



Preliminary Discussion Paper

January 2018

Prevention and early intervention for 8 – 12 year olds in the Northern Territory

This Preliminary Discussion Paper provides a summary of key themes that emerged from a series of consultations on the topic of prevention and early intervention for 8 – 12 year olds in the Northern Territory. In the context of substantive government reform, this paper seeks to inform reform direction and be used as a prompt for further discussion.

It is commonly understood in the child and youth sectors that prevention and early intervention work is essential to reducing the number of children engaged with the youth justice and child protection systems. This has been reinforced in findings of the Royal Commission into Child Protection and Detention of Children in the Northern Territory (NTRC)¹ and recognised in recent policy reforms and commitments by the Northern Territory Government (NTG). Furthermore, both the NTRC and the NTG recognise that differentiated and tailored responses are required for children, in keeping with contemporary understanding of brain development. This is particularly evident in the NTRC recommendation that the minimum age of criminal responsibility be increased from 10 to 12 years of age, which the NTG has committed to. The Northern Territory Council of Social Service (NTCOSS) supports this reform, which is substantiated by a wealth of research showing that children under the age of 12 do not have the maturity and brain development necessary to be held responsible for criminal behaviour.

In light of this reform, NTCOSS undertook consultations with stakeholders to gather feedback on support needed for children aged 10 – 12 years old, who engage in concerning or ‘antisocial’ behaviours. The aim of these consultations was to better understand current service provision, and to identify areas that need to be improved and strengthened to promote better outcomes for children and young people in the Northern Territory. This paper does not address tertiary responses for children under the age of criminal responsibility who have multiple and complex needs, and who have come to the attention of the police. Rather, this paper seeks to contribute to conversations regarding prevention and early intervention for 8 to 12 year olds to prevent contact with tertiary systems.

¹ Royal Commission into the Protection and Detention of Children in the Northern Territory, 2017, found at <<https://childdetentionnt.royalcommission.gov.au/Pages/Report.aspx>>

The majority of consultations were carried out with non-government agencies, community members, and government agencies in Alice Springs and Darwin, with targeted conversations occurring in Tennant Creek and Katherine (see appendix A). While there were regional differences in discussion outcomes, many common themes arose, particularly around the need for more prevention and early intervention programs for children aged 8 – 12 years, and increased resourcing for existing programs working in this space. This paper is a preliminary outline of the main themes raised in discussions with stakeholders, and NTCOSS acknowledges that there is the need for further consultations, particularly with remote communities.

Commonly identified principles for early intervention and prevention service delivery

- Adherence to the Aboriginal Peaks of the NT NGO Partnership Principles
- Flexible and innovative programs targeting vulnerable children (8-12 years)
- A genuine whole of government commitment to address the issues faced by this vulnerable cohort in collaboration with the community sector
- Improved transparency, consistency and information sharing across the government and community sector, especially with regard to shared language
- A genuine understanding and application of trauma-informed practice including a commitment to ongoing professional development and training for staff
- Family and child-centred responses that build family capacity and empowerment and respect families' right to fully participate in all aspects of programs affecting their children
- Greater consideration and attention to the particular needs of regional and remote NT including culturally safe and strengths-based school engagement tools
- Transitional support from primary school to secondary school tailored to individual and family needs aimed at extending and widening support for vulnerable children

Education, Support and School Transitions

The importance of supporting children experiencing vulnerability throughout their schooling was consistently raised by stakeholders across consultations. It is recognised that engagement with school is a protective factor against poor health outcomes, poverty and engaging in youth offending², providing a significant opportunity for positive interventions for children identified as at risk.

² Hancock K and Zubrick S 2015, 'Children and young people at risk of disengagement from school', for the Commissioner for Children and Young People WA, found at <https://www.ccyp.wa.gov.au/media/1422/report-education-children-at-risk-of-disengaging-from-school-literature-review.pdf>

Stakeholders identified that many children in the youth justice system are often disengaged from school, primarily through absenteeism, truancy, suspensions and exclusions. The research suggests the best outcomes result from prevention³ through enhancing family, community and cultural supports and networks, and early intervention in situations of abuse and neglect to prevent the onset of offending.

The NT Department of Education's '*Strategic Framework 2018-2022*'⁴ emphasises partnerships across the sector, focusing on holistic supports for children, greater community engagement, and providing differentiated support with evidence-based programs to schools, and is a positive step toward engaging vulnerable children and their families in the education space. The *Indigenous Education Strategy*⁵ and *Social Emotional Learning*⁶ curriculum, which emphasise the need for culturally safe and appropriate programs as well as trauma and therapeutic-based practices, enforce this commitment.

Concerns were raised in consultations, however, around the capacity of education bodies to administer the above recommendations and strategies. While it was noted that these strategies highlight a move towards better practice regarding working with vulnerable children and their families, the autonomous nature of schools may result in a lack of consistency or variances in program delivery. Conversely, the rigidity of national curriculum was identified as locking schools into modes of delivery that are not place-based, community-led and culturally responsive.

Improved transparency and coordination in program delivery and open communication between educational institutions, government departments, non-government organisations and other stakeholders was raised as an important need to be met. Education engagement programs within mainstream schooling models are seen as an avenue to engage vulnerable children, linking children and families up with necessary services and other programs to ensure that not only their needs are met, but they continue to engage with school. Gaps in provision of school engagement programs for primary school-aged children were also noted across the sector, with programs such as Stars/Girl's Academy and Clontarf catering only for secondary students and largely in main regional centres. With the exception of Wanta Sports Academy and various AFL-like programs in schools, these opportunities

³ Homel et.al, 2017, 'Preventing the onset of youth offending: The impact of Pathways to Prevention Project on child behaviour and wellbeing', Australian Government - Australian Institute for Criminology, accessible at < <https://aic.gov.au/publications/tandi/tandi481>>

⁴ NT Department of Education, 2018, 'Strategic Framework- 2018-2022', accessible at < <https://education.nt.gov.au/education/statistics-research-and-strategies/strategic-plan> >

⁵ NT Department of Education, 2015, 'Indigenous Education Strategy', accessible at < <https://education.nt.gov.au/education/statistics-research-and-strategies/indigenous-education-strategy>>

⁶ NT Department of Education, 2017, 'Social and Emotional Learning Curriculum', accessible at < <https://education.nt.gov.au/education/statistics-research-and-strategies/indigenous-education-strategy/indigenous-education-strategy-issue-15/social-and-emotional-learning>>

are also limited in remote schools. Flexibility and innovation in service delivery models were identified as a key component of success in this area.

In conjunction with the above, the need to provide greater classroom support within schools was recognised. Low literacy and numeracy levels and the challenge of engaging in classroom activities was identified as a contributing factor to school disengagement and behavioural issues. Stakeholders raised concerns that many schools do not have adequate resourcing for school wellbeing supports, which negatively impacted on schools' abilities to meet the needs of vulnerable children. Stakeholders identified that for some children, challenging behaviour was symptomatic of undiagnosed disability, where systemic barriers to accessing assessment and support mean that children's needs are not being met. This, in conjunction with the prevalence of childhood trauma, is seen as a key contributor to children disengaging from education.

A strong theme in consultations was the need for more support for children experiencing vulnerability in transitioning between primary school and middle/secondary school. For example, Inclusion Support Assistants 'travelling' with children from Year 6 to Year 7 to support their establishment in a new school, to address this gap. This process could involve both school-based and out-of-school activities with a cohort of transitioning children and their families, to provide students with an extended support network as they transition from primary school. Obstacles to adopting a transition model that would need to be resolved include attribution of costs, staffing availability, continuation of training and development and funding barriers in schools.

A number of stakeholders raised the need for age and culturally appropriate sex education for 8 – 12 year olds. This was particularly seen to be an issue for children who are disengaged with education, and therefore not accessing sex education at school. Services were concerned that some children as young as twelve years are engaging in unhealthy and potentially harmful sexual activity and that there is a need to strengthen children's knowledge of respectful relationships and consent, and increase their protection from Sexually Transmitted Infections and sexual violence. It was argued that children should have access to age and culturally appropriate sex education, to foster a strong culture of respect, consent and healthy sexual habits before children start engaging in sexual activity.

NTCOSS encourages schools and other educational bodies to adopt models of best practice involving community and family-centred approaches to addressing children's needs, in safe and culturally appropriate environments. NTCOSS also supports improved efforts to train and engage local Aboriginal assistant teachers and professionally qualified teachers in remote schools. This will provide

continuity, support and cultural safety for children in schools with a high turnover of non-Indigenous staff and principals, and who have varying degrees of cultural understanding and experience.

Therapeutic care models

Creating models that engage children and their families on a therapeutic level were noted throughout consultations. Embedding trauma-informed care models within government and non-government agencies was promoted as a means to positively benefit engagement outcomes, due to the harmful effects childhood trauma can have on development.⁷

Many organisations (government and non-government) across the region were acknowledged to be utilising trauma-informed care and other therapeutic-based training for staff, including an understanding of brain development in children. However, it was noted that there is a need for ongoing professional development and education for staff. Stakeholders highlighted the need for a model that embeds trauma-informed, therapeutic practices and an understanding of children's brain development in program development and delivery. The implementation of an evidenced-based approach to delivery and participatory evaluation was considered as a pathway to best practice. Greater opportunities for professional development across the sector in such therapeutic areas would have positive impacts on not only program outcomes (and therefore outcomes for children and their families), but staff would be better equipped to work with vulnerable, at-risk people in their communities.

The prevalence of Foetal Alcohol Spectrum Disorder (FASD) and barriers to accessing diagnosis and support for children with this condition was a common issue raised. Australia currently lags behind other countries in recognising the prevalence of FASD and the impact on the individual as well as the social and economic impact on families and society.⁸ The range of cognitive, social and behavioural difficulties (including with impulse control and self-regulation) can have negative impacts on children and families engaging with structural systems (such as youth justice, education and other agencies).⁹

To improve the outcomes for children experiencing such behaviours, the need for better access to therapeutic and medical interventions which can aid in diagnosis and treatment of children with disabilities, particularly FASD, was also identified. In conjunction with this, adopting evidence-based

⁷ Attachment and Trauma Network, 2018, 'Attachment Trauma – Early Childhood Trauma', accessible at < <https://www.attachmenttraumanetwork.org/attachment/>>

⁸ Blagg H and Tulich T, 2018, 'Diversionary pathways for Aboriginal youth with foetal alcohol spectrum disorder', Australian Government – Australian Institute of Criminology, accessible at < <https://aic.gov.au/publications/tandi/tandi557>>

⁹ Ibid.

approaches to trauma-informed care would provide a high level of understanding and positively influence the implementation of programs for children who may have FASD but are yet to be diagnosed, as similar behaviours are supported and addressed.

The Australian Institute of Criminology's recently published *Diversionary pathways for Aboriginal youth with foetal alcohol spectrum disorder* develops a clear requisite for community-owned programs that are led and managed by Aboriginal communities to address need amongst their young people, and help develop a community, family-centred approach. This is supported in multiple recommendations by the NTRC¹⁰. The NTG's Local Decision Making 10 year policy commitment to transferring service delivery to Aboriginal people and organisations based on community aspirations¹¹ provides opportunities for this to occur. Exploring models that consider intergenerational impacts and that are based upon community knowledge are critical for sustainable, positive outcomes.

The recently launched *Addressing Fetal Alcohol Spectrum Disorder (FASD) in the Northern Territory 2018 – 2024*¹² strategy and the *National Fetal Alcohol Spectrum Disorder (FASD) Strategic Action Plan 2018 – 2028*¹³ both offer promise in improving the livelihoods of people with FASD and in decreasing the prevalence of FASD. With both having a focus on prevention, screening and diagnosis, support and management and priority groups, the strategy and action plan aim to reduce the impact of FASD in Australia. While this government focus is unprecedented in Australia and the NT, it is critical that the strategy and action plan are adequately resourced.

After-hours activities

Many stakeholders identified the need for more drop-in spaces and activities primarily targeting primary school-aged children, as well as the general need for greater resourcing for programs operating on weekends. While there has been greater investment in activities for young people over the past two years, these often engage children aged 10 - 12 years and above, leaving a gap for younger children.

¹⁰ For example, see Recommendations 7.3, 18.1, 25.14, 25.22

¹¹ <https://dcm.nt.gov.au/supporting-government/office-of-aboriginal-affairs/our-priorities>

¹² Department of Health, Northern Territory Government, 2018, 'Addressing Fetal Alcohol Spectrum Disorder (FASD) in the Northern Territory 2018 – 2024', accessible at: < https://digitallibrary.health.nt.gov.au/prodjspui/bitstream/10137/7232/1/DOH_FASD_Strategy_Web.pdf >

¹³ Department of Health, Commonwealth of Australia, 2018, 'National Fetal Alcohol Spectrum Disorder Strategic Action Plan', accessible at: < <http://www.health.gov.au/internet/main/publishing.nsf/Content/55E4796388E9EDE5CA25808F00035035/%24File/National%20Fetal%20Alcohol%20Spectrum%20Disorder%20Strategic%20Action%20Plan%202018-2028.pdf> >

A number of considerations were raised in discussions to improve the access for 8 – 12 year olds to after-hours activities. The lack of available transport was raised repeatedly by stakeholders as a barrier to children accessing after-hours activities. Frontline workers spoke of the need for after-hours activities to cater to diverse aged groups, recognising that 8 – 12 year olds are often accompanied by younger or older siblings or relatives. For children who are most at-risk, outreach models of engagement were seen as critical, not only to engage children who would not otherwise attend activities, but also to address barriers such as program costs and material requirements. There was also the recognition that increased after-hours activities would require flexible staffing structures and clear protocols regarding parental consent for children under 12 years to engage in program activities. A need for mentoring-type programs was also highlighted, where children are provided opportunities to engage socially (eg. with sporting clubs) while also accessing necessary supports, and building family capacity to engage in these activities.

There was a perception by some stakeholders that the majority of children are on the streets at night because they are unsafe at home. However, feedback from community members, information from Territory Families, and other services providing frontline support demonstrates that while there may be a number of children on the streets for this reason, it is not representative of the broader demographic. Other feedback suggests that many young people occupy public spaces as opportunities for social engagement, and that often the cohort in question (8 – 12 year olds) are accompanying older family members in using these spaces. It was also argued that many children are on the streets at night because their homes lack access to services (for example internet access), infrastructure and capacity for their needs to be met. Whatever the reasons for children aged 8 – 12 years being on the streets at night, stakeholders were unanimous in identifying this as a concern to be addressed.

Many stakeholders recommended focusing on developing and expanding programs that build the capacity of families to better understand and meet the needs of their children. Holistic forms of family support have been shown to have major beneficial effects on parents and children, particularly innovative models that focus on empowering vulnerable families to manage or address the challenges of poverty and family violence, and to develop skills to engage with their children.¹⁴ With this in mind, it was recommended that more after-hours activities should be developed that provide a space for families to engage together, with opportunities for soft referral points to family support services where necessary.

¹⁴ Homel et.al, 2017, 'Preventing the onset of youth offending: The impact of Pathways to Prevention Project on child behaviour and wellbeing', Australian Government - Australian Institute for Criminology, accessible at < <https://aic.gov.au/publications/tandi/tandi481>>

NTCOSS notes that there is a number of programs in place to provide early intervention family support services, including Territory Families' Family and Children Enquiry Support referral pathway, Intensive Family Support Services and Intensive Family Preservation Services, as well as work currently being developed by Aboriginal Medical Services Alliance NT on developing Aboriginal-run early intervention family support services. However, stakeholders identified that the current availability of services does not meet the need in the NT, particularly in regional and remote communities, that there was a lack of clear referral pathways for non-statutory bodies, and that lower thresholds for engagement are required to provide the opportunity for early intervention.

Cultural Safety

Stakeholders strongly identified the need for cultural safety to be embedded in programs supporting vulnerable children. This view reflects evidence that the presence of native language speakers and close and extended family members, both within schools and outside school programs, can provide a protective factor for children at risk of disengagement or antisocial behaviour. Investing in programs that combine language and mentorship, as well as a whole-of-community approach in program delivery, was promoted as an avenue that would beneficially impact vulnerable children. Participants also spoke of the benefit of programs, including through schools, which take children and families on country, positioning local Aboriginal people to lead such programs and pass on knowledge. Placing emphasis on culturally important practices demonstrates a desire to not just seek to engage communities, but determines that value is being placed on culturally significant practices outside of a Western paradigm.¹⁵

The NTG's Indigenous Languages and Cultures (ILC) program provides a strong foundation and clear guidelines for remote communities, elders and local Aboriginal teachers to work with non-Indigenous teachers. These guidelines assist the development of culturally appropriate, locally adapted curricula and related activities in schools and on country on a spectrum that can include formal bilingual programs. The ILC guidelines also acknowledge that many students, particularly within the urban schooling context, 'who identify with an Aboriginal language and cultural group while no longer speaking the language', can greatly benefit from their school implementing an ILC program through 'opportunities for recognising, valuing and strengthening cultural identity and sense of self.'¹⁶

¹⁵ Blagg H and Tulich T, 2018, 'Diversionary pathways for Aboriginal youth with foetal alcohol spectrum disorder', Australian Government – Australian Institute of Criminology, accessible at <
<https://aic.gov.au/publications/tandi/tandi557>>

¹⁶ NTG, 2018, 'Guidelines for the Implementation of Indigenous Languages and Cultures Programs in Schools', accessible at https://education.nt.gov.au/_data/assets/pdf_file/0004/471712/indigenous-languages-and-cultures-guidelines.pdf

However, the guidelines also recognise the limitations of global funding for schools making the decision to pursue an ILC program an often poorly resourced and challenging one.¹⁷

NTCOSS notes the NTG's *Safe, Thriving and Connected*¹⁸ whole-of-government commitment to placing families and children at the centre of reform approaches, while giving Aboriginal people, communities and organisations a central role in shaping the design and delivery of local reforms. Engaging those with lived experience and knowledge on issues affecting their communities and their children, is a positive step forward and focuses on building the capacity of families and their communities to actively participate in reform processes. Embedding such approaches across sectors and agencies in the Northern Territory would arguably improve program outcomes for vulnerable children.

Along with recognising the benefits of increased investment in cultural programs, stakeholders raised the need for greater cultural understanding across the sector. Lack of understanding and acknowledgement of culturally different practices is seen as a barrier to people accessing services. One such issue that was raised is the need to acknowledge the wider reach of family in an Aboriginal context, and provide services that fit around this model. The need to expand the use of cultural approaches in clinical services was also put forward. Developing a strong Aboriginal workforce, who can then bring their knowledge and learning to workplaces, is seen as having positive impacts on cultural understanding and change within organisations.

Summary

The key message that arose throughout consultations is the need for child and family centred approaches to engagement and development. The need for the whole of the community to be involved in these programs, including strong interagency responses, is seen as paramount to any long standing future success of prevention and early intervention, for children aged 8-12 years and more generally for all children within our communities.

NTCOSS acknowledges the NT Government's policies and commitment to the reform process. The policies are generally sound and the rhetoric is positive, but it is very early days and we acknowledge that the potential positive impacts on children and their families will take time to be seen. With this in mind, it is important to properly monitor and evaluate the progress of the reforms from the outset.

¹⁷ Ibid.

¹⁸ NTG, 2018, 'Safe, Thriving and Connected', accessible at https://rmo.nt.gov.au/data/assets/pdf_file/0005/498173/Safe,-Thriving-and-Connected-Implementation-Plan-Web.pdf

It is not the responsibility of any one Department, or any one organisation, to deliver preventative and early intervention programs. Consistency in approach and language, to ensure that providers and communities understand their aim and purpose, is an important component of delivery and reform.

While this preliminary discussion paper has raised some key themes in prevention and early intervention for 8 – 12 year olds, it is important that this conversation is continued going forward. In the context of our current reform agenda, further opportunity to hear from a wide range of voices and expertise, particularly from remote communities, is needed to offer our children the best future possible.

Appendix A

List of stakeholders

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Anglicare NT
Alice Springs Youth Accommodation Support Service
BushMob Aboriginal Corporation
Catholic Care NT
Central Australian Aboriginal Congress
Child Australia
Children's Ground
Connected Beginnings
Danila Dilba Health Service
Foster and Kinship Carers Association NT
Jesuit Social Services
Katherine Regional Health and Related Services
Larrakia Nation Aboriginal Corporation
Lutheran Community Care
Menzies School of Health
National Association for Prevention of Child Abuse and Neglect
North Australian Aboriginal Justice Agency
NT Department of Education
NT Department Territory Families
NT Legal Aid
NT Primary Health Network
Papulu Apparr-kari Aboriginal Corporation
Red Cross
Relationships Australia
Save the Children
Somerville
Strong Kids Strong Centre
Tangentyere Council
Young Women's Christian Association

Individual community members