT and Commonwealth Governments have previously sponsored 3A in homelands across the NT, and believe this is worthy of high commendation.

Pathways to Prevention

The Pathways to Prevention (P2P) program is targeted at preschool age children and their families during the transition to primary school. There is significant evidence to suggest that this a critical period for children and families, and that problem behaviour by children at this stage is a strong predictor of adolescent delinquency and later offending. P2P combines communication and social skills programs for pre-schoolers with support and community development activities for families in service of empowering families, schools and communities to provide environments that allow children to reach their potential.

P2P has previously been successfully implemented in Inala, one of the most disadvantaged urban communities in Queensland. The demographic make-up of this community is similar to many in the NT and as such we believe its positive outcomes would be transferrable.

Multisystemic Therapy for Child Abuse and Neglect (MST-CAN)

Multisystemic Therapy for Child Abuse and Neglect (MST-CAN) is an adaptation of the MST intervention described above. It was developed specifically to treat families who:

- Have come to the attention of the child protection system due to physical abuse and/or neglect; and,
- Have a child in aged 6-17 subject to a report of abuse or neglect in the preceding 180 days.

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Eligibility also extends to families with children who have already been placed outside the home, provided there is a plan to reunite the family. MST-CAN utilises a range of techniques – including safety planning, cognitive-behavioural therapies and communication strategies – to work with families to keep children at home in a safe, nurturing environment. Treatments generally last for six to nine months, are delivered in the home and have available a 24/7 hotline to help families resolve crises after hours.

The evidence base for MST-CAN is extremely promising. A five-year clinical trial revealed several positive outcomes – for example, compared to the control group, children showed a significant reduction in anxiety, behaviour problems and PTSD symptoms and experienced fewer out-of-home placements (and where such placements did occur, greater placement stability) while parents evidenced significant reductions in psychological distress and parenting problems such as neglect, physical abuse and psychological aggression (Swenson et al., 2009).

Functional Family Therapy – Child Welfare

Functional Family Therapy – Child Welfare (FFT-CW) is an adaptation of FFT specifically designed for families with children and young people up to 17 years of age at risk of being removed from their care. FFT-CW is designed to improve family dynamics, communication and supportiveness while decreasing intense negativity and dysfunctional patterns of behaviour.

Provided over a course of 3-6 months, FFT-CW consists of five modules:

1. Engagement
2. Motivation
3. Relational Assessment
4. Behaviour Change
5. Generalisation

Each module builds upon its predecessor and includes specific intervention techniques, as well as therapist goals and qualities, and the intervention overall integrates systemic skills training in family communication, parenting, conflict management and others linked to a variety of syndromes and referral problems. The evidence base for FFT-CW is promising, and further research is underway.

Parents Under Pressure

Developed in Australia, the Parents under Pressure (PuP) program aims to help parents facing adversity – including financial stress, substance abuse and mental health issues – to develop positive, secure relationships with their children. Ultimately, it intends to support a more nurturing family environment in which child behavioural problems can be managed in a calm, non-punitive manner. It is a home-based program that is tailored to meet the specific needs of each family involved, and allows families to set goals for themselves.

One of PuP's strengths is its local context, having been developed in and for Australia, and particularly that many of the staff trained to implement the program are from an Aboriginal or Torres Strait Islander background. Another distinct advantage is that the program can be delivered by paraprofessionals after completion of the relevant training, and is not reliant on tertiary-qualified practitioners. Taken together, these strengths make it a uniquely powerful tool for supporting families to prevent their children entering out of home care and safe reunification should removal become necessary.

PuP is in wide use in Queensland and focuses particularly on supporting Aboriginal and Torres Strait Islander families. Training is facilitated by Griffith University who are able to deliver training on site if sufficient numbers are in attendance.

Parent Child Interaction Therapy

We support Parent-Child Interaction Therapy (PCIT) as it has documented effectiveness for helping parents manage aggression and defiance in young children between the ages of two and seven. PCIT is unique in that it is a short-term parent training approach that involves direct coaching of parent-child interactions. In PCIT, behavioural techniques are integrated with traditional play therapy skills to enhance parent-child relationships, and parents are taught these techniques and practice their skills with their child in a playroom while coached by a therapist.

PCIT can be a useful intervention where longer term programs may not be appropriate or feasible. The intervention is intended to be short-term but is time unlimited – families remain in treatment until they have developed the treatment skills and rate their child's behaviour as having improved. The average duration of the treatment is 14 weeks of hour-long weekly sessions.

Design of therapeutic, trauma-informed care training for workers in the child protection system

The importance of therapeutic, trauma informed care for children and young people involved in the child protection system cannot be overstated. This was recognised by the 2010 *Growing Them Strong Together* report into the NT Child Protection System, which noted that all providers of care in the child protection system should have the ability to work with children to minimise the effect of trauma they have experienced and take a strengths-based approach to working with children and families.

The report – among many other sources – also notes that children and young people who experience stable, high-quality therapeutic care are less likely to become involved in the juvenile justice system and will experience a range of better outcomes generally. For these reasons, LWB strongly endorses the implementation and use of therapeutic approaches for all children and young people in foster, residential and other forms of out of home care.

Broadly, a therapeutic care approach recognises that a majority of children and young people involved in the child protection system are likely to have experienced complex trauma – that is, exposure to multiple and ongoing trauma such as abuse, neglect or emotional or physical deprivation. The impact of these experience can often surface in a range of disruptive and difficult behaviours, such as risk taking, poor impulse control and resistance to boundaries that in some cases may escalate into violent behaviour that can be harmful to the child and to others and lead to involvement in the criminal justice system.

Taking this into account, therapeutic, trauma-informed care aims to:

- Focus on strengthening attachments
- Build competencies
- Adjust expectations to account for children's developmental stage and trauma history
- Involve families in the child's care and to maintain family connections
- Enrich the environment to create a therapeutic milieu

- Recognise the presence of trauma and its role in patterns of behaviour and support children and young people to manage emotions and regulate behaviour.

While the evidence base is still developing, there are some promising models such as Children and Residential Experiences (CARE), Therapeutic Crisis Interventions (TCI) and TCI Families (TCIF) that LWB have or are in the process of implementing.

CARE

LWB has successfully implemented CARE in NSW, with plans follow this up nationally in 2016-17. The model involves engaging staff at all levels of the organisation and providing them with intensive training around how to create an environment that can improve outcomes and wellbeing for children and young people in care. The training focuses on the following six principles, drawn from research into childhood development:

1. *Developmentally focused* – This principle recognises that residential care provides an opportunity to enhance children’s chances for normal development. Staff will learn how to enhance children’s developmental competencies by –
 - i) Teaching skills that are missing or maladaptive;
 - ii) Creating opportunities for children to practice these skills with adult assistance, and
 - iii) Adapting the environment so that children can succeed.
2. *Family involved* – Because a child’s identity (in terms of race, ethnicity and culture) is inextricably tied to their family, involving a parent or other significant adult is a vital component in planning for the child’s return to the community.
3. *Relationship based* – Good quality attachments and nurturing care experiences are necessary for children to be able to form meaningful relationships (Anglin, 2002; Bloom, 2005). Positive relationships between children and staff (or carers) enable children to feel safe, to learn to trust and be able to gain assistance to overcome barriers and problems they face. In other words, they enhance resilience. Good attachments with staff maximise staff influence in helping children learn a range of important interpersonal skills.
4. *Competence centred* – This refers to the combination of skills, knowledge and attitudes that children need in order effectively to negotiate the challenges of daily life. Staff are encouraged to help children become more competent at managing both their environment and learning new skills.
5. *Trauma informed* – Research suggests that children’s development is adversely effected by trauma, such as neglect, abuse and violence (Bloom, 1997). CARE teaches staff to take into account the impact of a child’s trauma on all interactions, activities and expectations. CARE stresses the importance of establishing and maintaining a safe, non-violent culture in which children can learn adaptive ways of coping with stress.
6. *Ecologically oriented* – A caring and supporting environment provides the wherewithal for children learn how to look after others and themselves. In an environment where there are caring adults who will show their belief in the child’s abilities and strengths, a child is motivated to learn and the more the environment can be enhanced to motivate the children to participate in activities and relationships, the better the child’s opportunities for growth and development (Anglin, 2002).

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LWB has a number of qualified CARE trainers and can assist with training, implementation and program sustainability. While research evidence and our practice experience demonstrate that this program is worth implementing in full in the residential care system, it can also serve as a template for a best practice approach to therapeutic, trauma-informed care in a wide variety of contexts.

Therapeutic Crisis Intervention

The core principle of Therapeutic Crisis Intervention (TCI) is that the successful resolution of a child's crisis is dependent on the environment and the care worker's therapeutically and developmentally appropriate response. TCI focuses on the prevention and de-escalation of crises, with a view to minimising the use of physical force except when absolutely necessary as a safety intervention. TCI also helps care workers monitor their own levels of emotional arousal, helping them to use non-coercive, non-aggressive strategies that de-escalate crises and contribute to the child's emotional self-regulation and growth. These strategies extend to the care environment, ensuring a whole of system approach to crisis management.

While TCI was initially developed specifically for residential care facilities, there have been successful adaptations of the program (such as TCI Families) to expand to foster family and school settings. Elements of TCI have also been successfully utilised in other service delivery areas, utilising the principles of de-escalation and respect-based interaction to manage difficult situations.

An Important Note – Community Consultation

The interventions that we have described in this submission have been proven to work – whether through research evidence, practice experience or a combination of both – in a variety of contexts and settings. However, it is important that decisions about which program or programs are a good fit for a community should be based on thorough assessment and prioritisation of local community and client needs and risk factors as well as available resources. It is also critically important that local communities are consulted and involved in decision-making at every feasible stage of the decision-making process.

Empowering communities to contribute to the decision making process around the kind of assistance they should receive has been demonstrated to improve processes and outcomes (Munro, 2002; Healy and Darlington, 2009). Our experiences with socially and geographically isolated communities that have traditionally not been included, some of which we have described in this submission, very clearly reinforce this point. Moreover, it is becoming widely accepted that the intended recipients of an intervention have a fundamental right as citizens to be involved in the decision-making processes that affect them (Healy 2005). For maximum impact, consultation and involvement must be central to any strategy for improving individual, family and community outcomes.

A fantastic local example is the collaborative effort between Warlpiri elders and the North Australian Aboriginal Justice Agency (NAAJA) to create the Kurdiji Law and Justice Group. The Kuridiji group – comprised of local elders and supported by the NAAJA team – writes background reference letters for young, first-time offenders from the Lajamanu community who are due to appear in criminal court. This in turn increases the accountability of young people in the community to their elders, and is cited as a major reason for a 50% decrease in criminal cases since 1996 when the group took a leading role in legal matters (Anthony and Crawford, 2014). Commissioners will not need to be reminded that in the same period, imprisonment rates across the Northern Territory increased by over 70%.

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Conclusion

In conclusion, we would like to thank the Royal Commission for the opportunity to provide a submission to this Inquiry.

It is important to acknowledge that there are many contributing factors when it comes to the current and historical issues facing the NT juvenile justice and child protection systems, and the Northern Territory community more broadly. Addressing these will require a significant commitment to change, and it is unlikely that one approach will have all the answers.

However, as our submission attests, we believe that a fundamental approach to achieving positive change in these systems is a systemic shift toward a trauma-informed, therapeutic and rehabilitative approach to the children, young people, families and communities they involve. We have outlined a number of pathways to achieving this, including:

- Specialist training for Youth Justice and Community Corrections Officers
- Improved Quality Assurance processes
- The implementation and use of evidence- and trauma-informed approaches and interventions
- The empowerment of young people, their families and their communities
- Early intervention and support, and
- A commitment to partnering with communities to improve outcomes.

We believe that this Royal Commission presents a unique and urgent opportunity for positive change in the Northern Territory. Any prospect for LWB to contribute to this change will be met with enthusiasm, and we would particularly welcome the opportunity to speak to the Commission in any forum that Commissioners see fit. As indicated above, LWB is also in a position to work with the relevant Territory Departments to implement some of the initiatives we have explored in our submission.

Thank you once again for the opportunity to contribute. We would be glad to elaborate further on any of the aspects of our submission, and look forward to working collaboratively with the Royal Commission and the Northern Territory Government to achieve positive change.

Kind regards,

Privacy

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Resources

Abecedarian Approach Australia

<https://3a.education.unimelb.edu.au/>

Children and Residential Experiences (CARE)

http://rccp.cornell.edu/care/care_main.html

Cognitive Self Change

http://cognitiveselfchange.com/Cognitive_Self_Change/Home.html

Disability Justice Project

<http://www.disabilityjustice.edu.au/>

Functional Family Therapy

<http://fftlc.com/>

Life Without Barriers Pillars of Practice

<http://www.lwb.org.au/assets/Uploads/9398-LWB-Pillars-of-Practice-WEB.pdf>

Life Without Barriers – We Put Children first

<http://www.lwb.org.au/assets/Uploads/10199-LWB-Child-Safety-Guide-WEB.pdf>

Multi Systemic Therapy

<http://mstservices.com/>

Multi-Systemic Therapy – Child Abuse and Neglect

<http://www.mstcan.com/>

Non-Violent Crisis Intervention

<https://www.crisisprevention.com/Specialties/Nonviolent-Crisis-Intervention>

NSW Community Justice Program

http://www.adhc.nsw.gov.au/sp/delivering_disability_services/community-justice-program

Parents Under Pressure

<http://www.pupprogram.net.au/>

Parent Child Interaction Therapy

<http://www.pcit.org/>

Pathways to Prevention

<https://www.griffith.edu.au/criminology-law/griffith-criminology-institute/our-programs-of-research/creating-pathways-to-prevention>

Youth Advocate Program

<http://www.yapinc.org/>

Youth Level of Service/Case Management Inventory

<http://www.mhs.com/product.aspx?gr=saf&id=overview&prod=yls-cmi>

Therapeutic Crisis Interventions

http://rccp.cornell.edu/tci/tci-1_system.html

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