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**NTCOSS submission to  
The Royal Commission into the Protection and  
Detention of Children in the Northern Territory**

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## **ACKNOWLEDGEMENT**

This Royal Commission into the Protection and Detention of Children in the Northern Territory is our opportunity to create significant change in the lives of the children of the Northern Territory.

NTCOSS acknowledges the many people who over a long period, fought, and spoke out bravely for change in the Northern Territory youth detention and child protection systems.

The success of this Royal Commission will be determined by the political will of decision makers to engage in genuine consultation, consider evidence and value the advocacy of Northern Territory Aboriginal people, communities and organisations.

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## EXECUTIVE SUMMARY

35,000 kilometres, 45 community visits, more than 260 meetings and over 65 written submissions<sup>1</sup> made up the stories and solutions in the 2007 Little Children are Sacred Report. Anderson and Wild wrote that it had all been said before.

They called on governments not merely to follow the dictates of the electorate but to lead it, accepting its responsibility to protect our kids. In response, former Prime Minister John Howard ordered the army into NT remote Aboriginal communities.

Since (and before) then, numerous reports have been commissioned into the status of child protection and youth detention in the NT, often with a deliberate or by default, focus on Aboriginal children and young people.

NT Aboriginal people, communities and organisations have participated in endless consultations for these reports (and other reports and Royal Commissions). The corresponding list of recommendations is long, however implementation has been slow or non-existent.

NTCOSS acknowledges some gains were made in the two years following the 2009 Growing Them strong, together Report. Unfortunately, momentum was lost when in 2012, the newly elected CLP government dissolved the expert implementation panel of that report.

Aboriginal people and organisations, youth and social justice advocates, lawyers, NT public servants and journalists never ceased speaking up about the human rights breaches experienced by children and young people in the NT child protection and youth justice systems. What is clear from the many recommendations in this submission, is that NTCOSS has provided commentary on, and solutions to, the state of child protection and youth detention in the NT over many years.

Before listing our recommendations to this Royal Commission, we step the reader through a snapshot of our Territory, who we are, where and how we live. We know NT children are entitled to protection under international human rights instruments ratified by the Australian government, and we aim to remind the reader of those conventions and call on Territory and Federal Governments to make law and policy that does not deviate from these conventions. Following this, we provide a list of relevant national plans and standards to guide decision makers through the evidence. Theoretical frameworks are presented to explain our social justice world view. Without all these pillars, we cannot expect the evidence to make a difference on its own.

Finally, we acknowledge the courage of the recently elected Gunner government to adopt several strategies suggested by long term youth justice advocates, NTCOSS and the Making Justice Work coalition. We wish the new NT Government success in their endeavours and offer our support during their term in government.

## ABOUT NTCOSS

The Northern Territory Council of Social Service (NTCOSS) welcomes the opportunity to make a submission to The Royal Commission into the Protection and Detention of Children in the Northern Territory.

NTCOSS is a peak body for the Social and Community Sector in the Northern Territory (NT) and an advocate for social justice on behalf of people and communities in the NT, who may be affected by poverty and disadvantage.

NTCOSS has a broad membership base, which is made up of non-government and community organisations, Indigenous organisations, and community councils across the NT as well as other organisations and individuals who are committed to social justice issues for people and communities who are socially and financially disadvantaged in the NT.

NTCOSS is governed by a Board which includes representation from across the Social and Community Sector in the NT, including regional representatives and representatives from the range of social policy areas.

NTCOSS plays a coordination, advocacy, policy and sector support, and leadership and information role for the Social and Community Sector in the NT.

This includes:

- Sector Support – provision of industry support and advice to the Social and Community Sector.
- Advocacy on behalf of the Sector, to Government, in relation to industry issues.
- Social Policy and Advocacy – NTCOSS undertakes policy development, analysis and research on social policy issues and develops policy positions that reflect the views of the Social and Community Sector and their consumers.
- Advocacy in relation to social justice issues for people and communities in the NT who are socially and financially disadvantaged.
- A Territory specific focus to national issues throughout the State, Territory and National Council of Social Service network.

## UNDERPINNING THEORETICAL APPROACHES

NTCOSS suggests the following theoretical approaches are considered, but not limited to, in the development of legislation, policy and practice in the NT youth detention and child protection systems:

- Social Determinants of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing
- Social Determinants of Health
- Social Determinants of Health of Australian Aboriginal people
- Public Health Approach
- Intersectionality Theory
- Human rights based approach
- The Harm Minimisation Approach

### Social Determinants of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing<sup>2</sup>

The determinants of Aboriginal social and emotional wellbeing (SEWB) are multiple, interconnected, and develop and act across the life course from conception to late life, all of which influence the expression of positive or negative wellbeing. The risk and protective factors impacting on the wellbeing of Aboriginal people differ in important ways from mainstream concepts of 'mental health' and the experiences of other Australians.

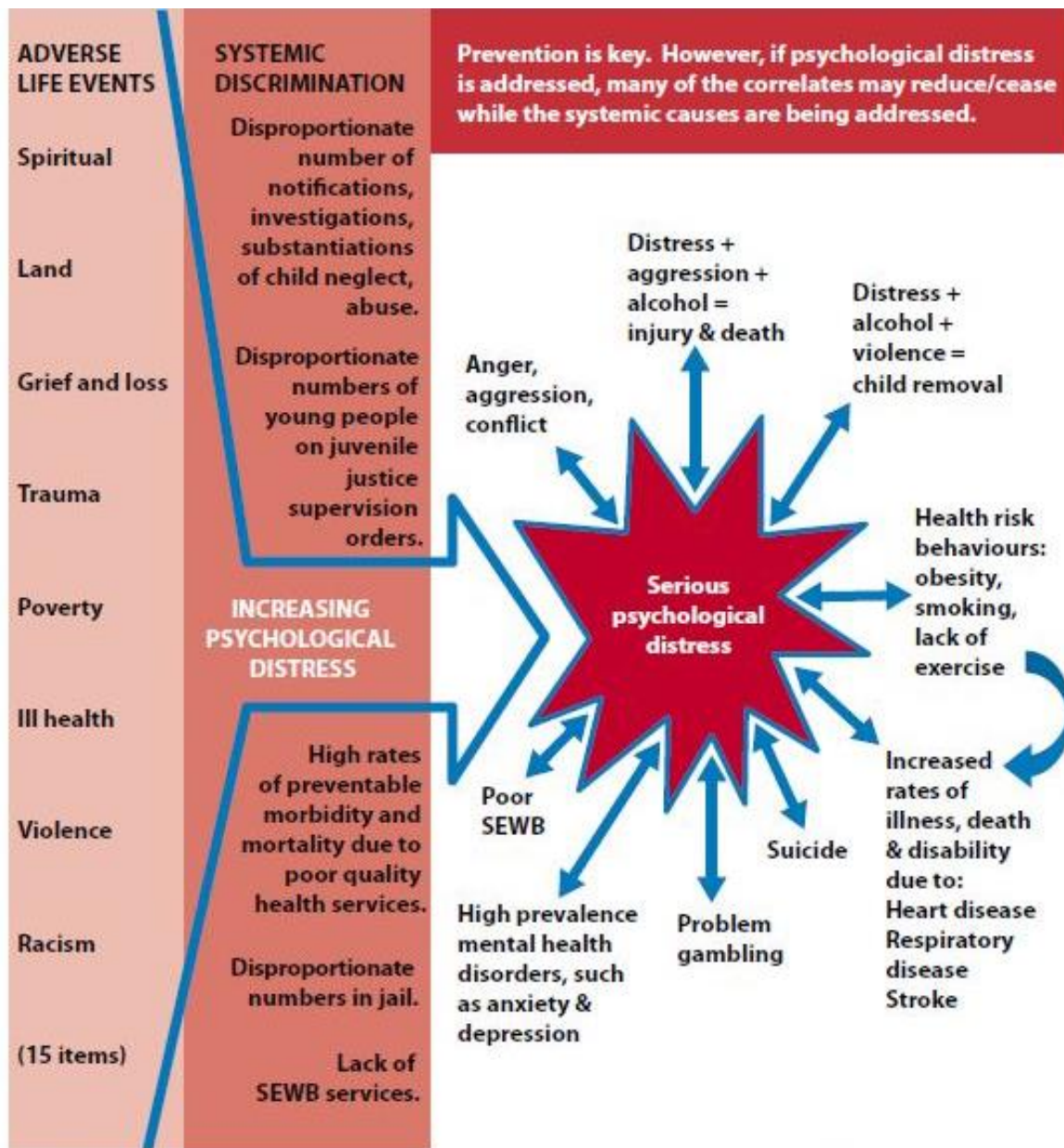
The concept of mental health comes more from an illness or clinical perspective and its focus is more on the individual and their level of functioning in their environment. The social and emotional wellbeing concept is broader than this and recognises the importance of connection to land, culture, spirituality, ancestry, family and community, and how these affect the individual.

Social and emotional wellbeing problems cover a broad range of problems that can result from unresolved grief and loss, trauma and abuse, domestic violence, removal from family, substance misuse, family breakdown, cultural dislocation, racism and discrimination, and social disadvantage.

Most determinants do not occur in isolation from others. Many occur together and many accumulate as time goes on. The timing, intensity and duration of determinants and the presence or absence of protective factors are likely to influence the level of social and emotional wellbeing experienced at any point in time.

The determinants of 'mental health' are generally accepted to include a range of psychosocial and environmental factors such as income, employment, poverty, housing, education, access to community resources, physical health, and demographic factors such as gender, age and ethnicity.

**Factors that contribute to serious psychological distress and its outcomes:**



© Australian Indigenous Psychologists Association Source: National Aboriginal & Torres Strait Islander Health Survey 2004-05

Risk and protective factors for ‘mental health’ at an individual level occur in all facets of everyday life, such as family and relationships, conditions in the workplace and schools, social, cultural and recreational environments, income and social opportunities, personal health practices, and access to a range of health and other services.

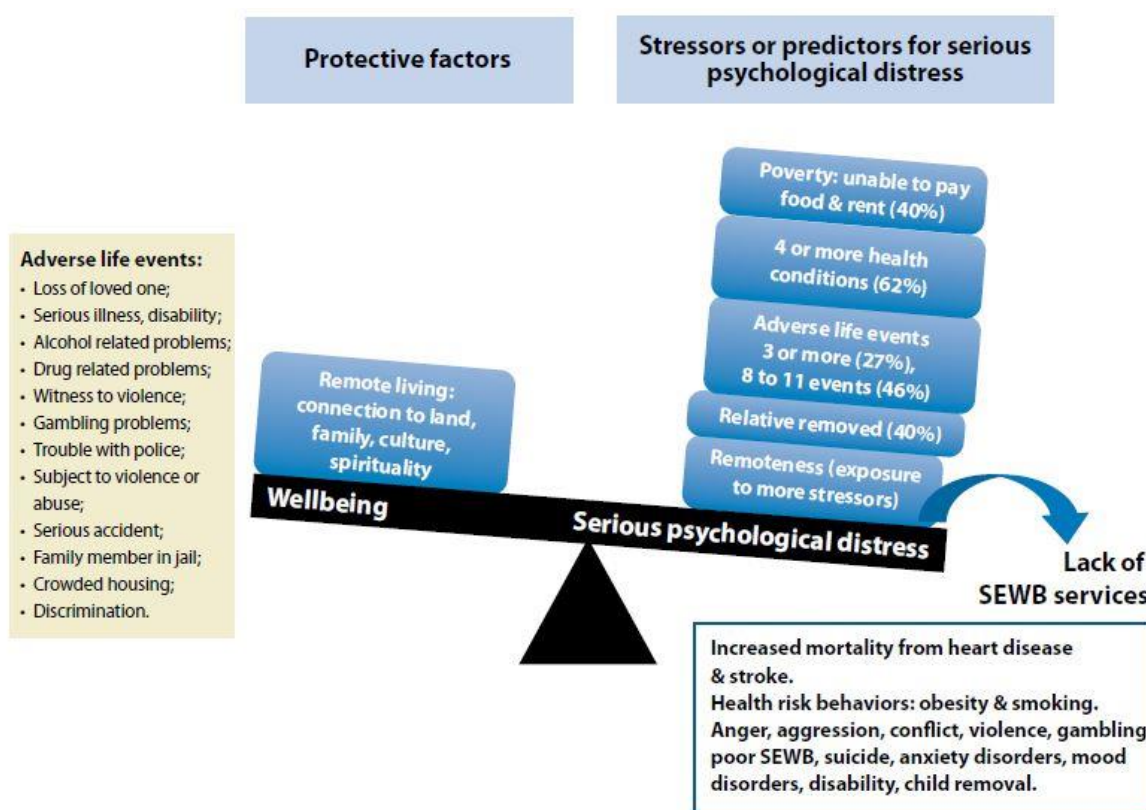
Aboriginal people experience the interrelated and cumulative effects of a set of risk factors that impact negatively on their social and emotional welfare. Single risk factors, such as particular negative life events, might have a minimal effect on their own, but when combined can have a strong interactive effect, and exposure to multiple risk factors over time can have a cumulative effect. Additional risk factors are unresolved grief and loss, trauma and abuse, domestic violence, removal from family,



substance misuse, family breakdown, cultural dislocation, racism and discrimination, and social disadvantage.

Protective factors can be effective by reducing the exposure to risk, or compensatory, by reducing the effect of risk factors. Aboriginal and Torres Strait Islander cultural concepts such as connection to land, culture, spirituality, ancestry and family and community are commonly identified by Indigenous Australian people as protective factors, which can serve as sources of resilience and can moderate the impact of stressful circumstances on social and emotional wellbeing at an individual, family and community level. For Aboriginal and Torres Strait Islander people, these factors can serve as a unique reservoir of strength and recovery when faced with adversity.

**Risk and protective factors for serious psychological distress:**



© Australian Indigenous Psychologists Association Source: National Aboriginal & Torres Strait Islander Health Survey 2004-05

**Social Determinants of Health**

The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels (The World Health Organisation).<sup>3</sup>

There is strong evidence on the social determinants of health which show that people’s health and wellbeing is profoundly affected by a range of interacting economic, social and cultural factors including: poverty, economic inequality and social status; housing; employment and job security; social exclusion, isolation, racism and discrimination; food security and access to health food options;

adequate health care services; care in early life; education; and alcohol, drug and gambling consumption.

Marmot (2010) argues that the social determinants of health must be taken seriously. If we do not first consider our population and social and economic environment, then we may not be engaging in the most logical ethical framework. Therefore, investment in the social determinants of health is essential.

## Social Determinants of Health of Australian Aboriginal people

The inequality in health status experienced by Aboriginal and Torres Strait Islander peoples is linked to systemic discrimination.<sup>4</sup>

Historically, Aboriginal and Torres Strait Islander peoples have not had the same opportunity to be as healthy as non-Indigenous people. This occurs through the inaccessibility of mainstream services and lower access to health services, including primary health care, and inadequate provision of health infrastructure in some Aboriginal and Torres Strait Islander communities.<sup>5</sup> The Royal Australasian College of Physicians describes these health inequities as *'both avoidable and systematic'*.<sup>6</sup>

These factors are specifically manifest in measures such as education, employment, income, housing, access to services, social networks, connection with land, racism, and incarceration. On all these measures, Indigenous people suffer substantial disadvantage. For many Indigenous people, the ongoing effects of 'protection' and the forced separation of children from their families compound other social disadvantages.<sup>7</sup>

The Australian Institute of Health and Welfare analysed data from the 2004–05 Health Survey and found that selected social determinants such as education, employment status, overcrowding and household income together with risk factors explained up to 46% of the health gap between Indigenous and non-Indigenous Australians.<sup>8</sup>

## Public Health Approach

Public health is a term applied across broad areas of health of diverse populations. Public health is viewed as the science and art of protecting and improving the health of communities through the promotion of healthy habits and lifestyles. An important goal of public health is to identify and address factors in the social environment that may be related to health outcomes.

A public health approach focuses on preventing health problems in a way that extends better care and safety to entire populations rather than individuals (WHO, 2002).

The public health model is a conceptual model that has widespread acceptance across many disciplines, including health, education and welfare (Hunter, 2011). The aim of conceptualising a particular social problem or health issue within a public health framework is fundamentally one of prevention. Public health models aim to prevent problems from occurring in the first place by targeting key risk factors or social determinants and addressing these at a whole of population level (not just at-risk groups). This has been termed an "upstream" approach to prevention.

## The four steps of a public health approach

Public health aims to provide the maximum benefit for the largest number of people. It adopts a particular process for achieving this using the following four steps:

### 1. Defining the problem

Define the problem through the systematic collection of information about the magnitude, scope, characteristics and consequences of violence. This step aims to understand the "who", "what", "when", "where" and "how". In relation to violence against women, this means understanding who the victims and perpetrators are, where the violence is occurring, and when and how the perpetrators are able to continue it.

### 2. Identifying risk and protective factors

Understand why violence occurs in terms of the causes and correlates of violence, the factors that increase or decrease the risk of violence, and the factors that might be modified through interventions. This step is about reviewing research to identify what factors put people at risk of violence against women (either perpetration or victimisation), and what protective factors may stop or reduce perpetration and victimisation.

### 3. Developing and testing prevention strategies and programs

With the information gathered in the previous step, programs and intervention strategies can be designed to target risk and protective factors. These interventions can then be evaluated for process, learning and effectiveness.

### 4. Ensuring widespread adoption by disseminating the information

Information about "what works" in addressing the factors influencing violence against women requires the evaluation of strategies and interventions with targeted analysis about what aspects of the interventions worked or didn't work. This builds the body of evidence around prevention and enables the information to be disseminated broadly, so that successful interventions can be replicated or spread widely. The aim is to "scale up" by implementing effective and promising interventions in a wide range of settings. The effects of these interventions on risk factors and targeted outcomes should be monitored, and their impact and cost-effectiveness should be evaluated.<sup>9</sup>

## Intersectionality Theory

The term "intersectionality" was coined in 1989 by American critical legal race scholar Kimberlé Williams Crenshaw (1989). Intersectionality promotes an understanding of human beings as shaped by the interaction of different social locations (e.g., 'race'/ethnicity, Indigeneity, gender, class, sexuality, geography, age, disability/ability, migration status, religion).<sup>10</sup>

These interactions occur within a context of connected systems and structures of power (e.g., laws, policies, state governments and other political and economic unions, religious institutions, media). Through such processes, interdependent forms of privilege and oppression shaped by colonialism, imperialism, racism, homophobia, ableism and patriarchy are created.<sup>11</sup>

Intersectionality encourages researchers, policy makers and social change leaders to:<sup>12</sup>

- Move beyond single identities or group-specific concerns, which are ineffective in explaining the nuances of human lives; in this way, important information about the unfair impacts of politics and policies is less likely to ‘fall through the cracks.’
- Generate new and more complete information to better understand the origins, root causes and characteristics of social issues. This can be accomplished by studying existing data or by producing new data.
- Enable more effective and efficient responses than a ‘one-size fits all’ approach for solving persistent and growing social inequities.

## Human Rights Based Approach

Human rights based approaches are about turning human rights from purely legal instruments into effective policies, practices, and practical realities. Human rights principles and standards provide guidance about *what* should be done to achieve freedom and dignity for all. A human rights-based approach emphasises *how* human rights are achieved.<sup>13</sup>

These human rights considerations are critical in addressing the social determinants of health. A human rights based approach to health has begun to be operationalized throughout the United Nations structure through the Common Understanding of a Human-Rights Based Approach to Development Cooperation. The Common Understanding emphasise that:<sup>14</sup>

- People are key actors in their own development, rather than passive recipients of commodities and services;
- Participation is both a means and a goal; and
- Strategies should be empowering, not disempowering, and encourage active engagement of all stakeholders.

Common principles of the rights based approach have been identified as the "PANEL" principles: Participation, Accountability, Non-discrimination and equality, Empowerment, Legality.<sup>15</sup>

## The Harm Minimisation Approach

This framework is built on the three pillars of harm minimisation - demand, harm and supply reduction. Each pillar is equally important to the success of the strategic approach. Prevention is an integral component across all three pillars. This framework for action is concerned with working to minimise harms for individuals, families and the wider community from tobacco, alcohol and other drugs.

Harm minimisation has underpinned the National Drug Strategy since 1985. Harm minimisation acknowledges that people will engage in substance use regardless of the legality status and thus it is imperative to work to reduce harms from use. The mission of the National Drug Strategy is to work to build safe and healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities.<sup>16</sup>

## THE NORTHERN TERRITORY CONTEXT

NTCOSS recommends the following NT contexts are considered in the development of legislation, policy and practice in the NT.

- Darwin, the NTs capital city is closer to Asia than to any of Australia’s major capital cities.<sup>17</sup>
- The NT is over 1.42 million square kilometres and represents 20% of Australia’s total land mass.<sup>18</sup>
- The NT is Australia’s least densely populated state or territory, 900 times less densely populated than the ACT, Australia’s most densely populated state or territory at 0.18 persons per square kilometre.<sup>19</sup>
- Northern Territory represents 1.03% of the Australian population.<sup>20</sup>
- The population is the nation’s youngest, at a median age of just 31.3 years.<sup>21</sup>
- Aboriginal and Torres Strait Islander Peoples represent 30% of the NT population compared with 3% of the Australian population being Aboriginal and Torres Strait Islander Peoples.<sup>22</sup>
- More than 100 Aboriginal languages and dialects are spoken in the Northern Territory.<sup>23</sup>
- The NT has two separate climate zones: the tropical north with an average yearly temperature of 32°C, humidity can reach up to 98%. Central Australia is semi-arid, summer temperatures average from 20°C to 39°C, winter temperatures average from 0°C to 20°C.<sup>24</sup>
- Australian Defence Force expenditure in the Territory was estimated at \$1.58 billion in 2011-12.<sup>25</sup>
- 9.1% of Territorians are University educated compared with the national average of 14.3%.<sup>26</sup>
- In 2015 97% of youth detainees are Indigenous.<sup>27</sup>
- In 2014 – 15 the number of NT Indigenous children aged 0-17 years who were the subject of substantiated reports of harm or risk of harm was 53.9 per 1,000 children, nine times the national number for all children of 5.9 per 1,000 children.<sup>28</sup>
- NT has the highest rate of homelessness in Australia at 730.7 people per 10,000. This represents 15 times the national average of 49 per 10,000 people.<sup>29</sup>
- NT Aboriginal people are homeless at the rate of 2462.0 per 10,000, 50 times the national average.<sup>30</sup>
- Territory children under 12 years are the highest percentage in any age group of the Territory’s homeless population representing 27% of the total NT homeless population.<sup>31</sup>
- 85% of homeless Territorians sleep in overcrowded dwellings twice the national average of people sleeping in overcrowded dwellings.<sup>32</sup>
- NT Indigenous women are almost 22 times more likely to be victims of domestic violence than non-Indigenous Territory women.<sup>33</sup>
- In 2015, the food basket in a remote store would cost on average 41% more than a food basket in a Darwin supermarket.<sup>34</sup>
- In March 2016, the price of fuel in a remote community located over 200 km from the Stuart Highway was 230.0 cents per litre, twice the average of 115.6 cents per litre in Darwin at the same time.<sup>35</sup>
- In March 2016, the Northern Territory was the second least affordable jurisdiction in the country in which to rent a property.<sup>36</sup>

## NT YOUTH DETENTION AND CHILD PROTECTION REPORTS

NTCOSS suggests the Royal Commission recommend to Federal and NT Governments to create law and policy in line with recommendations including, but not limited to, the following reports:

Little Children are Sacred Report (2007)<sup>37</sup>

Growing them strong, together (2009)<sup>38</sup>

Report into Northern Territory Families and Children Intake and Response Processes (2009)<sup>39</sup>

Child Deaths Review and Prevention Committee Report on Child and Youth Suicide in the NT (2010)<sup>40</sup>

Standing Committee on Aboriginal and Torres Strait Islander Affairs inquiry report, Doing Time - Time for Doing: Indigenous youth in the criminal justice system (2011)<sup>41</sup>

Review of the Northern Territory Youth Justice System: Report (2011)<sup>42</sup>

NT Ombudsman report "A Life Long Shadow" Report of a partial investigation of the Child Protection Authority (2011)<sup>43</sup>

Vita Report (2015)<sup>44</sup>

NT Children's Commissioner's Own Initiative Investigation Report Services Provided By The Department Of Correctional Services At The Don Dale Youth Detention Centre (2015)<sup>45</sup>

NT Children's Commissioner's Own Initiative Investigation Report Services Provided by the Northern Territory Department of Correctional Services to Don Dale Youth Detention Centre Alice Springs Youth Detention Centre Final Investigation Report (2016)<sup>46</sup>

Hamburger Report (2016)<sup>47</sup>

## NATIONAL STANDARDS AND STRATEGIES

NTCOSS suggests the following National Standards and Strategies are included for consideration, but not limited to, in the development of legislation, policy and practice in the NT youth detention and child protection systems:

- An outline of National Standards for Out of Home Care: A Priority Project under the National Framework for Protecting Australia’s Children 2009 – 2020<sup>48</sup>
- Aboriginal and Torres Strait Islander Child Placement Principle<sup>49</sup>
- Responding to the Impact of Fetal Alcohol Spectrum Disorders in Australia: A Commonwealth Action Plan to reduce the Impact of Fetal Alcohol Spectrum Disorders (FASD) 2013-14 to 2016-17<sup>50</sup>
- National Drug Strategy<sup>51</sup>
- National Aboriginal and Torres Strait Islander suicide prevention strategy<sup>52</sup>
- Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014<sup>53</sup>
- National Aboriginal and Torres Strait Islander Health Plan 2013-2023<sup>54</sup>
- Third National Sexually Transmissible Infections Strategy 2014-2017<sup>55</sup>
- Fourth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017<sup>56</sup>
- The National Plan to Reduce Violence against Women and their Children 2010 – 2022<sup>57</sup>

## INTERNATIONAL CONVENTIONS AND OBLIGATIONS

NTCOSS suggests NT and Australian governments design legislation and, support and fund practice and policy in NT youth detention and child protection systems, in line with the seven international human rights treaties Australia has signed and ratified.<sup>58</sup>

NTCOSS suggests NT and Australian governments design legislation and, support and fund practice and policy in NT youth detention and child protection systems, in line with the non-legally binding document, the United Nations Declaration on the Rights of Indigenous Peoples<sup>59</sup>

NTCOSS suggests the Australian Government ratify the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT)

Under the OPCAT, state parties agree to international inspections of places of detention by the United Nations Subcommittee on the Prevention of Torture (SPT). State parties are also required to establish an independent National Preventive Mechanism (NPM) to conduct inspections of all places of detention. This would include prisons, juvenile detention, local and offshore immigration detention facilities and other places where people are deprived of their liberty.<sup>60</sup>



## APPENDIX 1      NTCOSS RECOMMENDATIONS TO THE ROYAL COMMISSION INTO THE PROTECTION AND DETENTION OF CHILDREN IN THE NORTHERN TERRITORY

NTCOSS recommendations to the Royal Commission into the Protection and Detention of Children in the Northern Territory correspond with the Royal Commission 's Terms of Reference:

**TERM OF REFERENCE 7.** 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, including:

7 (i) law reform; and

7 (ii) reform of administrative practices; and

7 (iii) reform of oversight measures and safeguards; and

7 (iv) reform of management practices, education, training and suitability of officers; and

7 (v) any other relevant matters;

**TERM OF REFERENCE 8.** 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;

The following 297 recommendations are a compilation of NTCOSS submissions to Federal and NT Government spanning six years from 2010 – 2016.

Each recommendation for this Royal Commission is numbered on the far left side of the following table. NTCOSS submissions referred to in the recommendations are listed in the appendix and are attached to this submission.

The recommendations are ordered under:

1. The relevant term of reference for this Royal Commission;
2. The title of the NTCOSS submission that the recommendation is from; and
3. The recommendation number from the respective NTCOSS submission.

NTCOSS RECOMMENDATIONS TO THE ROYAL COMMISSION INTO THE PROTECTION AND DETENTION OF CHILDREN IN THE NORTHERN TERRITORY

**TERM OF REFERENCE 7.** 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, including:  
**7 (i)** law reform; and

<b>July 2011 NTCOSS Youth Justice System Review Submission (Appendix 2)</b>		
<b>1</b>	excerpt	That, for purposes of diversion, the definition of ‘youth’ be expanded beyond 17, and up to 24.
<b>July 2012 NTCOSS CPCA Therapeutic Orders Amend Bill Submission (Appendix 3)</b>		
<b>2</b>	1	That the Bill should include a requirement that the Department be required to broadly consult with other local youth service practitioners to identify less restrictive placement options, prior to making an application for a Therapeutic Residential Order.
<b>3</b>	2	That Section 223A (1)(a) of the Amendment Bill remove the words ‘patterns of aggressive, irresponsible and high-risk behaviour’ and develop a set of admission criteria with tighter restrictions, in accordance with accepted international standards.
<b>4</b>	3	That Section 223A(1)(b) be amended to stipulate that previous unsuccessful attempts to carry out an assessment or to provide treatment and care to a child must be the fault of the child.
<b>5</b>	4	That the Amendment Bill should stipulate that a lack of accommodation is not a sufficient reason for placement of a young person in a secure care facility.
<b>6</b>	5	That the Amendment Bill should cover what therapeutic treatment options are to be explored both before and after placement on an order.

<b>7</b>	6	That the potential for Aboriginal Legal Services to be funded to establish appropriate practices, in order to provide representation to young Aboriginal people, be examined.
<b>8</b>	7	That the successful completion of the Independent Children’s Lawyer Training Program should be a pre-requisite for the appointment of a lawyer to be a children’s representative under the Care and Protection of Children Act.
<b>9</b>	8	That the Amendment Bill under Section 225H be altered to include an external review panel, and clear timeframes to ensure due process is followed for all therapeutic orders and care plans.
<b>10</b>	9	That an independent, external review process be articulated in Subdivision 3 of the Amendment Bill, as detailed above (p.7).
<b>11</b>	10	That the potential be explored for the Community Visitor Program, established under Part 14 of the Mental Health and Related Services Act, to extend service to the secure care facilities.
<b>12</b>	11	That an independent Community Visitor Scheme for secure care facilities be included in the Amendment Bill.
<b>13</b>	12	That the Amendment Bill better reflects the importance of links and retention to language, culture and identity of all young people, particularly Aboriginal people.
<b>14</b>	13	That consultation with appropriate representatives from the child or young person’s family, kinship group, representative organisation or community must be mandated in the Bill, in relation to secure care matters.
<b>15</b>	14	That there be at least two specialist Aboriginal-identified roles (male and female) within the Department, made available to provide guidance on a child or young person’s care plan, and that the legislation stipulates these staff members must be consulted regarding all secure care decisions.

<b>16</b>	15	That the Amendment Bill consistently recognise and articulate the need for thorough explanation of the rationale and related concepts to the stakeholders impacted by a child or young person’s therapeutic order and placement in a secure care facility, including the use of interpreters. This could be articulated similarly to the Youth Justice Act (NT) (as above).
<b>17</b>	16	That a minimum age for therapeutic orders, no younger than 10 years of age, be articulated in the Amendment Bill.
<b>18</b>	17	That the maximum duration of stay in secure care facilities should be further reduced to 3 months.
<b>19</b>	18	That the Amendment Bill articulate the responsibility and approach of the Department when transitioning a child or young person out of a secure care facility.
<b>20</b>	19	That the Amendment Bill include provisions to establish the circumstances under which the padded room in the facilities (and other forms of seclusion or restrain) may be adopted in Secure Care.
<b>August 2015 NTCOSS Submission to the Northern Territory Government, Department of Children and Families, Reform of Adoption and Children Act (Appendix 4)</b>		
<b>21</b>	excerpt	That the Adoption Act is changed to allow same sex couples the same right to adopt as heterosexual couples.
<b>22</b>	excerpt	That the NT Adoption Act is compliant with the Australian Government Sex Discrimination Act.
<b>23</b>	excerpt	That the Aboriginal Child Placement Principle is embedded in the adoption legislation to acknowledgement of the importance of Aboriginal culture and family connection.
<b>24</b>	excerpt	That judicial adoption matters are not transferred to the Northern Civil and Administrative Tribunal.

TERM OF REFERENCE 7 (ii) reform of administrative practices; and		
<b>2010 NTCOSS Submission Inquiry into the Child Protection System in the NT (Appendix 5)</b>		
25	7	Implementation of Cultural Care Planning, which include Reunification plans as immediate in the process, as part of all Case Plans (where relevant).
<b>July 2011 NTCOSS Youth Justice System Review Submission (Appendix 2)</b>		
26	excerpt	That the NT Government implement recommendations from the June 2011 Standing Committee on Aboriginal and Torres Strait Islander Affairs inquiry report, Doing Time - Time for Doing: Indigenous youth in the criminal justice system, in particular: State and Territory justice agreements; Indigenous mentors; Foetal Alcohol Spectrum Disorder; Hearing tests; Improving effectiveness of transitioning from education to the workforce; Police training; Court services; Alternative sentencing options; Pre-court conferencing.
27	excerpt	That every young person exiting detention has a thorough transition plan and quality case management that considers accommodation, education, training, work, behavioural needs, and family support.
28	5	The NT Government should implement more rigorous data collection systems, particularly around police referral processes; Without accurate and timely data, there is no evidence to determine need. Collecting strong data will assist in the setting and monitoring of targets, and monitoring trends in offending behaviour.
TERM OF REFERENCE 7 (iii) reform of oversight measures and safeguards; and		
<b>2011 Central Australia Youth Justice (CAYJ) Recommendations (Appendix 6)</b>		

29	4	That there be improvements made to services in order to provide effective bail support to young people.
<b>July 2011 NTCOSS Youth Justice System Review Submission (Appendix 2)</b>		
30	excerpt	That at all times youth offenders be separated from adult offenders when held in custody.
31	excerpt	That government set targets to reduce numbers of young people on bail and remand.
32	excerpt	That local and culturally relevant counselling services are developed in remote Aboriginal communities.
<b>May 2013 CAYJ NT Department of Correctional Services Youth Boot Camps Briefing Paper (Appendix 7)</b>		
33	1	The Department of Correctional Services continue to invite non-Government organisations delivering services to this client group, those who will be directly impacted and those working with the youth boot camps, to be included in detailed discussions about the functionality, evaluation and ongoing development of the model. This needs to include key community members to ensure adequate endorsement of the model.
<b>March 2014 Submission to the Indigenous Education Review - Draft Report Prepared by the Northern Territory Council of Social Service Inc. (Appendix 8)</b>		
34	excerpt	To combat poor attendance at school due to teenage pregnancies age appropriate sexual and reproductive health education, information and services are available to all young people, especially women and girls in the NT.
35	excerpt	That young girls and women have access to education during pregnancy and after the birth of their child.

<b>TERM OF REFERENCE 7 (iv) reform of management practices, education, training and suitability of officers; and</b>		
<b>July 2011 NTCOSS Youth Justice System Review Submission (Appendix 2)</b>		
<b>36</b>	excerpt	That the community is supported to understand youth diversion and engage in youth justice conferencing, as victims of crime.
<b>37</b>	excerpt	That police officers who deal with young people or who are primarily engaged in the prevention of youth crime should be specially instructed and trained.
<b>38</b>	excerpt	That NT Aboriginal communities need resourced and supported diversionary programs operated by local people.
<b>39</b>	excerpt	That specific, peer based legal services and education are provided to refugee and migrant young people in the NT.
<b>40</b>	excerpt	That regular meetings are held between young people from diverse backgrounds and senior members of the police. Participating police officers must be skilled at listening to young people; and, be humble, accessible and open to an ongoing relationship. The meeting should be facilitated by an impartial party who is respected by both parties.
<b>41</b>	excerpt	That young Aboriginal people can access Community Legal Education workshops in local languages and accessible locations.
<b>42</b>	excerpt	That young people in detention receive an education that equates to that received by children in the community.
<b>March 2014 Submission to the Indigenous Education Review - Draft Report Prepared by the Northern Territory Council of Social Service Inc. (Appendix 8)</b>		
<b>43</b>	excerpt	That English as a Second Language teaching is available in all schools as required.

<b>October 2015 NTCOSS Submission to the Northern Territory Government, Strong Society, Confident Culture Strategy (Appendix 9)</b>		
<b>44</b>	excerpt	That the NT health care system delivers an evidence based and evaluated, culturally safe service.
<b>45</b>	excerpt	That alcohol and drug treatment and interventions are based in the social determinants of health.
<b>46</b>	excerpt	That an emphasis is placed on the provision and development of alcohol and other drug prevention programs.
<b>47</b>	excerpt	That effective, accessible and culturally appropriate problem gambling interventions, counselling, treatment and support services are delivered in the NT.
<b>48</b>	excerpt	That responsible gambling environments are established in the NT to minimise the likelihood of recreational gamblers developing problem gambling behaviours.
<b>TERM OF REFERENCE 7(v) any other relevant matters;</b>		
<b>49</b>	NTCOSS suggests the following theoretical approaches are considered in the development of legislation, policy and practice in the NT youth detention and child protection systems: Social Determinants of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing; Social Determinants of Health; Social Determinants of Health of Australian Aboriginal people; Public Health Approach; Intersectionality Theory; Human rights based approach; The Harm Minimisation Approach	
<b>50</b>	NTCOSS suggests the following National Standards and Strategies are included for consideration, but not limited to, in the development of legislation, policy and practice in the NT youth detention and child protection systems: An outline of National Standards for Out of Home Care: A Priority Project under the National Framework for Protecting Australia’s Children 2009 – 2020; Aboriginal and Torres Strait Islander Child Placement Principle; Responding to the Impact of Fetal Alcohol Spectrum Disorders in Australia: A Commonwealth Action Plan to reduce the Impact of Fetal Alcohol Spectrum Disorders (FASD) 2013-14 to 2016-17; National Drug Strategy; National Aboriginal and Torres Strait Islander suicide prevention strategy; Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014; National Aboriginal and Torres Strait	



	Islander Health Plan 2013-2023; Third National Sexually Transmissible Infections Strategy 2014-2017; Fourth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017; The National Plan to Reduce Violence against Women and their Children 2010 – 2022	
51	That the Royal commission recommend to all Federal and NT Governments to create law and policy in line with Australia’s obligations under International Conventions.	
52	That the Royal commission recommend to all Federal and NT Government’s to create law and policy in line with the non-legally binding document, the United Nations Declaration on the Rights of Indigenous Peoples.	
53	That the Australian Government ratify the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).	
54	That the Royal commission recommend to all Federal and Australian Governments to create law and policy in line with recommendations in the following reports: Little Children are Sacred Report (2007); Growing them strong, together (2009); Report into Northern Territory Families and Children Intake and Response Processes (2009); Child Deaths Review and Prevention Committee Report on Child and Youth Suicide in the NT (2010); Standing Committee on Aboriginal and Torres Strait Islander Affairs inquiry report, Doing Time - Time for Doing: Indigenous youth in the criminal justice system (2011); Review of the Northern Territory Youth Justice System: Report (2011); NT Ombudsman report “A Life Long Shadow” Report of a partial investigation of the Child Protection Authority (2011); Vita Report (2015); NT Children’s Commissioner’s Own Initiative Investigation Report Services Provided By The Department Of Correctional Services At The Don Dale Youth Detention Centre (2015); NT Children’s Commissioner’s Own Initiative Investigation Report Services Provided by the Northern Territory Department of Correctional Services to Don Dale Youth Detention Centre Alice Springs Youth Detention Centre Final Investigation Report (2016); Hamburger Report (2016)	
	<b>2010 NTCOSS Submission Inquiry into the Child Protection System in the NT (Appendix 5)</b>	
55	2	Universal Safety should be the aim of any new model of care – with a focus on whole of community rather than an individual case approach. The system will never be big enough to address all the safety issues for children at risk in our community. Our approach must have a strong focus on community safety development.

<b>56</b>	5	Increase funding for family support initiatives to ensure broader access to appropriate family support for low risk/high needs families across the NT.
<b>57</b>	6	Improve foster care support, assessment and information.
<b>58</b>	9	Maintenance of the Aboriginal Placement Principle as a core underlying practice approach – offering fundamental cultural safety.
<b>2011 Central Australia Youth Justice (CAYJ) Recommendations (Appendix 6)</b>		
<b>59</b>	1	That Youth Corrections be transferred to a newly created Division or Branch of Youth Justice.
<b>60</b>	2	That a separate court for all Youth Justice matters be established in Alice Springs and regional areas.
<b>61</b>	3	That a pre-sentence Youth Justice Conference program be implemented.
<b>62</b>	5	That training for youth workers be established to ensure they can provide effective court support, advocacy, provide support as a responsible adult and understand diversion matters.
<b>63</b>	6	That the recommendations from the Youth Camps Evaluation be implemented, including development of a matrix of which Youth Camps are available and who funds them.
<b>64</b>	7	That police officers who deal with young people or who are primarily engaged in the prevention of youth crime be specially instructed and trained.
<b>65</b>	8	That a comprehensive, independent review of youth services be conducted across the NT.
<b>66</b>	9	That there be significant reinvestment in intensive case management and family support for at-risk young people and their families.

<b>67</b>	10	That access to access to programs across regional and remote NT for young people (particularly under 16) with behavioural issues, including alcohol, drug or substance abuse problems, be improved.
<b>July 2011 NTCOSS Youth Justice System Review Submission (Appendix 2)</b>		
<b>68</b>	1	The NT Government should commit to an Aboriginal Justice Agreement; to develop appropriate justice agreements with Indigenous communities.
<b>69</b>	2	The NT Government should introduce targets to reduce youth incarceration rates; Introducing targets to primarily reduce youth incarceration rates would provide an incentive to develop new and creative ways of lowering the current figures.
<b>70</b>	3	The NT Government should consider a 'dual track' system for young people up to 21 years of age; Victoria's dual-track system of justice administration is widely recognised as a successful model of diverting young people away from detention.
<b>71</b>	4	The NT Government should adopt an approach of justice reinvestment to help meet youth justice challenges; 'Positive spending' is required to address the underlying issues which contribute to the high rates of youth offending in the Northern Territory and to limit further spending on incarceration.
<b>72</b>	6	The NT Government should establish Police Youth Liaison Officers across the NT; There is a need for dedicated police liaison officers in the major regional centres, to promote positive relationships and to keep young people out of the criminal justice system.
<b>73</b>	excerpt	That a review of the effectiveness of diversion across the Territory be conducted, including whether the Police are still the appropriate agents of diversion.
<b>74</b>	excerpt	That the NT Government commit to adequately funding and resourcing appropriate models of Community Courts across the major centres.
<b>75</b>	excerpt	That alternatives to detention including prevention and early intervention programs are located in NT remote communities.

<b>76</b>	excerpt	That a child's education is included in throughcare plans post release from detention.
<b>77</b>	excerpt	That alcohol, other drugs (including volatile substances) and mental health treatment and support programs are available in remote communities.
<b>78</b>	excerpt	That appropriate emergency, short, mid and long-term accommodation options are developed in regional centres across the NT.
<b>79</b>	excerpt	That evaluated, evidence informed, holistic and positive youth services and early interventions programs for young people are appropriately resourced.
<b>80</b>	excerpt	That financial incentives are available to businesses to take on Indigenous apprentices.
<b>81</b>	excerpt	That funding is available to facilitate and provide secretariat for interagency case management meetings.
<b>82</b>	excerpt	That hearing-modified classrooms, and the expansion of support services to allow organisations to work with the families of children with hearing loss.
<b>83</b>	excerpt	That meaningful and locally relevant training and skills-building (accredited and non-accredited) programs are funded in remote communities.
<b>84</b>	excerpt	That services are expanded for young people experiencing mental health and drug and alcohol related problems in Tennant Creek and Katherine.
<b>85</b>	excerpt	That the Family Support Centres in the NT, particularly in remote locations, are resourced to increase the number of families who receive intensive assistance, and to increase the capacity of existing staff to provide intensive case management and support services.
<b>86</b>	excerpt	That the Federal and NT Governments implement mentoring recommendations from The Doing Time – Time for Doing report: <i>The Commonwealth Government support a national program to develop and provide local mentors for Indigenous youth at risk before, during and after custody.</i>

87	excerpt	That the NT government invest in the following five areas to build social cohesion in disadvantaged communities: Education and Training; Employment opportunities and income generation; Improving health; Promoting parenting skills; Developing local leadership capacities.
88	excerpt	That to minimise substance misuse, active and viable youth programs in remote communities are funded.
89	excerpt	That youth services are acknowledged as an essential service in the community.
90	excerpt	That, to improve school attendance rates, alternatives to disciplinary measures such as Families as First Teachers; Families and Schools Together; and breakfast programs are resourced and expanded.
<b>May 2013 CAYJ NT Department of Correctional Services Youth Boot Camps Briefing Paper (Appendix 7)</b>		
91	13	The Youth Justice Division negotiate the availability of further funding to support community-based agencies to provide the necessary pre- and post-intensive case management and therapeutic work with young people and families.
<b>January 2014 NTCOSS Submission Domestic and Family Violence Reduction Strategy (DFVRS) (Appendix 10)</b>		
92	2.1	The support and promotion of respectful relationship programs for children and young people based in schools and community settings.
<b>March 2014 Submission to the Indigenous Education Review - Draft Report Prepared by the Northern Territory Council of Social Service Inc. (Appendix 8)</b>		
93	excerpt	That there is adequate and sustainable investment in all levels of Indigenous education.
94	excerpt	That to meet equity and human rights obligations government offers secondary education in regional and remote areas.
95	excerpt	That the number of Indigenous teaching staff are increased.

<b>96</b>	excerpt	Schools and communities should not co-exist in silos - improved and strengthened engagement between schools and communities is to be aimed for.
<b>97</b>	excerpt	That Abstudy and scholarships be more user friendly and that third parties are supported to assist families to access these systems and options.
<b>May 2014 NTCOSS Submission Select Committee Action to Prevent Foetal Alcohol Spectrum Disorder (FASD) (Appendix 11)</b>		
<b>98</b>	3.1	That FASD diagnostic teams be established in the NT.
<b>99</b>	3.2	That FASD be identified as a disability in the NT.
<b>100</b>	3.3	That individuals with FASD be able to access Disability Services.
<b>101</b>	5.1	That the NT government provides FASD screening guidelines to professionals working with vulnerable infants and children.
<b>102</b>	5.5	Further training of health providers in identification and diagnosis of FAS and FASD.
<b>103</b>	5.6	That the NT government produces resources for health providers on FASD, diagnosis and screening, effects of FASD and intervention strategies.
<b>104</b>	5.7	That procedures be put in place to ensure that children with foetal alcohol exposure are flagged for regular developmental screens.
<b>105</b>	5.15	That FASD training be included in professional development for all teachers in the NT.
<b>106</b>	1.1e	Develop a strategy for supporting individuals with FASD, including resourcing existing services to better meet the needs of this group.

107	2.1c	Specialised supports for women who have children with FASD and are at risk of further births.
108	2.1d	Services to women who use alcohol in pregnancy should be supportive and recognise the complex issues relating to alcohol use in pregnancy.
109	2.1e	Follow up support for at risk mothers after the birth of a child to reduce the risk of harm in future pregnancies.
110	2.1f	Services for Aboriginal women should be non-judgmental, recognise impact of trauma, and be culturally safe.
<b>June 2014 Discussion Paper - Northern Territory Suicide Prevention Strategic Action Plan 2014-2016 (Appendix 12)</b>		
111	excerpt	That the NT suicide prevention committee include key non-government stakeholders.
112	excerpt	That suicide prevention plans are inclusive of people from CALD communities and refugee backgrounds.
113	excerpt	That consultations are conducted in the community to develop shared and accessible language in relation to suicide prevention.
114	excerpt	That suicide related health promotion materials are available in different languages.
115	excerpt	That interpreters are continuously trained and supported in suicide prevention and support.
116	excerpt	That suicide assessment services to assist schools and other key stakeholders in identifying children with early signs of conduct, behavioural and developmental problems are resourced.
117	excerpt	That specific and targeted programs for children, young people and families, designed and delivered by local Aboriginal groups and organisations are resourced.
118	excerpt	That children in care have regular and scheduled contact with relatives and can visit their community (country / land) where safe.

119	excerpt	That DCF is resourced to pursue the Aboriginal Placement Principle effectively to prevent young people drifting into the care system.
120	excerpt	That relationships are developed between mainstream and Aboriginal organisations to increase the effectiveness of suicide prevention services.
121	excerpt	That a community wide and locally relevant suicide awareness and mental health first aid campaign is developed and rolled out across the NT.
122	excerpt	That suicide prevention plans are linked with youth justice frameworks.
123	excerpt	That children and young people in detention centres have regular access to culturally relevant psychological support.
124	excerpt	That a suicide prevention plan addresses the issue of relevant services increasing positions for Aboriginal workers in the community and within services.
125	excerpt	That frontline workers, teachers and school staff have access to suicide intervention training.
126	excerpt	That suicide training and response packages are multi-lingual, culturally competent and safe.
127	excerpt	That young people and elders are involved the development of community based programs.
128	excerpt	That Aboriginal people and communities, especially men are consulted to develop responses to suicide suitable for their communities.
129	excerpt	That Elder male mentoring programs for young Aboriginal males in communities and school system are resourced.
130	excerpt	That Aboriginal women leaders are supported.
131	excerpt	That evidence based approaches to Aboriginal youth suicide are developed in the NT.



132	excerpt	That an overarching model is developed to respond quickly to emerging problems of potential suicide activity in communities.
133	excerpt	That a NT suicide action plan is aligned with the Aboriginal and Torres Strait Islander Suicide Prevention strategy.
134	excerpt	That a comprehensive data base of all suicide activity in the NT is developed and maintained.
135	excerpt	That referral pathways are developed with clear processes.
136	excerpt	That a targeted, developmentally relevant, locally responsive and a whole of life suicide prevention plan be developed for the NT.
<b>June 2014 NTCOSS Submission National Children's Commissioner Intentional Self Harm and Suicidal Behaviour (Appendix 13)</b>		
137	1	Involve young people and Elders in the development of community based programs.
138	4	Increase positions for Aboriginal workers in community and within services.
139	5	Ongoing, targeted programs that support young people from refugee and migrant backgrounds to access education, training, employment, given that these elements are vital for mental health, wellbeing and community connection.
140	6	Specialised training and education for youth specific psychologists and mental health professionals to understand the different approaches needed to work with young people from refugee and migrant background.
141	7	Secure and ongoing funding for community organisations working in youth mental health inclusive of outreach service models.
142	8	The development of a shared understanding and language of suicide and self harm behaviours for young people, community members and service providers where English is not the first language.

143	9	Provision of regular access to external psychologists for children and young people in detention centres.
144	11	Supporting the community sector to be better equipped to respond to suicidal behaviour.
<b>November 2014 NTCOSS Submission Senate Inquiry into Children Living in Out of Home Care (Appendix 14)</b>		
145	6	That an Aboriginal Child Care Agency or Agencies be developed in the NT. Alternatively, the agency functions may be developed as part of an existing Aboriginal controlled organisation.
146	7	The development of an indicator to measure the number of children who have received comprehensive health and wellbeing assessments when entering care and at intervals during their time in care, as well as an indicator that measures action taken on any recommended treatments from these assessments.
147	17	Consistent use of interpreters to ensure information presented is fully available and understood.
<b>October 2015 NTCOSS Submission to the Northern Territory Government, Strong Society, Confident Culture Strategy (Appendix 9)</b>		
148	excerpt	That the Chief Minister must lead a whole of government and community approach to improving social outcomes for those who are most disadvantaged. The Chief Minister must sponsor strategies to break down policy silos and get government agencies working together to alleviate social exclusion for all.
149	excerpt	That the principles of social inclusion be honoured in policy initiatives designed within the portfolios of economic development, telecommunications, and mineral exploration.
150	excerpt	That the government adopt a system of Social Inclusion Impact Statements (SIIS) or Poverty Impact Statements.

<b>151</b>	excerpt	That the government commit to promoting access, equity, participation and rights of all people to build social inclusion and positive social capital.
<b>152</b>	excerpt	That existing and proven place based services in the NT are acknowledged as a vital component to achieve environments which support families and children.
<b>153</b>	excerpt	That concession schemes are reviewed on a regular basis to determine if the concessions are meeting the aims for which they were established and establish a consistent approach across all concessions in terms of reviews and indexation methods.
<b>154</b>	excerpt	That a process is commenced for the development of a forum for addressing food pricing in the NT, to establish engagement between community, industry, research bodies and government to address price disparities between major supermarkets and remote corner stores.
<b>155</b>	excerpt	That gender equity is considered when investing in sporting facilities, activities and venues across the NT. The areas of cultural activities, art, and craft are equally important and need ongoing investment.
<b>156</b>	excerpt	That there is greater investment in the identification and assessments and support systems for children with special needs throughout early childhood and secondary school years e.g. hearing loss, Autism, FASD.
<b>157</b>	excerpt	That remote pre-school programs (at recommended level), after school recreation programs, and permanent local school staff and principals are appropriately resourced.
<b>158</b>	excerpt	That secondary education options in remote areas meeting the NTGs aim to provide access to education in line with their human rights obligations.
<b>159</b>	excerpt	That school attendance itself is not a measure of successful educational outcomes.
<b>160</b>	excerpt	That links are improved between research and practice, particularly in prevention and early intervention programs.

161	excerpt	That the NT takes a public health approach to gambling.
162	excerpt	That a coordinated and evidence-based approach to address consequences of problem gambling for families, individuals and communities is implemented and delivered.
163	excerpt	That a gambling public awareness, education and training campaign which promotes a greater understanding of the nature of the gambling product, the potential for harm and the availability of help and support is rolled out across the NT.
164	excerpt	That lighting is planned and installed as a means of community safety especially for women, in public spaces, on walking and cycling tracks and town camps.
<b>August 2015 NTCOSS Submission to the Northern Territory Government, Department of Children and Families, Reform of Adoption and Children Act (Appendix 4)</b>		
165	excerpt	To ensure the Aboriginal Child Placement Principle is followed, that a comprehensive assessment of adoptive parents is conducted in partnership with a relevant Aboriginal organisation.
<b>November 2015 NTCOSS Submission to Northern Territory Government Department of Children and Families</b> <i>Through the Eyes of a Child: Improving Responses to Victims of Child Sexual Abuse and Criminal Neglect Discussion Paper Consultation Response Document (Appendix 15)</i>		
166	excerpt	That there is a bi-partisan, whole of government approach to Child Sexual Abuse and Criminal Neglect in the Northern Territory.
167	excerpt	That interventions are child centred and trauma informed.
168	excerpt	That responses are coordinated by a child advocate external to the services involved.

<b>169</b>	excerpt	That the Aboriginal Child Placement Principle and the UN Convention on the Right of the Child are always upheld.
<b>170</b>	excerpt	That evidence gathering and prosecution of offenders is improved.
<b>171</b>	excerpt	That services for children and families in remote areas are more accessible.
<b>172</b>	excerpt	That responses are culturally responsive to the needs of Aboriginal children.
<b>173</b>	excerpt	That responses are culturally responsive to the needs of children from culturally and linguistically diverse backgrounds.
<b>174</b>	excerpt	That interventions respond to the developmental needs of children and young people.
<b>175</b>	excerpt	That children and young people participate in the decisions that affect them.
<b>176</b>	excerpt	That the Family Group Conferencing (FGC) model advocated by Arney et al (2012) is implemented across the NT where appropriate.
<b>177</b>	excerpt	That child centred advocacy services are located within the NGO sector.
<b>178</b>	excerpt	That a specialized child friendly collaborative service response, which focuses on the needs of the child and young people with a trauma informed framework is considered for development in the NT.
<b>179</b>	excerpt	That child sexual abuse and criminal neglect services in the NT have: common frameworks; common language across the sector; common training; shared agendas; trauma informed practice; strengths based; signs of safety; cultural competence; models of attachment; Aboriginal family decision making; and, child development models.
<b>180</b>	excerpt	To coordinate service delivery and remove duplication, coordinated care teams, facilitated by a child advocate, involving only the necessary services, working within an agreed planned response are developed and implemented in the NT.

<b>181</b>	excerpt	That shared assessment tools are considered for use across the NT.
<b>182</b>	excerpt	That the collaborative practice guidelines developed by the regional children and families partnership group (NTG & NGOs) in Alice Springs and Tennant Creek be acknowledged as a tool to enhance the working relationship between NTG and the NGO sector.
<b>183</b>	excerpt	That age specific therapeutic services are developed.
<b>184</b>	excerpt	That the Charter of Rights for children and young people in care in the NT be extended and apply to children and young people as soon as they enter the child protection system.
<b>185</b>	excerpt	That therapeutic support for children and young people and their families is accessible in remote locations.
<b>186</b>	excerpt	That care plans are current and up to date with clearly identified support strategies.
<b>187</b>	excerpt	That training is provided on changes in service delivery and internal processes that impact external stakeholders and, new developments and research on trauma.
<b>188</b>	excerpt	That carers can access support systems when required.
<b>189</b>	excerpt	That culturally safe sexual and reproductive health education programs are included in the school curriculum.
<b>190</b>	excerpt	That the initial forensic interventions are conducted in a child friendly environment with a support person (where requested) to make the child, young person feel comfortable and more at ease to share their stories.
<b>191</b>	excerpt	That all staff involved in the case understand how trauma affects a child and are trained to work with the child and family to avoid re-traumatization.

<b>192</b>	excerpt	That the service response to child sexual assault and criminal neglect reference and establish links with other current NTG strategies such as the Domestic and Family Violence strategy, youth justice, housing and mental health as these issues all impact on child protection.
<b>193</b>	excerpt	That Aboriginal families and communities are involved in child protection decision making.
<b>TERM OF REFERENCE 8.</b> 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;		
<b>194</b>		NTCOSS suggests the following theoretical approaches are considered in the development of legislation, policy and practice in the NT youth detention and child protection systems: Social Determinants of Aboriginal and Torres Strait Islander Social and Emotional Wellbeing; Social Determinants of Health; Social Determinants of Health of Australian Aboriginal people; Public Health Approach; Intersectionality Theory; Human rights based approach; The Harm Minimisation Approach
<b>195</b>		NTCOSS suggests the following National Standards and Strategies are included for consideration, but not limited to, in the development of legislation, policy and practice in the NT youth detention and child protection systems: An outline of National Standards for Out of Home Care: A Priority Project under the National Framework for Protecting Australia’s Children 2009 – 2020; Aboriginal and Torres Strait Islander Child Placement Principle; Responding to the Impact of Fetal Alcohol Spectrum Disorders in Australia: A Commonwealth Action Plan to reduce the Impact of Fetal Alcohol Spectrum Disorders (FASD) 2013-14 to 2016-17; National Drug Strategy; National Aboriginal and Torres Strait Islander suicide prevention strategy; Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014; National Aboriginal and Torres Strait Islander Health Plan 2013-2023; Third National Sexually Transmissible Infections Strategy 2014-2017; Fourth National Aboriginal and Torres Strait Islander Blood-Borne Viruses and Sexually Transmissible Infections Strategy 2014-2017; The National Plan to Reduce Violence against Women and their Children 2010 – 2022
<b>196</b>		That the Royal commission recommend to all Federal and NT Governments to create law and policy in line with Australia’s obligations under International Conventions.

<b>197</b>	That the Royal commission recommend to all Federal and NT Government's to create law and policy in line with the non-legally binding document, the United Nations Declaration on the Rights of Indigenous Peoples.	
<b>198</b>	That the Australian Government ratify the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT).	
<b>199</b>	That the Royal commission recommend to all Federal and Australian Governments to create law and policy in line with recommendations in the following reports: Little Children are Sacred Report (2007); Growing them strong, together (2009); Report into Northern Territory Families and Children Intake and Response Processes (2009); Child Deaths Review and Prevention Committee Report on Child and Youth Suicide in the NT (2010); Standing Committee on Aboriginal and Torres Strait Islander Affairs inquiry report, Doing Time - Time for Doing: Indigenous youth in the criminal justice system (2011); Review of the Northern Territory Youth Justice System: Report (2011); NT Ombudsman report "A Life Long Shadow" Report of a partial investigation of the Child Protection Authority (2011); Vita Report (2015); NT Children's Commissioner's Own Initiative Investigation Report Services Provided By The Department Of Correctional Services At The Don Dale Youth Detention Centre (2015); NT Children's Commissioner's Own Initiative Investigation Report Services Provided by the Northern Territory Department of Correctional Services to Don Dale Youth Detention Centre Alice Springs Youth Detention Centre Final Investigation Report (2016); Hamburger Report (2016)	
<b>2010 NTCOSS Submission Inquiry into the Child Protection System in the NT (Appendix 5)</b>		
<b>200</b>	1	Implement a new model of care based on the above characteristics – reform existing relationships between the Government and NGO sector to ensure a healthy system of operation. The new model should incorporate the Protocols between NT Family and Children's Services (FACS) and Central Australian Community Organisations; the Family Group Conferencing model based on the New Zealand model; family based integrated service response models such as Tangentyere Safe Families.
<b>201</b>	2	Universal Safety should be the aim of any new model of care – with a focus on whole of community rather than an individual case approach. The system will never be big enough to address all the safety issues for children at risk in our community. Our approach must have a strong focus on community safety development.



202	3	Ensure an increased focus on preventing child neglect through strategies to address poverty and disadvantage including appropriate and affordable housing and access to education and health care.
203	4	Increase resources for early intervention and support services such as childcare and respite for families with children at risk, especially on remote communities. This should include an understanding of the extended care system that currently operates in Aboriginal communities and a commitment to support this without undermining or controlling these systems. Aunties and grandmothers who create 'safe homes' for children are easily identified by community members and 'on the ground' NGO staff. The system should create means to support these carers without burdening them with the statutory requirements. An active community support system would achieve this.
204	8	Development of specific reunification teams in each region.
205	10	Reform the relationship between NTFC and the non-Government sector, by implementing the Alice Springs Protocol model and integrating FACs staffing and resources to NGO sector.
206	11	Improve the representation of Aboriginal children in all forms of early childhood services including pre-schools, kindergartens, child care, playgroups and family support programs.
<b>January 2014 NTCOSS Submission Domestic and Family Violence Reduction Strategy (DFVRS) (Appendix 10)</b>		
207	1.1	The development of a consistent systematic DFV training framework and training for all government and non-government services.
208	1.2	The development and implementation of clear DFV screening and reporting processes for Government and Non-Government services.
209	2.1	The support and promotion of respectful relationship programs for children and young people based in schools and community settings.
210	2.2	To invest in community education programs in collaboration with other key national and state stakeholders.
211	3	Improve support, recruitment and capacity building strategies to increase and sustain employment of Indigenous staff in the DFV field.

<b>212</b>	4	Establishment of an effective Domestic Family Violence Death Review process across the Northern Territory.
<b>213</b>	5.1	The DFV reduction strategy to focus on building and supporting legal literacy among migrants and refugees on Australian law and gender equality issues.
<b>214</b>	5.2	To establish a link with other states and federal body to address the impact of Commonwealth laws on those experiencing DFV.
<b>215</b>	6	Perpetrator programs need to be gendered, delivered by qualified staff, challenge values, attitudes and have the safety of women and children as a main focus.
<b>216</b>	7	Legal frameworks need to be supported by research and regularly subject to evaluation for effectiveness.
<b>217</b>	8	The NT Government to sustain well resourced DFV legal assistance programs.
<b>218</b>	9	Ongoing consistent involvement of the NGO sector and other key stakeholders in the development of the DFVRS to achieve an integrated response and safety for all involved.
<b>219</b>	10	The consideration of culturally competent aspects in all facets of the DFVRS.
<b>220</b>	11	The ongoing support of DFV outreach models across the Northern Territory.
<b>221</b>	12	Improve availability and access to a range of safe short term and long term housing options for women and children in DFV situations.
<b>222</b>	13	Refocus, reform and invest in programs directed at perpetrators of DFV but not at the expense of investing in services for women and children.
<b>223</b>	14	Access to prison programs regardless of length of sentence.

<b>224</b>	15	Invest in the development of innovative ideas to resource remote legal assistance service delivery.
<b>225</b>	16	Increase funding for legal assistance programs and review DFV legislation to make the sharing of relevant information with DFV victims a mandatory process in police and court proceedings.
<b>226</b>	17	Investment in long-term trauma informed services for women and children.
<b>227</b>	18.1	Ongoing professional development of mediation services in Family Law to be well equipped to detect hidden DFV issues.
<b>228</b>	18.2	Link with Commonwealth institutions to advance Family Law solutions which do not compromise the safety of women and their children.
<b>229</b>	19	Investment and provision of locally designed healing programs based on consultation with key community stakeholders.
<b>230</b>	20	Exploration and implementation of targeted prison and post-release programs for perpetrators to reduce recidivism of DFV.
<b>231</b>	21	To reflect commitment to the DFVRS by investing in best practice research and localized evaluation.
<b>May 2014 NTCOSS Submission Select Committee Action to Prevent Foetal Alcohol Spectrum Disorder (FASD) (Appendix 11)</b>		
<b>232</b>	1.1	Establishment of cross-government FASD Working Group with key stakeholders from Health, DCF, Aboriginal health services.
<b>233</b>	1.1a	Development of a Northern Territory-wide FASD prevention strategy.
<b>234</b>	1.1b	Development of targeted FASD prevention interventions with high risk communities.

<b>235</b>	1.1c	A consultative framework with a diverse range of Aboriginal people and organisations to develop and implement culturally appropriate, local strategies to prevent FASD.
<b>236</b>	1.1d	Promote community ownership in FASD prevention to ensure that communities are invested in FASD prevention strategies.
<b>237</b>	1.1e	Develop a strategy for supporting individuals with FASD, including resourcing existing services to better meet the needs of this group.
<b>238</b>	1.1f	Establishment of an FASD advisory committee comprising experts in the field to ensure that FASD interventions are consistent with national and international research, knowledge and practice.
		A FASD Working Group should include the following:
<b>239</b>	2.1	That the Northern Territory Government commit to a FASD prevention strategy which includes:
<b>240</b>	2.1a	Population wide messages about the risks of alcohol in pregnancy including alcohol labelling.
<b>241</b>	2.1b	Guidelines for health professionals about messages relating to alcohol in pregnancy.
<b>242</b>	2.1c	Specialised supports for women who have children with FASD and are at risk of further births.
<b>243</b>	2.1d	Services to women who use alcohol in pregnancy should be supportive and recognise the complex issues relating to alcohol use in pregnancy.
<b>244</b>	2.1e	Follow up support for at risk mothers after the birth of a child to reduce the risk of harm in future pregnancies.
<b>245</b>	2.1f	Services for Aboriginal women should be non-judgmental, recognise impact of trauma, and be culturally safe.
<b>246</b>	3.1	That FASD diagnostic teams be established in the NT.

<b>247</b>	3.2	That FASD be identified as a disability in the NT.
<b>248</b>	3.3	That individuals with FASD be able to access Disability Services.
<b>249</b>	3.4	That Disability Services workers be trained in FASD.
<b>250</b>	4	Development of training and FASD specific resources to enhance the skill and knowledge base for those caring for or supporting individuals with FASD.
<b>251</b>	5.1	Improved data collection in relation to alcohol in pregnancy.
<b>252</b>	5.2	Development of procedures to ensure all pregnant women receive appropriate screening for alcohol use and training for practitioners to ensure this occurs.
<b>253</b>	5.3	Resources for health practitioners to develop sensitive and culturally safe strategies for assessing alcohol use in pregnancy and providing education to mothers.
<b>254</b>	5.4	Community consultation about appropriate service models to assist pregnant women with alcohol dependence access treatment.
<b>255</b>	5.5	Further training of health providers in identification and diagnosis of FAS and FASD.
<b>256</b>	5.6	That the NT government produces resources for health providers on FASD, diagnosis and screening, effects of FASD and intervention strategies.
<b>257</b>	5.7	That procedures be put in place to ensure that children with foetal alcohol exposure are flagged for regular developmental screens.
<b>258</b>	5.8	That foetal alcohol exposure be recorded on medical files to enable future diagnosis when available.

<b>259</b>	5.9	That the NT government ensure that all agencies working with infants, children or families have access to accurate, up to date information about alcohol consumption in pregnancy and the impact of FASD.
<b>260</b>	5.10.	That the NT government provides FASD screening guidelines to professionals working with vulnerable infants and children.
<b>261</b>	5.11	That culturally appropriate information is sourced from relevant successful FASD Projects in Australia and adapted where necessary to the NT setting.
<b>262</b>	5.12	That the NT government explore screening of children at preschool for FASD in order to refer for diagnosis and early intervention services.
<b>263</b>	5.13	That staff of early childcare services are provided with education and training in FASD.
<b>264</b>	5.14	That successful interventions for children with FASD in preschool years are promoted.
<b>265</b>	5.15	That FASD training be included in professional development for all teachers in the NT.
<b>266</b>	5.16	That DET develop resources on classroom management strategies and individual learning plans that reflect best current international practice.
<b>267</b>	5.17	That Department of Children and Families identify and implement best practice models to assess and support children with FASD.
<b>268</b>	5.18	That workers with vulnerable young people be provided with access to resources and training to assist them in developing more appropriate service responses to young people with FASD.
<b>269</b>	5.19	That international best practice service models for supporting young people with FASD be explored and features of these models be incorporated into existing service design.

270	5.20.	That services providing support to vulnerable adults are provided with resources about effective interventions with adults with FASD based on best practice Internationally.
271	5.21	That staff working with adults who may have foetal alcohol exposure be educated and trained about the disorder.
272	5.22	That staff working with adults ask about maternal alcohol consumption in pregnancy as part of their assessment.
273	6.1	That the NT FASD Working group examine good practice models of FASD prevention and intervention both from Australia and Internationally with a view to implementation in selected sites in the NT.
<b>June 2014 NTCOSS Submission National Children's Commissioner Intentional Self Harm and Suicidal Behaviour (Appendix 13)</b>		
274	1	Involve young people and Elders in the development of community based programs.
275	2	Further targeted investigation and research into factors contributing to contagion and clustering of self harm and suicide behaviour in children and young people in the Northern Territory.
276	3	Tailored prevention and intervention packages to be developed and rolled out for each target group and community in collaboration with the later.
277	5	Ongoing, targeted programs that support young people from refugee and migrant backgrounds to access education, training, employment, given that these elements are vital for mental health, wellbeing and community connection.
278	6	Specialised training and education for youth specific psychologists and mental health professionals to understand the different approaches needed to work with young people from refugee and migrant background.
279	7	Secure and ongoing funding for community organisations working in youth mental health inclusive of outreach service models.

<b>280</b>	8	The development of a shared understanding and language of suicide and self harm behaviours for young people, community members and service providers where English is not the first language.
<b>281</b>	10	Research to be initiated into suicidal behaviour data collection methods in other countries, jurisdictions, particularly pertaining to remote communities.
<b>282</b>	11	Supporting the community sector to be better equipped to respond to suicidal behaviour.
<b>November 2014 NTCOSS Submission Senate Inquiry into Children Living in Out of Home Care (Appendix 14)</b>		
<b>283</b>	1	Inclusion of models by Child Protection agencies which involve families in decision making processes e.g. family group conferencing.
<b>284</b>	3	Improve support, recruitment and capacity building strategies to increase and sustain employment of Aboriginal and Torres Strait islander staff in the child protection and out of home care field.
<b>285</b>	4	The national standards for out of home care should drive improved outcomes in education, health, housing and leaving care. The national standard indicators need to be linked to measurable targets in these areas and adopted by States and Territories.
<b>286</b>	5	States and Territories to adopt coordinated case management approaches to ensure measurable targets related to the National Standards for out of home care especially in relation to Standard 4 are being achieved.
<b>287</b>	7	The development of an indicator to measure the number of children who have received comprehensive health and wellbeing assessments when entering care and at intervals during their time in care, as well as an indicator that measures action taken on any recommended treatments from these assessments.
<b>288</b>	8	The development of a comprehensive practice guide around the application of the Aboriginal Child placement principle to increase the adherence to the principle.



<b>289</b>	9	Resourcing of therapeutic models in out of home care embedded in local cultural frameworks.
<b>290</b>	10	Development of systemic support strategies to assist ATSI family way placements especially in remote communities (grandparents).
<b>291</b>	11	To reduce the number of for profit organisations providing out of home care.
<b>292</b>	12	Exploration of the professionalization of the out of home care system.
<b>293</b>	13	Investment in early intervention and prevention strategies to reduce the increasing spiralling cost in child protection and out of home care.
<b>294</b>	14	Development of a cross border approach in child protection between NT, SA, WA.
<b>295</b>	15	Resourcing of contact agents (Aboriginal Child Care Agency or other) to ensure contact is maintained between child, family and country to minimise harm to child while in care.
<b>296</b>	16	Development of a support agency which will provide intensive support to Aboriginal and Torres Strait Islander kinship carers.
<b>297</b>	17	Consistent use of interpreters to ensure information presented is fully available and understood.

## APPENDICES 2 – 15 (ATTACHED)

### NTCOSS SUBMISSIONS TO THE NT AND FEDERAL GOVERNMENTS

- APPENDIX 2 July 2011 NTCOSS Youth Justice System Review Submission
- APPENDIX 3 July 2012 NTCOSS CPCA Therapeutic Orders Amend Bill Submission
- APPENDIX 4 August 2015 NTCOSS Submission to the Northern Territory Government, Department of Children and Families, Reform of Adoption and Children Act
- APPENDIX 5 2010 NTCOSS Submission Inquiry into the Child Protection System in the NT
- APPENDIX 6 2011 Central Australia Youth Justice (CAYJ) Recommendations
- APPENDIX 7 May 2013 CAYJ NT Department of Correctional Services Youth Boot Camps Briefing Paper
- APPENDIX 8 March 2014 Submission to the Indigenous Education Review - Draft Report Prepared by the Northern Territory Council of Social Service Inc.
- APPENDIX 9 October 2015 NTCOSS Submission to the Northern Territory Government, Strong Society, Confident Culture Strategy
- APPENDIX 10 January 2014 NTCOSS Submission Domestic and Family Violence Reduction Strategy (DFVRS)
- APPENDIX 11 May 2014 NTCOSS Submission Select Committee Action to Prevent Foetal Alcohol Spectrum Disorder (FASD)
- APPENDIX 12 June 2014 Discussion Paper - Northern Territory Suicide Prevention Strategic Action Plan 2014-2016
- APPENDIX 13 June 2014 NTCOSS Submission National Children's Commissioner Intentional Self Harm and Suicidal Behaviour
- APPENDIX 14 November 2014 NTCOSS Submission Senate Inquiry into Children Living in Out of Home Care
- APPENDIX 15 November 2015 NTCOSS Submission to Northern Territory Government Department of Children and Families *Through the Eyes of a Child: Improving Responses to Victims of Child Sexual Abuse and Criminal Neglect Discussion Paper Consultation Response Document*

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