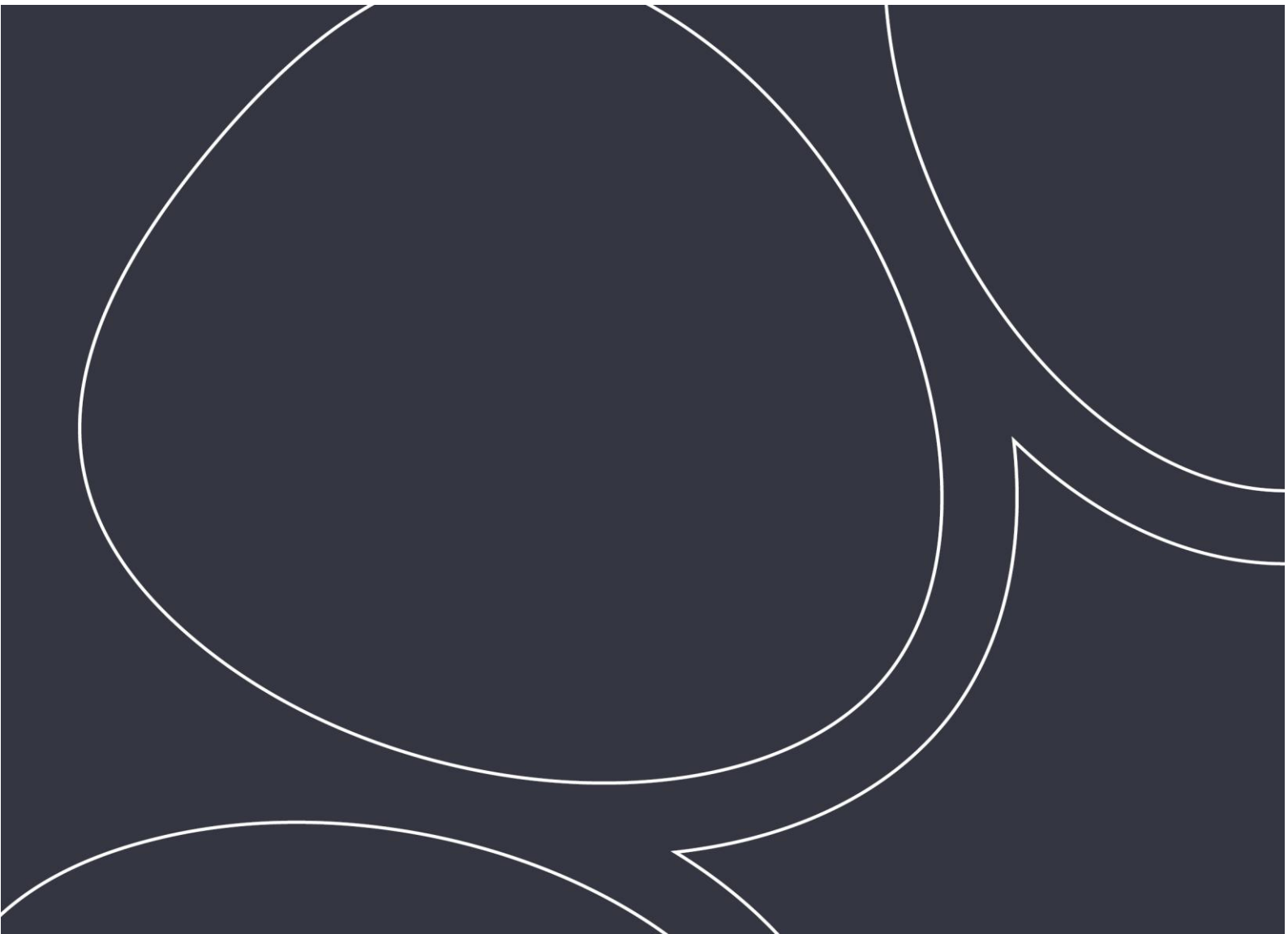


# Applying for a Banned Drinker Order

## Policy



<b>Document title</b>	Applying for a Banned Drinker Order
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Version	Date	Author	Changes made
1.0	08/09/2017	Operational Policy	Guidance on when to make an application for a BDO.
1.1	28/02/2018	Operational Policy	Added statement – an application must be made by a Case Manager in their capacity as an Authorised Officer under the <i>Care and Protection of Children Act 2007</i> .
2.0	07/06/2021	Operational Policy	Revised to include information regarding the ability of Public Housing Safety Officers, prescribed under the <i>Alcohol Harm Reduction Regulations 2017</i> , to apply to the Registrar for a BDO for an adult.
3.0	09/06/2026	Operational Policy	Rebranded – <i>Department of Children and Families</i> replaced <i>Territory Families, Housing and Communities</i> , Removed references to public housing safety officers. Added definition and policy scope, clarified purpose and statement. Authorised officers (voluntary and statutory cases) to complete authorised referrals with a team leader approval.

Acronym	Full form
BDO	Banned Drinker Order
BDR	Banned Drinker Register

Term	Definitions
Adult	An individual who is 18 years of age or older.
AHR Act	<i>Alcohol Harm Reduction Act 2017</i>

Authorised officer (officer/authorised person)	<p>A Department of Children and Families officer can only be appointed as an authorised officer under the <a href="#">Care and Protection of Children Act 2007</a> (the Act) under section 304(1)(a) when:</p> <ul style="list-style-type: none"> <li>• They are performing a role, or may be required to perform a role, that requires the use of authorised officer powers and functions as specified in the Act; and</li> <li>• They have completed the core mandatory face to face pre-service training for frontline staff, as outlined in the appointment process.</li> </ul> <p>Refer to <a href="#">Authorised Officer Procedure</a>.</p>
BDO application/BDR referral	BDO application and BDO referral are interchangeable terms.
Care Plan	Departmental Care Plans outline the goals, supports, and actions required to meet the needs of a child and young person in care. There are two types - Care Plan and Transition to Independence Care Plan.
Case plan (adult)	Focus on the parent's actions to manage worry/risk and build wellbeing/safety. Using Signs of Safety, this often means specific behavioural changes, such as how parents will manage mental health, substance use, or improve parenting to ensure the child is safe, with a strong emphasis on family capacity and support networks. In this procedure, this includes an Adult Safety Plan or a Family Responsibility Agreement.
Child	For the purposes of this policy: "Child" or "children" means any person under 18 years of age. The term "child" also encompasses a "young person", defined as an individual aged 12 to 17 years.
Danger statement	A clear statement of who is worried, the specific adult behaviours causing current or past harm, the impact on the child, and what professionals are worried will happen if nothing changes—written in behaviourally specific, plain language that families can understand. Treated as draft until explained to the family and refined with their input.
Department	Department of Children and Families
Family Responsibility Agreement	A voluntary agreement between the Department and a child or young persons parents or responsible adults. It is a belief that the agreement will assist parents or responsible adults to address behaviours, actions or inactions believed to have contributed to the young person's behaviour of concern.
Harm statement	A summary of past hurt, injury or harm to the child (usually caused by adults), including the worrying adult behaviour, the severity and impact on the child, and the pattern over time (first, worst, last). May also include children's risk-taking behaviours indicating harm.
Registrar (BDR Registrar)	The CEO of Department of Health or a person appointed by CEO. The Registrar decides whether individuals should be placed on the BDR, income management orders, and coordinates therapeutic support pathways for banned drinkers.
Safety goal	Behaviours or actions the Department needs to see to be satisfied that child will be safe enough to close the case. For each danger statement there is a safety goal.

Success goal	Behaviours or actions the Department needs to see to stop being worried and will show everyone what needs to be achieved. Success goal directly links to a worry statement.
Worry statement	The Department is worried about what might happen if nothing changes, it focuses on who is worried, what behaviour is of a concern, and the likely impact on the child.

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## 1. Purpose

This policy helps Department of Children and Families staff understand when and how to apply to the Registrar for a Banned Drinker Order (BDO).

## 2. Scope

This policy applies to authorised officers in the Department of Children and Families who carry out case planning or case work across the child protection continuum. This includes work on both statutory (e.g. child protection investigations, strengthening families, and children in care) and voluntary cases (e.g. internal and family support).

## 3. Policy statement

A Banned Drinker Order (BDO) is a tool the Department can use to assist parents, carers or adult guardians to take greater responsibility for the safety and wellbeing of children in their care. The authorised officer may apply for a BDO when an adult's alcohol misuse is harming, or creating a risk of harm to, a child's health, safety, or wellbeing.

Under section 18 of the [Alcohol Harm Reduction Act 2017](#) (AHR Act) and section 301 of the [Care and Protection of Children Act 2007](#) (CAPCA), authorised officers may apply to the Registrar for an adult to be placed on a BDO. If the Registrar approves the application, the adult is placed on the Banned Drinker Register (BDR). Adults on the BDR must not buy, possess, or consume alcohol for the duration of the order.

Officers must consider referring a matter to the Registrar when a parent, guardian, or adult carer is misusing alcohol in a way that has harmed, or may harm, a child's health, safety, or wellbeing.

Before making a referral, officers must assess whether the referral:

- is in the child's best interest, and
- aligns with the goals in the case plan.

All BDO applications must be approved by a team leader or above. An officer should consider a BDO when:

- there is evidence of child neglect (or any type of harm) and alcohol misuse by an adult is a contributing factor; and/or
- an adult's alcohol misuse is making it difficult (complicating factor) for the family to meet the child's safety or success goals in the case plans.

In these situations, officers should consider actions that support future safety (statutory cases) or success (voluntary cases) including additional supports and tools to address the adult's alcohol misuse.

The Department recognises that BDOs are most effective when used alongside other interventions. A BDO should form part of a holistic response that supports adults to reduce harmful alcohol use and prioritise the safety and wellbeing of children.

A BDO cannot alone resolve complex issues such as alcohol dependence, substance misuse, or domestic and family violence. Additional supports and interventions may be required to address underlying causes and improve the long-term safety outcomes for children.

## 4. Legislation and related sources

[Alcohol Harm Reduction Act 2017 \(section 18\)](#)

[Care and Protection of Children Act 2007](#)

[Procedure: Applying for a Banned Drinker Order](#)

[NT Health BDR Referral Fact Sheet – Child Protection Practitioners](#)

[Banned Drinker Register \(BDR\) | NT.GOV.AU](#)