



## **Elizabeth Kikkert MLA**

Shadow Minister for Families, Youth and Community Services  
Shadow Minister for Multicultural Affairs

**Wed, 9 May 2018**

### **Motion | FASD Screening for Bimberi Youth Justice Centre**

That this Assembly

(1) Notes that:

- (a) In the Australian Institute of Health and Welfare's 2016 National Drug Strategy Household Survey, one in four women reported having consumed alcohol after becoming aware of their pregnancies;
- (b) Alcohol exposure at any time during pregnancy can cause damage to the developing foetus. Evidence demonstrates that alcohol passes easily through the placenta within a couple of hours, giving the foetus a blood alcohol concentration nearly equal to that of the mother. Amniotic fluid retains alcohol, prolonging exposure to alcohol for the foetus. The foetus has minimal ability to metabolise alcohol and the ramifications of foetal alcohol exposure can produce lifelong harm known as foetal alcohol spectrum disorder (FASD);
- (c) It is estimated that more than 500 000 Australians suffer from FASD;
- (d) Research has shown that children and youth with FASD have a much higher risk of not completing their education, of falling into lower socioeconomic groups, of self-medicating with drugs and alcohol, of suffering from anxiety or depression and of ultimately coming into contact with the criminal justice system;
- (e) Juveniles with FASD are 19 times more likely to be incarcerated and are far more likely to be recidivist;
- (f) 60 percent of the people with FASD over the age of 12 have criminal histories;
- (g) Prisoners with FASD are prone to exploitation and higher rates of victimisation, as well as repeating the behaviour of their perpetrators to others in the community following their release from prison; and
- (h) The economic cost of FASD in Australia has been estimated to run into billions of dollars;

(2) Further notes that:

- (a) The 2012 national inquiry into FASD found that there is a need for diagnostic tools and services, as well as capacity to provide them. Consequently in 2016, the *Australian Guide to the Diagnosis of Fetal Alcohol Spectrum Disorder* was published as a national diagnostic and screening tool for FASD;
- (b) The 2015–17 Banksia Hill Project was the first initiative in Australia to assess and diagnose detainees in a youth detention centre for FASD, resulting in findings of 36 participants (over 33 percent) with FASD but only two who had been previously diagnosed; and
- (c) In the ACT, while Justice Health Services (JHS) does not specifically assess young people in Bimberi for FASD on induction, JHS does undertake a screen for key behavioural and clinical indications that can be found in FASD, and if identified, a referral is made to a paediatrician for assessment, diagnosis and treatment recommendations;
- (d) The *Australian Guide to the Diagnosis of Fetal Alcohol Spectrum Disorder* does not include a standardised screening tool for FASD, but instead provides a diagnostic instrument for FASD which is complex, and requires multiple assessments of a range of impacting factors over a long period of time;
- (e) Internationally, there is no validated standardised screening tool for FASD; and
- (f) The Commonwealth Department of Health is currently leading work to develop the National FASD Strategic Action Plan 2018-2028, which is expected to be released by the end of this year, and the ACT is participating in its development; and

(3) Calls on the ACT Government to:

- (a) Continue to work with the Commonwealth Government and other jurisdictions to identify new best practice approaches and tools for the diagnosis and treatment of FASD, both in juvenile detention settings and in the community;
- (b) Consider how the current behavioural and clinical screening practices used at Bimberi Youth Justice Centre could be enhanced in line with the *Australian Guide to the Diagnosis of Fetal Alcohol Spectrum Disorder* to improve the detection of FASD amongst current and future detainees;
- (c) Continue to support detainees in Bimberi by practicing robust collection and sharing of data relating to the assessment and screening of detainees;
- (d) Continue to provide detainees in Bimberi with individualised, trauma-informed supports that address the behavioural, clinical and other issues identified in screening;
- (e) Continue to provide training to all Bimberi staff, and consider future opportunities for additional training, on understanding the needs of young people who offend, addressing offending behaviours; and the delivery of a trauma informed service; and
- (f) Work with nationally recognised and accredited organisations to make sure best practice is reflected at each stage of the process and in all aspects of this work undertaken.

**-END-**

**Original Motion by Elizabeth Kikkert MLA** (Shadow Minister for Families, Youth & Community Services)

That this Assembly

(1) Notes that:

(a) In the Australian Institute of Health and Welfare's 2016 National Drug Strategy Household Survey, one in four women reported having consumed alcohol after becoming aware of their pregnancies;

(b) Alcohol exposure at any time during pregnancy can cause damage to the developing foetus. Evidence demonstrates that alcohol passes easily through the placenta within a couple of hours, giving the foetus a blood alcohol concentration nearly equal to that of the mother. Amniotic fluid retains alcohol, prolonging exposure to alcohol for the foetus. The foetus has minimal ability to metabolise alcohol and the ramifications of foetal alcohol exposure can produce lifelong harm known as foetal alcohol spectrum disorder (FASD);

(c) It is estimated that more than 500 000 Australians suffer from FASD;

(d) Research has shown that children and youth with FASD have a much higher risk of not completing their education, of falling into lower socioeconomic groups, of self-medicating with drugs and alcohol, of suffering from anxiety or depression and of ultimately coming into contact with the criminal justice system;

(e) Juveniles with FASD are 19 times more likely to be incarcerated and are far more likely to be recidivist;

(f) 60 percent of the people with FASD over the age of 12 have criminal histories;

(g) Prisoners with FASD are prone to exploitation and higher rates of victimisation, as well as repeating the behaviour of their perpetrators to others in the community following their release from prison; and

(h) The economic cost of FASD in Australia has been estimated to run into billions of dollars;

(2) Further notes that:

(a) The 2012 national inquiry into FASD found that there is a need for diagnostic tools and services, as well as capacity to provide them. Consequently in 2016, the *Australian Guide to the Diagnosis of Fetal Alcohol Spectrum Disorder* was published as a national diagnostic and screening tool for FASD;

(b) The 2015-17 Banksia Hill Project was the first initiative in Australia to assess and diagnose detainees in a youth detention centre for FASD, resulting in findings of 36 participants (over 33 percent) with FASD but only two who had been previously diagnosed; and

(c) Justice health services within the ACT, namely Forensic Mental Health Services and Primary Health Services, currently do not assess and diagnose detainees at the Bimberi Youth Justice Centre for FASD in accordance with the *Australian Guide to the Diagnosis of Fetal Alcohol Spectrum Disorder*; and

(3) Calls on the ACT Government to:

- (a) Assess and screen all detainees, including newly arrived detainees, at the Bimberi Youth Justice Centre for FASD in full accordance with the *Australian Guide to the Diagnosis of Fetal Alcohol Spectrum Disorder* and develop treatment plans for ongoing care where diagnosed;
- (b) Better support future detainees in Bimberi by practicing robust collection and sharing of data relating to the assessment and screening of detainees;
- (c) Work with nationally recognised and accredited organisations to make sure best practice is reflected at each stage of the process and in all aspects of this work undertaken; and
- (d) Provide specific training to all Bimberi staff on how best to work with and support detainees with FASD.

**-END-**

**Amendment by Shane Rattenbury MLA (Minister for Corrections and Minister for Mental Health)**

Omit all words after paragraph (2)(b), substitute:

(c) In the ACT, while Justice Health Services (JHS) does not specifically assess young people in Bimberi for FASD on induction, JHS does undertake a screen for key behavioural and clinical indications that can be found in FASD, and if identified, a referral is made to a paediatrician for assessment, diagnosis and treatment recommendations;

(d) The *Australian Guide to the Diagnosis of Fetal Alcohol Spectrum Disorder* does not include a standardised screening tool for FASD, but instead provides a diagnostic instrument for FASD which is complex, and requires multiple assessments of a range of impacting factors over a long period of time;

(e) Internationally, there is no validated standardised screening tool for FASD; and

(f) The Commonwealth Department of Health is currently leading work to develop the National FASD Strategic Action Plan 2018-2028, which is expected to be released by the end of this year, and the ACT is participating in its development; and

(3) Calls on the ACT Government to:

(a) Continue to work with the Commonwealth Government and other jurisdictions to identify new best practice approaches and tools for the diagnosis and treatment of FASD, both in juvenile detention settings and in the community;

(b) Consider how the current behavioural and clinical screening practices used at Bimberi Youth Justice Centre could be enhanced in line with the *Australian Guide to the Diagnosis of Fetal Alcohol Spectrum Disorder* to improve the detection of FASD amongst current and future detainees;

(c) Continue to support detainees in Bimberi by practicing robust collection and sharing of data relating to the assessment and screening of detainees;

(d) Continue to provide detainees in Bimberi with individualised, trauma-informed supports that address the behavioural, clinical and other issues identified in screening;

(e) Continue to provide training to all Bimberi staff, and consider future opportunities for additional training, on understanding the needs of young people who offend, addressing offending behaviours; and the delivery of a trauma informed service; and

(f) Work with nationally recognised and accredited organisations to make sure best practice is reflected at each stage of the process and in all aspects of this work undertaken.

**-END-**