



**Northern Territory Council of Social Service (NTCOSS) Action Plan 2  
Non-Government Organisation Consultation Report 2021**

The Northern Territory Council of Social Service (NTCOSS) is the peak body for the Northern Territory (NT) Community and Social Services Sector and is a voice for people affected by social and economic disadvantage and inequality. The community sector in the NT is made up of community managed, non-government, not-for-profit organisations that work in social and community service delivery, sector development and advocacy. The community sector plays a vital role in creating social wellbeing for all Territorians and in building safe and healthy communities by providing services that enable people to access and participate in health services, education, employment, economic development, and family and community life.

All people have the right to live a life free from violence. NTCOSS is a strong advocate for putting an end to all forms of domestic, family and sexual violence (DFSV) in our communities and working to address the related social harms. It advocates for and with the specialist DFSV service sector in the NT to improve safety, wellbeing, economic and social justice outcomes for women and their families.

### **Consultation background**

NTCOSS recently carried out consultations with the community sector on the development of Action Plan 2 – the second plan under the NT Government’s Domestic, Family and Sexual Violence Reduction Framework 2018-2028 Safe, respected and free from violence (the Framework). The Framework outlines the NT Government’s 10 year strategy to reduce the prevalence and impact of DFSV and work towards a future where women and children are safe and free from violence.

NTCOSS heard from a range of organisations from across the Territory and community sector about what they feel has worked well since the introduction of the Framework and the first Action Plan, along with concerns and priorities to be considered for any future Action Plans. A full list of all stakeholders engaged in this process can be viewed in **Attachment A**.

The below is a summary of key focus areas and priorities that came out of these consultations. While NTCOSS has aimed to capture the broad and varied perspectives raised in these consultations (**Attachment B** providing summary notes of these meetings), a number of services with specialist and varied expertise, including Aboriginal Community Control Organisations (ACCOs), have also contributed individual submissions to Government that may provide greater or varied context on issues raised below.

NTCOSS acknowledges the time and expertise provided by the community sector and thanks stakeholders for their engagement with this process.

## **Consultation themes**

The below information sets out priorities and focus areas that were raised by community sector organisations throughout the consultation process. Several of the below areas are prioritised for adoption across Government, while others are more specific to service areas and departments.

### **Ensuring that organisations and communities with specialist expertise and knowledge are central to any approach:**

The Aboriginal Peak Organisations of the Northern Territory (APONT) Partnership Principals outline the importance of ACCOs and Aboriginal and Torres Strait Islander communities being central to any program creation or delivery that impacts Aboriginal and Torres Strait Islander communities and people. Place based, community driven, culturally appropriate and safe models, ensuring principals of co-design, are central to any program success and should be prioritised across all Government agencies.

Programs that also privilege other specialist service providers with expert knowledge in this space must also be noted in this process; women's specific services, disability services, Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, Asexual or Ally + Other Identities (LGTBQIA+) service provision and Culturally and Linguistically Diverse (CaLD) communities, noting an intersectional approach is critical (for example, Aboriginal women's services).

While privileging the above, it is critical to acknowledge that DFSV is a gendered issue and requires a gendered analysis and service response. In addition, the inclusion of diverse gender and sexuality communities and lateral violence in discussion regarding DFSV is essential and can co-exist alongside a gendered approach.

Ensuring the continued delivery of dedicated service provision ensures that clients have greater autonomy over their service and support choice, and that the diverse and complex needs of community members are more adequately met through the provision of these services.

### **Increase cultural diversity and lived experience in regard to forums that influence government policy:**

Representation on the Cross Agency Working Group (CAWG) should be diversified, as well as including forums that prioritise the expertise and knowledge of those with lived experience, ensuring that communities have a say in policies and practice that impact them.

Ensuring that the views and expertise of the diverse communities and people across the Territory are captured within the reform work is the responsibility of all involved in the implementation of the DFSV reform agenda (including all related action plans and frameworks across the DFSV reform spectrum).

Participants raised that emphasis needs to be placed on valuing lived expertise and cultural knowledge and leadership. When engaging with such groups, outcomes of any work people or communities have been involved in must be shared back to them, along with opportunities for further feedback.

Co-design principals (including place based, community led, culturally appropriate program delivery) were emphasised as important for all departments and agencies to adhere to regarding DFSV reform (program design and implementation).

**Evaluation and monitoring must be central to any future Action Plan implementation:**

As per the key theme of Action Plan 2, every consultation came back with the resounding message that to build on what currently works, it must be based on proper evaluation and monitoring.

Concern was raised in all regions around the lack of clear reporting, monitoring and evaluation of Action Plan 1. It is unclear to stakeholders how Action Plan 1 outcomes have been tracked. For example, participants raised concerns around long terms plans to continue to implement outcomes marked as 'completed' (such as now that the Risk Assessment Management Framework (RAMF) has been 'completed', what the long-term plan for continued implementation looks like) within Action Plan 1, and lack of detail regarding what constitutes 'on track' or 'at risk' in regard to action outcomes.

Questions were also raised as to how the Government plans to implement the next Action Plan without the monitoring and evaluation framework in place, and without applying this to the current Action Plan. All departments (such as the Attorney-General and Justice, Police, Education, Health, Territory Families, Housing and Communities) involved in implementation must address this as a matter of priority, with a consistent approach across the whole of Government.

The improvement and appropriateness of data collection systems and how this data is used, including qualitative and quantitative data most appropriate to the type of service being delivered, was raised as a key priority.

The need for specific funding for community sector programs to capture data and information and carry out monitoring and evaluation as a separate component of any agreements was also raised. Current funding models mean that this is often done as an 'add on' to organisational responsibilities and worker roles, often leading to a resource deficit.

Organisations reported on the increasing requirement through funding contracts to provide 'evidence' of service delivery and its effectiveness. However, current data collection methods and data sets do not enable services to capture this information effectively. Participants recommended streamlining KPIs, to make them targeted and appropriate in gathering this information.

Participants raised the need for departments (such as Health, Police, Education and Territory Families, Housing and Communities) to explore the possible creation of new data sets to also assist in capturing relevant information pertinent to the reduction of DFSV and measuring/tracking outcomes in this space (or alternatively changing how current data and information can be used to meet the above need). Specific examples of statistics to be captured included homicides and suicides with DFSV as a factor.

In addition to the need for better and more accurate data in this area t, it must also be more accessible. Participants noted that the absence of many data sets makes it hard to accurately measure and evaluate what is occurring in the NT. When data sets do exist, they are not always easily accessible.

**Action Plan 2 must be fully costed before implementation and ensure any future Action Plans are adequately resourced and prioritised in their delivery:**

A fundamental concern heard across all regions was the investment and resource priority given to DFSV reduction. While many organisations acknowledged the scope of the work that resulted in the introduction of the Framework, concerns were raised regarding the priority given by the Government to fully resource all past and future recommendations regarding DFSV reduction.

The funding associated with the delivery of the first Action Plan was minimal and did not match the breadth of reform required. Similarly, while multiple other frameworks related to DFSV reduction (such as the Sexual Violence Prevention Framework and DFSV Workforce and Sector Development Plan) have been introduced, the level of funding allocated to their implementation has not sufficiently matched the breadth of reform and outcomes these documents strive for.

Organisations called for Action Plan 2 to be fully costed before delivery, to provide transparency to the community sector on the level of investment needed to fully implement all recommendations, with adequate investment and resourcing delivered to meet these outcomes. All government departments with action items within the next Plan must be transparent in delivering this information to the sector, particularly in regard to limitations and parameters around the possible funding limits.

**The Reduction Framework and related Action Plans must be messaged more broadly to the community sector and across government:**

Many organisations involved in the consultation process expressed a lack of understanding or knowledge of the Framework and related action plans, even though many of the reforms crossed into their areas of work.

Organisations expressed the need for the Government to better promote the importance of the work, so that services and government departments and agencies understand their role and responsibility in ensuring success. Feedback was provided that the current approach, while designed to be cross agency, doesn't appear to have the buy in and support from the whole of Government and does not appear to be driven by communities and regions.

Feedback was also provided around the language used to describe services. While the term 'specialist' is used to describe services specifically funded to deliver DFSV services under certain departments, this does not capture the breadth of work also done in areas such as child protection or family services that cross over to the 'specialist' DFSV space. The need to adequately reflect the nuance of the service system across the reform agenda was raised.

## **Police and justice responses and training**

Commonly, across all consultations, police responses were raised as a priority issue. While recognising the complex and difficult job that police across the Territory carry out, participants regularly raised the need for increased DFSV training for general duties officers, clarity around the position of the DFSV Units, and the need to examine the current Family Safety Framework model.

Organisations raised the need for police to ensure transparent consultations occur on general orders and changes that are made to general orders, as well as the possible introduction of a police Code of Practice in responding to DFV.

Justice and policing issues in the tri-state region were also raised, with participants noting that currently, policing across borders does not appear to occur and there is lack of communication between states.

Participants also raised the possibility of community sector services providing specialist training to police on DFSV related matters, and the opportunity for cross sector collaboration.

Domestic Violence Orders (DVOs) and whether they are fit for purpose (particularly around issues of keeping victim survivors safe) or create barriers to accessing further help, and complexities relating to reciprocal DVOs were also raised.

A number of services raised the need for a review of the wider DFSV legislative framework, including the provision of legal assistance services. Services specifically mentioned the Journey Mapping Report (with recommendations including the need for “one stop shop” model for service provision in regard to DVOs) and transparency on next steps in implementing recommendations from reports such as this.

A review of mandatory reporting legislation was specifically identified as a need by some, particularly regarding reports that mandatory reporting acts as a barrier to accessing services for victim survivors of DFSV.

The introduction of the Specialist Domestic and Family Violence Court Pilot Project model in Alice Springs was identified as a positive step forward, however the lack of specific resourcing for therapeutic supports and training needs attached to this model was raised. Concern was heard regarding possible limitations to the Pilot’s success if it is not adequately resourced.

The need for greater access and provision of services within Corrections was raised by stakeholders. Participants identified the need for culturally appropriate programs that focus on behaviour change, healing and therapeutic support and capacity building of users of violence and victim survivors (both male and female).

The provision of services similar to the above within detention centres for young people was also identified, with therapeutic, culturally appropriate models run as group sessions raised as a possible option (noting service providers have previously seen success with similar models).

The sector identified the need to work in collaboration the both Attorney-General's Department, Corrections, Police and Territory Families, Housing and Communities to address the above.

### **Service improvement**

Several participants identified possible service system reforms that could positively influence DFSV reduction and reform across the Territory. Mapping out the current service system (DFSV specific specialist services, health, child protection, family support services, crisis response, housing, legal etc.), including both community sector and government service provision, was identified to assist with not only understanding how service systems intersect but opportunities for cross sector collaboration and identification of service gaps. This would also assist with workers understanding the best referral pathways.

As well as current service system mapping, acknowledging and investing in alternative pathways that people may access for assistance with DFSV, or use where they may be identified as experiencing DFSV (such as through Employment Assistance Programs, General Practitioners, private counselling etc.) is important.

Reviewing and evaluating programs and embedding this practice across both government departments and the community sector, was suggested as a way to continually improve service delivery. Participants recommended investigating how to improve existing services within the DFSV response model, ensuring services are culturally safe and appropriate, and investing in resourcing and improving current services so that they are fit for purpose, instead of investing in new services/ duplicating services.

A number of participants raised the need to look at service saturation in some areas and lack of services in others (geographical and otherwise). The need to invest in innovative service delivery models (particularly in a fiscally tight time and in some situations where services have faced historical funding reductions) was emphasised by some, with the view this could help address service duplication and the over servicing of clients (which can result in some clients dropping away from service access), while also ensuring programs are fit for purpose.

### **Risk Assessment Management Framework and Common Risk Assessment Tool**

The introduction and implementation of the RAMF and the Common Risk Assessment Tool (CRAT) was widely commended across the sector.

Organisations raised the need for all relevant staff across government departments (Territory Families Housing and Communities, Police, Fire and Emergency Services, the Department of Health and Department of Education) and the community sector to be trained on the RAMF and CRAT. Concerns were raised regarding the lack of regular training and access (including in remote contexts), as well as the cultural appropriateness of training delivery.

Several stakeholders identified the need for the RAMF model, implementation and content to be reviewed by the Department of Territory Families, Housing and Communities and for all government departments to track and prioritise the delivery of RAMF internally.

Some providers also expressed concern regarding the long-term sustainability model of the RAMF (including implementation) and the need to adequately resource and invest in the long term delivery of the model.

### **Housing and accommodation**

Housing, accommodation, and homelessness issues were raised in every region and every consultation. The significant role that housing insecurity plays in both DFSV situations, and the welfare of families and communities was noted.

Lack of housing stock, crisis accommodation often at capacity, minimal transitional housing, lack of alternative accommodation options (particularly in remote or very remote communities), and investment in programs that allow people to remain safe in the home, were particularly highlighted. Ensuring that programs cater to the needs of all people within our communities (such as women with children (including older children), LGBTQIA+ people, Aboriginal women, people living with a disability, CaLD people, men with children) was raised.

The need for greater investment and innovative program solutions was emphasised.

The safe house model in remote communities was also raised across several regions as an area for reform, with infrastructure not always fit for purpose, and a need for the practice model to be examined due to issues with community members not feeling safe to access the services during crisis. Further feedback highlighted that the model is not appropriate across all geographical regions, as some victim survivors seek to be removed from the community straight away to not only provide respite, but allow for greater access to police, legal and other social supports in urban centres.

### **Primary prevention, intervention and education**

The current investment level in primary prevention, as well as healthy relationship programs, was raised in consultations across all regions. Investment in this area must be increased, with the necessity for this work to be implemented and accessed across the human lifecycle. Services raised the need for greater acknowledgement that when primary prevention/ intervention increases, crisis responses also increase, resulting in a need to adequately resource and invest in DFSV responses across the spectrum.

The need for greater investment in behaviour change programs (as well as the introduction of minimum standards that privilege the experience, safety and needs/wants of the victim survivor), while also resourcing programs in the healing and therapeutic space, was highlighted.

Stakeholders, while emphasising the important role that behaviour change programs can play, also highlighted the need for the current men's behaviour change review process to be finalised, and the



report, findings and recommendations to be published. This would create a strong basis for investment, evaluation and monitoring in behaviour change programs moving forward.

The role that the education system can play in primary prevention and respectful relationship program implementation was emphasised, with participants noting the lack of connectivity between education curriculum and primary prevention, healthy relationship programs and trauma informed practice. This work must be adequately resourced and valued, including evaluation and monitoring in any delivery, on a whole of system scale. With the lack of clarity about what is happening across the NT, there is a need for greater service mapping and implementation of trauma informed approaches within schools.

The need for greater education around tech-facilitated abuse and the internet was also raised. The provision of programs that provide information and teach people (particularly younger people) to use the internet safely (noting that young people often use the internet to experiment and explore both their relationships and sexuality) is required.

### **Healing and therapeutic supports**

Across the majority of consultations, the need for greater investment in healing and therapeutic support programs that are community led and designed, place based and culturally appropriate were identified. These should run parallel and in conjunction with other programs, not be interspersed (such as within behaviour change programs).

The need for investment and adequate, ongoing resourcing of such physical spaces and programs (ie. not just infrastructure, but ongoing funding to support projects after initial conception) was also identified.

### **Programs for young people**

Participants raised the need to increase investment in programs for children and young people relating specifically to DFSV reduction and support. Crisis support, support for young families, young people experiencing or using violence, as well as the above primary prevention and education focus, was noted across consultations.

Lack of access to appropriate health supports, such as specialist primary health care, mental health support and obstetrics, was also raised by participants. There is a need for access to ongoing care on a long-term basis, particularly mental health support, to appropriately address the impacts of trauma on young people and provide thorough care.

The need for greater investment across Health and Education in programs that address harmful sexualised behaviours in children and young people was identified.

### **Workforce and sector development and support**

Organisations raised staff recruitment and retention barriers, as well as access to appropriate workforce development and training opportunities to support the sector. While acknowledging the Government's Workforce and Sector Development Plan, services noted limited investment and resourcing currently allocated for its implementation (including the DFSV Resource Centre).

The DFSV Resource Centre was raised as an opportunity to work and collaborate across the community sector and government departments in developing workforces, including with risk models and reflective practice. It was raised that this would positively influence outcomes for workers, particularly in addressing vicarious trauma, and supporting those within the workforce to help address impacts of burnout and fatigue.

Services also noted the cost burdens due to having to pay for quarantine when recruiting staff from interstate due COVID-19, as well as the inability to support staff to secure housing due to the currently low vacancy rate within the rental market.

Stakeholders raised the need for guaranteed service consistency, that not only includes adequate funding but for all services (regardless of who they are funded by) to be funded on a 5-year basis. Any such agreements must also include CPI increases, with services reporting that the current approach means that programs are often operating at a deficit (even if they have been awarded a longer-term contract).

The continued need regarding the development of a community of practice for DFSV workers was emphasised.

## **Attachment A: List of organisations and networks involved in the consultation process**

- Aboriginal Medical Services Alliance Northern Territory
- Alice Springs Accommodation Action Group
- Anglicare NT
- Association of Alcohol and Other Drugs NT
- Australian Breastfeeding Foundation
- Australian Childhood Foundation
- Banatjarl Strongbala Wimun Group
- Barkly Region Accommodation Action Group
- Brave Foundation
- Catherine Booth House Women's Refuge
- Catholic Care NT
- Central Australian Aboriginal Congress
- Central Australian Aboriginal Family Legal Unit
- Central Australian Family Violence and Sexual Assault Network
- Central Australian Women's Legal Service
- Danila Dilba Health Service
- Darwin Aboriginal and Islander Women's Service
- Darwin Community Legal Service
- Darwin Domestic and Family Violence Network
- Dawn House
- Housing NT
- Katherine Local Reference Group
- Katherine West Health Board
- Katherine Women's Information Legal Service
- Larrakia Nation
- Mission Australia
- Miyalk Crisis Accommodation
- Ngaanyatjarra Pitjantjatjara Yankunytjatjara (NPY) Women's Council
- North Australian Aboriginal Family Violence Legal Service
- Northern Territory Aids and Hepatitis Council
- Northern Territory Legal Aid Commission
- Northern Territory Mental Health Coalition
- NTCOSS Domestic, Family and Sexual Violence Group
- NTCOSS Social Policy Network
- One Tree Community Services
- Palmerston community and services hosted by Grow Well Live Well
- Red Cross Northern Territory
- Save the Children
- Solace Consulting
- SupportLink
- Tangentyere Aboriginal Council – Tangentyere Women's Family Safety Group
- Team Health
- The Smith Family
- Top End Safe House Network
- Top End Women's Legal Service
- Urapuntja Aboriginal Corporation
- Women's Safety Services of Central Australia
- Yilli Rreung Housing Aboriginal Corporation
- YWCA NT

