

## **SUBMISSION TO THE NORTHERN TERRITORY INQUIRY INTO CHILD PROTECTION & OUT OF HOME CARE SERVICES - APRIL 2010**

### **INTRODUCTION**

#### **Written Submission - Status & Approach Taken**

The **written** submission provided to the inquiry by Anglicare NT is authorized by Anglicare NT to be a publicly available document. We have intentionally developed the submission in a de-identified manner as we believe the commission will receive substantial anecdotal and case specific material to consider and therefore determined that the most useful contribution this organization can make is in the form of aggregated information and experience based observations from operational staff and managers who regularly interface with the Child Protection and Out of Home Care Systems. We request that comments are not taken out of context and that it is understood Anglicare is well intended in its efforts to contribute to the Inquiry's deliberations and continues to remain committed to working collaboratively with the department. The observations provided and proposals developed are in summary form only and are geared to flag issues and possible ways forward rather than be a comprehensive record of Anglicare NT's position.

Anglicare NT has worked with the NT Family & Children Services (NTFC) - Child Protection and Out of Home Care Systems for more than two decades. The working relationship is necessarily complex and multifaceted ranging from advocating for individual children/young people, making Child Protection reports to the Intake system, contributing to consultation processes and being on advisory systems through to receiving funding to directly deliver Out of Home Care services. Our role, ways of working, points of contact and interface with the department has evolved, there remains points of tension but in general has strengthened over time as our knowledge of how the departmental system works, has grown. The commentary contained in this submission does not describe individuals, nor is it meant to be critical of specific work units. Anglicare fully acknowledges the depth of commitment and hard working nature of the vast majority of employees engaged in the NTFC services system at all levels and through making this submission seeks to provide some useful input from an external (non NTFC) perspective.

#### **Overview Anglicare NT**

Anglicare NT is a significant provider of community services, capacity building projects and community development programs in the Northern Territory. Over 60 programs operate in various urban, rural, regional and remote communities. With 170 staff, 100 volunteers and key operational sites in Alice Springs, Katherine, Palmerston, Darwin and Nhulunbuy and emergent services in a number of remote communities within the East Arnhem & Roper Gulf regions; Anglicare NT aims to make a difference in the lives of Territorians. A number of the services delivered are relevant to the needs and aspirations of children, young people and families experiencing stress or at key transition points in life. A summary of services relevant to the Child, Youth Family services sector are listed below:

- *Youth Homelessness Early Intervention, Youth Health, Youth Housing services in Darwin & Palmerston*
- *Headspace Top End - a Youth Mental Health Initiative based in Palmerston*

- Youth Homelessness Early Intervention, Youth Activities, Peer Support and Leadership development programs in Nhulunbuy/East Arnhem
- Pandanus Project and associated services Youth Friendly Child Birth Education, Ante & Post Natal Support Darwin and select remote communities
- Out of Home Care services in Darwin and Alice Springs (residential Stabilisation, Assessment and Transition services for children/young people)
- Playgroups in remote communities; Ngukurr, Numbulwar, Milingimbi, Milyakburra, Angurugu,
- Communities for Children activities which support the development of children's and families activities which build a stronger community focus on children's needs and strengthen parenting capacity in East Arnhem.
- Financial Counselling & Financial Literacy services in Alice Springs, Katherine, East Arnhem, West Arnhem & Darwin regions
- Resolve - Counselling, Mediation and Parenting Education services (Adolescent Mediation & Family Therapy, Individual/ Couple & Family Counselling, services for high conflict separated couples exploring care arrangements, Family Skills & Parent Education Courses focused on strengthening care competencies and parenting skills.
- Victims of Crime Counselling Service NT Wide
- Carer Respite Service (East Arnhem) and associated Carer & Disability Support services (Darwin & East Arnhem regions)

## **Agency Interest in Child Protection & Out of Home Care Issues**

Over an extensive period Anglicare NT has been involved with the broader care and protection system in diverse ways examples are:

- *Auspicing and supporting the development of the NT arm of CREATE in its early years, (CREATE is the advocacy body for the children and young people in the care system).*
- *Advocating for young people in the care system and issues surrounding their exit from the system and transition into other housing and support options, this was particularly an issue in the mid 1990's when many young people exiting the care system where spilling into an already overloaded youth SAAP sector.*
- *Submitting information/proposals to all key inquiries into the Child Protection system, Youth Homelessness and proposed Legislative changes etc.*
- *Contributing to consultation, advisory systems and planning mechanisms as opportunities arise for example the Out of Home Care Reference Group.*
- *Directly delivering Out of Home Care services in Alice Springs and Darwin and working closely with NTFC to redevelop service delivery models to augment the overall Out of Home Care Placement system.*
- *Key staff have been supported to visit interstate services, participate in study tours, get specialist training and funded to undertake internal agency scoping exercises, capacity assessments, and early conceptual work around models etc.*
- *Perform the role of the key NT link agency for the Transition to Independent Living Allowance (TILA) and help monitor and usage of this allowance.*

## **CHECKS & BALANCES – THERE IS MORE TO BE DONE**

### **The Role of Non Government Organizations**

The role of Non Government Organizations in the Child Protection and Out of Home Care system is very limited in the Northern Territory compared to many other jurisdictions. Anglicare along with other agencies have been involved in meetings, consultations, and planning forums and read reports over many years that have flagged potential additional roles for the non government sector, but little has progressed in real terms. We have periodically 'heard' that government doesn't outsource more services in the NT because the 'non government sector lacks capacity', well clearly the department involved also lacks capacity in some areas or we wouldn't yet again be in another cycle of public inquiries into the same issues that have already been very well articulated in preceding Inquiries and reports.

This trend to build internal departmental capacity through diversification of programs, increase in staff numbers and improvement in public servants employment conditions without undertaking a parallel exercise and proportionately building the level of activity within the non government sector is misplaced. An overall injection of additional resourcing is required but it is important that the 'building and consolidation' required occurs on 'both sides of the fence' and that it is undertaken in a planned and measured manner not as a knee jerk ramp up of ill defined positions and new programs.

Over a long period there have been indications that the 'grass is greener on the other side' ie, an apparent desire to solicit more interstate based non government or private providers into the Northern Territory jurisdiction. It is natural that this is a potential cause for concern to the many NGOS currently based in the NT who have invested heavily in developing quality services, building internal capacity and creating collaborative working relationships and partnerships to ensure services delivered are responsive to children/young people and meet NTFC needs. Notwithstanding, both sectors (government and non government) need to remain open to the fact there may well be much to be learnt from other jurisdictions and specialist providers, but we need to be clear that even a new provider from interstate will face the same challenges NT based providers face in terms of the high cost of service delivery in the NT (particularly in regional and remote areas) and issues pertaining to the recruitment and retention of staff and the always present risk of an incident occurring and the associated negative media attention.

The increased outsourcing of well funded selected service delivery components of the system would inevitably progressively build increased accountability into the NTFC legally mandated system of intake, assessment and case management obligations. This opening up of selected components of the system is necessary and must be undertaken in a planned and measured manner not as a reaction to current levels of scrutiny. The 'risks' associated with performing these functions (child protection and out of home care services) cannot be outsourced but they can be shared with external providers. Increased involvement of the non government sector also creates new ways for organizations to contribute to broader aspects of policy and program development and evaluation.

### **Office of the Children's Commissioner – Resources, Role and Rights**

Anglicare NT affirms the commitment of NT Government in terms of legislative changes, policy direction, leadership and resource allocation to establish the Office of the Children's Commissioner and concurrently recognizes the dedicated work undertaken by the Office to date; but with due respect it simply is not enough and there is more work to do. Anglicare strongly supported the establishment of a dedicated Children's Commissioner/ Children's Advocate in its submission to the legislative review process (2006). At the time we advocated for this role to be broader and incorporate a proactive children's advocacy role that included children/young peoples interface with other areas of legislation and different service systems such as Disability Services, Mental Health, SAAP, Health and Education systems. The functions have to entail higher level investigative and reporting powers and include an adequate power base with which to lead change and require compliance from government, non government and private agencies/businesses and practitioners.

The Unit must be adequately resourced to enable both effective investigative functions and a proactive leadership role in helping Territorians achieve a monumental shift in how we see, treat and respond to the rights of children/young people and how we ensure their care, safety and developmental needs are met. This Unit must have the capacity to transcend the departmental silos which exist and in the longer term be able to move beyond a focus on the functionality of the division of NTFC.

We consider that it is also necessary that an annual report from the Office of the Children's Commissioner be provided to Parliament and be available for public scrutiny clearly ensuring no personal or community specific information is publicly released.

This aspect is particularly important given the small jurisdiction of the NT and the absolute need to ensure individual children and families are not the focus of political, public and media attention. We assess that over a period of time if bipartisan approaches can be achieved between the two parties the usefulness of this transparent reporting mechanism will increase and it will hopefully shift from being a weapon for political point scoring into a useful monitoring tool.

### ***Dedicated Indigenous Children's Advocate***

The Indigenous population within the Northern Territory is very significant (over 30% and growing). Over-representation within Child Protection/ Out of Home Care/Juvenile Justice and Health systems is a fact as is underachievement in all development/wellbeing measurement scales whether health, well being or education related. Our assessment of the current situation is that it is well worth considering the creation of an additional dedicated position within the Office of the Children's Commissioner i.e. that of Indigenous Children's Advocate (accountable to the Children Commissioner). One function of which would be to undertake a 'roaming Ambassador role' with a strong Remote Indigenous Communities focus to help identify issues, create community confidence in The Unit and be able to promote and disperse information about on the ground progress and community based solutions to child health, safety and well being concerns. There are also good things happening on communities and within Indigenous families, networks and organizations; we need to regain a solution and strengths focused framework within which to see and develop service level interventions. A major shift is required from the punitive and negatively framed generalized rhetoric saturating remote community life and the experience of Indigenous Territorians. This Inquiry and the governments response to it can help lead that shift, this is particularly important as one of the key drivers for the Australia Governments Emergency Response into the Northern Territory jurisdiction was concerns over child protection issues. The 'Intervention' has moved on and is resulting in more infrastructure, resources and services on the ground with an increased effort to reengage community members. This Inquiry is well positioned to further advance the notion of having 'champions' to promote children's rights and the need to develop supportive environments within which to grow and develop children.

### **Supporting the Involvement of Indigenous Specific and other Peak Bodies**

The Secretariat of National Aboriginal and Islander Child Care (SNAICC) is the national non government peak body in Australia representing the interests of Aboriginal and Torres Strait Islander children and families. SNAICC is a well established, credible national peak body with developed capacity in terms of the generation of policy advice and resource development. SNAICC has shown a strong interest in the Northern Territory. Whilst at present there are a limited number of Indigenous specific Children's focused organizations in the NT, a number of Aboriginal Medical services and other large Indigenous specific organizations have diversified into the delivery of family support services. The Aboriginal Medical Services Alliance of the NT (AMSANT) also has a key role in policy development, capacity building with member agencies, commentary on service delivery in remote areas and the effectiveness or otherwise of new initiatives. The National Association for the Prevention of Child Abuse and Neglect NT (NAPCAN) and CREATE are also key agencies with growing profiles well connected to the broader non government sector in the NT. It would seem strategic for NT Government to harness the interest, expertise and linkages mentioned above and consider what level of resourcing would be necessary to enable the above peak bodies and key Indigenous specific organizations to provide input into the change processes required for the systems under investigation.

### **Politicization of Child Protection Issues**

With due respect to politicians on both sides, it is time for a bipartisan approach to be developed in terms of legislation, powers of the Office of the Children's Commissioner, agreement on core resource allocations etc.

The proximity of Ministers and Opposition spokespersons to the issues has forced the damaged state of the Child Protection & Out of Home Care system yet again into the public spotlight and has increased political imperatives and commitments to get results. However the impact of this level of political scrutiny in a small jurisdiction like the NT is that it inevitably means vilification of public servants and results in good people being pressured out whilst failing to challenge or remediate the inadequate performance of others. Rather than concentrating on implementation of the new legislation, new policy directions and programs the department has had to gear up to manage an unprecedented media onslaught generated by the coronial enquiries and new 'public' cases. The fact that departmental staff have had to 'go outside their system' to get heard is an indictment of the system as it stands in terms of how ready and able it is to effectively deal with such tensions and high level internal concern. Departments cannot afford to actually or be seen to be 'shutting down' the professional assessments of its own employees. Although it is uncomfortable for government, the reality is that the Opposition Party has played a role in forcing the current action i.e. the Inquiry, but such public dealings on issues such as failures in specific child protection responses can also cause collateral damage of people involved at all levels and trigger departmental decisions, responses and actions that are counterproductive in the longer term.

Large-scale restructuring and rebranding is not the answer! The Departmental of Health & Families has regularly gone through restructuring and rebranding exercises; whilst some of these have been necessary in order to reshape an institution for new public health and well being challenges, other restructures have been poorly implemented and not well communicated to internal or external stakeholders. These superficial change processes consume massive amounts of energy, create instability, take valuable time to implement, divert attention from core business efforts, are regularly not well lead, create tensions, workforce resistance and are often even fully embedded before the next restructure cycle begins. Changes need to be thoroughly planned, justified and focus tested prior to implementation. There must be a much stronger focus on form and function - leadership, effective management, culture change and less on structure.

#### **NTFC CASE MANAGEMENT PRACTICE BASE- *Some Key points***

##### **Case Plans/Cultural Safety Plans and Case Conferencing Processes**

The majority of young people who come through the Anglicare Out of Home Care services do not have comprehensive or even basic case plans, in place. This impacts significantly on the nature of interventions and practical support which can be applied within the residential setting. We provide a responsive time framed and unique opportunity for assessment, referral to specialist services and address of outstanding health and medical issues such as missed vaccinations, dental treatments, health checks etc. The lack of agreed case plans can leave young people feeling vulnerable and in limbo - not knowing what is happening, who their case manager is, where they are going, how long will they be at the placement etc. Anglicare staff deal with these issues proactively, and often instigate/request case meetings and work strategically to engage and help settle each child/young person referred but their task is often made harder due to the lack of context and case direction. The reality is at present the NTFC system does not have the capacity to get on top of these good practice requirements in a meaningful and consistent way.

Although in general we now secure more detailed referral information prior to arrival, most of this is verbal and there remains periodic issues with a lack of information being provided, confusion over the legal status of the child/young person and a lack of background briefings in terms of relevant history and presenting behavioral issues which may impact on the health and safety of staff, other children/young people in residence or the child/young person in question.

The failure to implement case planning as an imperative for all children and young people on care orders is systemic and would not be acceptable in any other industry environment.



Case management and the associated documentation is a core requirement of many of the services provided by Anglicare NT and other providers. Collaborative case planning processes which involve the young person, family members/ significant others, services are a core aspect of many models of practice which can positively influence direction, goals and outcomes. As NTFC management requires documentation to be completed Case Managers seem to be drifting heavily to directing their energies to fulfilling administrative duties, which decreases their individual contact with the young people resulting in them being out of touch with young people. Consequently the Family Support Workers and Youth Workers make are being positioned to make more and more case management decisions, this can be an issue as it potentially reduces the level of analysis, knowledge and skills deployed to the task.

Case management needs to be responsive, informed, active and reliable for decisions relating to the care and protection of children and young people. Lengthy periods of time for an important decision are usual, with the decision being redundant at the time received. NTFC staff are regularly scathing of the CCIS data collection/case management system (this is not new and has been the case since the system was introduced). We are not across the details of this system but the level of discontent, accusations of the excessive time consuming nature of the data entry processes suggest that at a minimum, a technical review of the system is warranted to assess if there are systems issues which can be addressed, or are there ways to streamline record keeping etc whilst maintaining data integrity and meeting legislative and operational requirements etc.

Case conferencing is an important component for ensuring that the key players have a shared understanding and direction for outcomes in each case. There is a long standing lack of case conferencing, resulting in poor communication and a lack of collaborative case planning. This results in a reactive model for practice rather than a proactive model and keeps the significant people apart when it should be an enabling process which introduces key people and utilizes their shared knowledge and experience of the young person.

### **Long Term Care Orders**

The practice of taking long term orders out on teenagers can be premature and has on occasion become a first response rather than the response of last resort. The decision to take out a long term order, results in families being forced to cooperate and participate with the NTFC when at times the option of intensive family intervention and a differential response may have secured better outcomes. What we know is that differentiated responses can be more time intensive, requires more immediate planning and higher level expertise in terms of family engagement. At times expedient decisions have been made over long term care orders as it is more time efficient for practitioners. If the option of differentiated responses is to become a reality there must be a concurrent injection of substantial resources into early intervention/family assessment and intensive support services.

### **NTFC Staff Turnover**

The impact of NTFC staff turnover, the number of staff acting up and or in temporary different roles can really impact on the residential side of the Out of Home Care system as it makes it more difficult to maintain communications and case momentum. It can delay a child's re-entry into the education system and sometimes negatively impacts on the return of a child/young person to their family or a foster care placement as the required liaison, follow-up and approvals may not have occurred in a timely manner. Apart from growing demand on the overall system, issues to do with the availability of case managers and the timeliness of follow up can also contribute to the periodic bottlenecks which occur within residential services. The ongoing changes in staff and the impact of this on the young people they are working with is problematic and affects all aspects of the work of the NTFC. It is uncommon for a young person to have met or be familiar with their case worker. The ramifications of this on the quality of services provided by the NTFC are far reaching and is a significant contributor to poor outcomes for young people which can be seen in education, the juvenile and criminal justice systems, the health system and in families and relationships.

Young people who have been placed on orders have to develop to varying extents survival skills geared for the new experience of being 'in care'. The risk is that consequent to these skills are lasting and indelible beliefs, views, behaviors which may serve to further disadvantage, disengage and disempower young people as they transition back into family life or a community setting.

It is a daunting challenge to take over a full caseload and to meet the mandatory requirements for all cases. Having to do this with limited orientation to the NTFC and broader service system only compounds the difficulty. The expectation for staff to manage the heavy caseloads and understand the intricacies of individual cases commences almost immediately upon appointment. Given the complex needs of this group of young people and challenging family and socio-demographic circumstances of the NT which combine with changing roles, structures and supervisors - it is not surprising that there is poor retention in the NTFC.

### **Transitions - Changing Placements and/or Returning to Family Life**

Children/young people on care orders have, as a constant, the families they were removed from. The strengths that are present in families include the continuity they represent; families remain a critical reference point for many children/young people in the care system. The opportunity to engage a family for longer term change is often lost in the current model. For the majority of young people taken into care, as teenagers, returning to the family is the most common exit point from the care system. This highlights the need to work with families with a particular focus on the need to support young people's transition back into family life and resolving the causative factors contributing to the need for a care order to be actioned.

The extent and nature of attention given to the needs of the young person facing another placement change is often hasty and ineffective. This lack of consideration for the young person being relocated (yet again), contributes to further disadvantage and distrust of the system, often leaving the young person disillusioned and angry. For many years we have raised the need for the transition process from one placement to another care arrangement or return to family to be better resourced. This inattention to preparations for the transition phase and lack of active follow-up can have an impact on the success or otherwise of the next placement and we believe contributes to the all too frequent cycle of multiple placement breakdowns experienced by many children/young people in care. Solid case planning, involving children/young person, service providers and caregivers would go along way to addressing this gap as would a dedicated capacity to support placement transitions to and from residential services and other care arrangements. The lack of continuity of care at these critical transition points also detracts from the potential benefits of the actual placement experience.

At times there have been staff in leadership roles who have limited experience in the NTFC. These staff, are often relatively new to the field and have the expectation of performing functions which require advanced skills and local knowledge of the NT. This is not only a high risk environment for children but also for case workers.

### **After Hours Team**

The NT Family & Children's Service After Hours team and Anglicare NT The DEPOT OOH (Darwin) service have evolved a solid working relationship based on professional respect and a comprehensive understanding of the role that each has within the OOH system. One of the reasons this relationship has matured is that as a general statement the After Hours team are long-term employees of the Department and have been negotiating access to placements at The DEPOT for many years. The After Hours team are mindful of who they refer into a group/shared living situation and have an understanding that the stability of other placements can quickly be undermined if all aspects of a referral are not considered.

### **Regular Placement Planning Forums**

Until recently, the Placement Support Team had worked very well with The DEPOT program. They had been pro-active in sourcing placements for the DEPOT clients, liaised with the program manager regularly regarding progress of the clients, facilitating meetings to identify potential high needs young people who were likely to have placement breakdown and through consultation developing a system of central referral system for all placements. This has changed in the past 6 months, once again due to a turn over in staff, which has seen some of these initiatives being undermined and/having ceased. This collaborative model of proactive placement planning is valued and needs to be reinstated.

### **Introduction of Youth Worker Positions into NTFC**

The recent establishment of Youth Worker positions within the NTFC system to work with teenagers has been a very positive experience for many young people. Young people in the NTFC system usually respond positively to having the opportunity to spend time with workers from the Department as most of their interactions are done via the phone with messages passed on from staff. Unfortunately, these Youth Workers have quickly been caught up in case work and administrative requirements, decreasing the amount of time they can do "face to face" with young people. This initiative should not be lost or buried in the bureaucratic functions of the system and adequate time should be quarantined to provide a much needed face to face link between the Department and their clients. Anglicare staff had to progressively ferret out the role and functions' of these new positions, it would be useful in the future for timely advice to be issued to service providers on these types of changes so that we can be clearer about whom we communicate with over what matters pertaining to children/young people in care.

### **Collaborative Approaches that have worked**

Since Anglicare NT started delivering The DEPOT Out of Home Care service in Darwin, pathways have been progressively forged to enable involvement in case management discussions, assessment processes, referral and placement decisions. We are involved in the joint delivery of the Therapeutic Crisis Intervention (TCI) program with departmental trainers and share other training opportunities and have also periodically been able to help out by providing adhoc staff for different NTFC residential services at critical times.

One of the more useful processes that we had in place for a twelve month period in 2008 were the rolling out of joint NTFC and Anglicare NT information sessions to the various NTFC work units to educate NTFC staff on the role and purpose of The DEPOT, these sessions also aimed to develop relationships and ensure agreed referral protocols were used. Unfortunately with staff turnover, these arrangements have dwindled. There needs to be a more systematic approach to the induction and orientation of new NTFC staff that ensures they are well briefed on the services provided by the non government sector. It is 'healthy' for government employees in the Child Protection and Out of Home Care system to frequently deal with and have to manage the interface with non government service providers. It creates both challenges and opportunities for both parties and helps ensure high profile and high risk systems such as Child Protection and Out of Home Care are seen in the broader community context and not viewed solely within a legislative framework. These interactions provide a low level day to day scrutiny of the departments practice base and visa versa, it ensures departmental staff have a day to day sense of what is happening at the service delivery level with an NGO - this progressively builds a sense of mutual accountability, builds interdependence between staff and systems – these small scale measures add to the notion of a healthy system which has built in multilayered checks and balances.



## **A WAY FORWARD**

*It is proposed that consideration be given the following summarized actions:*

### **Strategic Think Tank - Create Openings for non NTFC Input**

Establish a targeted working party under the auspice of the Department Health & Families office of Chief Executive for a two year period as a an adjunct to the Executive Leadership team of Family & Children services. Bring together a select group of internal and external Experts, Providers, and Researchers, Peak Bodies (including health related peaks) etc to help monitor progress, add transparency, bring new thinking and different perspectives to high level decision makers within the NTFC system. \* Note this is separate the Ministerial Family & Children's services advisory system (this has a broader and ongoing function).

### **Leadership & Management – Introduce & Resource Contemporary Practices and Build Operational Management Capacity**

It has been observed that NTFC operational staff and managers with high level acumen and potential to lead change are often fast tracked out of high pressure operational areas into high level policy, project and/or Ministerial Advisory roles – sometimes leaving serious gaps in experience levels and creating the need to elevate quite inexperienced staff into Team Leader and other supervisory roles. There is a serious need within NTFC to reward, acknowledge and retain good operational leadership and management and further develop the capacity of operational management at all levels. This could involve a diversity of actions including:

- *Introducing new energy and ideas through management secondments from child protection/out of home care systems in other jurisdictions,*
- *Introduction of a dedicated leadership and management development program which acknowledges that good practitioners do not necessarily make good managers (people, resources and administration) and that the collective 'management skills set' need to be developed, monitored and resourced.*
- *Planned and facilitated team building processes,*
- *Inclusive review and planning exercises that enable on the ground operators to contribute, influence up and safely feedback on implementation challenges,*
- *Introduction of formal peer support and supervision systems to augment line management structures and help ameliorate the impact of high staff turnover,*
- *Rewarding innovation and development of creative solutions to hard issues/case specific challenges.*

### **Culture Shift - from Blame Game to Shared Decision Making and Responsibility**

Operational staff and agency management have observed some very concerning trends arising we assess from the additional scrutiny the system has been under over the past 12 months; it is a system under siege. Rather than unifying under adversity, indications are that some of the NTFC work units and sub systems have experiencing serious staffing issues. At a range of levels NTFC staff and management are clearly under extreme pressure. In some operational and management units the levels of 'tiredness' are high with a sense of where will the 'axe fall next', some staff have left, others are on their way out, industrial unrest is on the increase, the majority of staff keep going but there is a level of desensitization and a prevailing sense of being overwhelmed by the magnitude of the issues. Clearly NTFC staff have to continue to deliver services and respond to current needs at the same time they are dealing with the extra political, media and public attention.

Various reports over many years have referred to the need to shift the NTFC culture - workplace changes, improvements in morale, shifting performance from mediocrity and survival positions to high level accountable performance will take time, but it has to be resourced, measured and lead.

Contemporary and progressive people management systems are not entrenched within the NTFC system. Working within a legislative framework in a high profile and high risk arena contributes to the dilution of initiative and generation of knee jerk solutions to complex problems. However it is the very nature of the work entailed within the NTFC system that indicates a great need for well resourced and structured intersectoral collaboration at all levels from joint case review and planning exercises through to system analysis and performance monitoring.

### **Failure to Implement -Address Lack of Adequate Resourcing at Implementation**

Anglicare has strongly supported the legislative changes, new policy directions and efforts made to improve the functionality and accountability of the Child Protection and Out of Home Care system but the introduction of changes often seems to fail at the implementation phase through a lack of resources, unrealistic timeframes, lack of operational leadership and poorly managed change processes.

A good example of this is the fact the substantial efforts that went into the development of the SAFE NT 'Ochre Card' consultations, marketing plans and efforts to establish a 'Working with Children Check' system in the NT have stalled. Non government organizations delivering services are required within their contracts to use the new 'Working with Children' system – but it doesn't as yet exist. This process of 'Working with Children Checks' is clearly not within itself a failsafe but it is part of the checks and balances within a system; it does demonstrate government intent to the general public and provides a common pathway for the systematic baseline assessment people intending to work on a paid or voluntary with children/young people.

Given the transient nature of much of the populace of the Northern Territory and the reality of high turnover in the government, non government and private care sectors it may be useful to have some way of transferring Working with Children's Checks between states / territories. Our systems are already struggling to recruit and retain in a timely way adequate staff numbers across a range of service types. Given the implementation of the 'Ochre Card' and/or proposed "Working with Children Check" system has stalled we assess it worthwhile to investigate what can be done in a cost effective way to manage the required clearances for people wanting to engage in child/young people related employment within the NT who are from interstate and who already possess a current like clearance i.e. can these interstate checks be verified, and transferred to achieve validity in the NT context.

There are legislative and operational imperatives to have a Leaving Care system in place for young people exiting the care system. A small scale two year tender has recently been let and hopefully this new service will value add to the service system continuum. However the reality is that the bulk of the preparation and planning work and resourcing for leaving care arrangements will necessarily have to occur within the existing case management system. The lag between the legislative/policy imperatives and integration into the practice base of NTFC operational staff has to be reduced through dedicated resourcing, joint training with relevant service providers and the setting of targets to measure if the new requirements are being acted on. It is this 'implementation phase' which needs the post policy resource investment, guidance and monitoring - without it changes to work practices do not readily shift.

### **NTFC and Police Working Together - Where is Health? – *The Cohort of Disciplines Involved in the Intake & Assessment Process must Expand to Include Child/Youth Health expertise.***

Clearly substantial progress has been made in the establishment of the joint Police / NTFC Children Protection Assessment Team, however we believe it would be highly beneficial to introduce a third party 'Health' to this 'shared decision making' process.

The investigative component has clearly been strengthened by the inclusion of police in this interdepartmental work unit. However our observations are that in general the professional makeup and experience base of the Intake Team may not always allow for due consideration to be given to referrals generated from the health sector or those referrals which have a 'health' component. It may be that the strong 'gate keeping' role played by the Intake team directly discriminates against referrals from this sector as there may be a sense of 'the child is already under a care or observation arrangement' or there may not be a point in time clinical capacity to really understand the implications of the referral details being provided. We make these comments after years of working with School Health nurses, remote area clinic nurses and hospital staff frustrated by the lack of uptake of referrals made and attention given to some cases especially around the issues of failure to thrive/developmental delay and interface with child protection and disability care issues and or domestic/family violence.

**Indigenous Remote Clinics – Resourcing and Recognizing the defacto role Clinics already play in Identifying and Managing Child Protection related issues**

The reality is remote area health clinics are in a primary position to both identify and respond to child protection concerns. Clinics regularly identify the harm caused by domestic violence, deal with failure to thrive babies, identify signs of abuse and neglect. NTFC have a very limited presence on the ground in the vast majority of remote communities, and largely base service delivery responses on visitation programs for investigation purposes and associated follow-up. We need to consider recognizing the need to formalize a multidisciplinary approach within these clinics by funding and appointing two new key roles attached to each remote area clinic. These roles should be a professional NTFC worker (i.e. a Social Worker with relevant case management and cross cultural experience who works alongside a trained and qualified Aboriginal Community Worker). This would enable the growing raft of funded early childhood, family support and community capacity building programs to get on with their work, whilst having a clear demarcation of roles and to halt the incremental drift towards expecting non NTFC staff to undertake quasi Child Protection functions without the legislative mandate to do so. Clearly on the ground all these service would necessarily work closely and the NTFC presence would be actively involved in broader community based work but it is the missing ingredient in terms of bringing more rigor to remote micro - service systems as these relate to child safety issues. This would require a considerable investment and perhaps should be trialed in selected communities where there is a police presence to gauge the value and impact over a three year period, this would require for example sound planning with FAHCSIA, NTHF Remote Health services, Police etc.

**Gate Keeping - Changing the Rhetoric - Its not about Keeping Children/Young People out of the 'The System' its about getting Care, Safety and Development needs met in the most timely, low impact and culturally appropriate manner.**

The 'keeping them out of the system' driver and rhetoric still abounds, it is often heard throughout the NTFC system at many levels. This is not considered useful and detracts from good decision making and policy development. It is the same kind of mantra that for many years applied to the interface between young people and the mental health system. Nationally and within the NT we believe the Mental Health system has matured considerably. We now know and understand at different times young people may have a need for and will benefit from a time framed intervention from the mental health service system (early intervention) and when this happens we need to ensure soft entry points, youth friendly services and that professional comprehensive assessments are available and also have the ability to deploy the necessary expertise and support systems in a timely manner. Although there is still along way to go, overall the mental health system has moved on from 'gate keeping' to an evidence based understanding that mental health is an issue for a significant portion of the population. There is a clear understanding that the focus needs to be on improving responses, creating more options within the service system combined with a much stronger focus on early intervention and the use of public health messages to promote help

seeking behaviors and healthier lifestyles. The Child Protection system could take some learning's from these changes in ethos within the Mental Health system.

### **Shared Language and Common Practices - National Reform, Cross Jurisdictional Practices and building a Shared Public Understanding**

Given the higher than average population mobility factor present in the NT and the fact the Child Protection workforce will in general continue to be largely drawn from interstate we believe it is essential for the NT to remain actively involved in national reforms with the aim of securing consistent (yet relevant) policy directions and practice bases to build the overall competency of the Child Protection workforce and to also help secure more consistent application of good practice principles and follow up. In the longer term this may help reduce the dislocation experienced by Child Protection workers moving from one jurisdiction to another and could pave the way for more timely cross jurisdictions secondments and staff rotations.

### **Indigenous Employment- Achieving a Critical Mass of Indigenous People engaged in the Child, Youth & Family services sector (government & non government)**

One of the critical aspects of staffing which requires more immediate attention and long term planning is the engagement of more Indigenous people in the Child, Family and Community services sector. Whilst significant inroads have been made in terms of creating employment pathways and opportunities for Indigenous people involved in the health sector there has not been a concurrent uptake in the child, youth and family sector.

Anglicare NT has a demonstrated commitment to recruiting and retaining Indigenous staff (currently around 15% of employees identify as Indigenous). However from our own experience we assess the issues of funding insecurity, short term nature of project funding, frequent part time nature of positions and low level salaries associated with the non government community sector (compared to equivalent government roles) impact on recruitment and retention. We are hopeful that the national Pay Equity case currently being considered by the Australia Government will be successful and will require both the Australia and Territory Government/s to fund the community services sector at more viable, equitable and appropriate levels (a decision will be bought down by June 30<sup>th</sup> 2011 on national pay levels for this sector).

Consideration should be given to investing in a Child, Youth, & Family (cross sector) Indigenous recruitment strategy which also explores how we can build support and career development systems for Indigenous staff working in these challenging areas. Learning's, input and guidance from the health services sector would have a high level of relevance in terms of the level and nature of investment required to develop viable, flexible and long term career pathways for Indigenous people in this sector.

Increasing Indigenous employment is a very important component of achieving a service system culture shift (in terms of attitudes, processes and outcomes), increasing cultural relevance and appropriateness of interventions, building community confidence and increasing accountability.

### **Investment at the other End - Prevention/Early Intervention and Promoting Shared Community Responsibility**

It is also critical that there is more substantial investment in prevention and early intervention arenas and a long term strategy that works on building collective community concern and accountability to promote the need to share the care of and for children and young people at risk and families under stress.

We have not focused heavily on providing comment on this area as the research and evidence base is already well developed and understood within the department. The reality is that we have to continue to look at the continuum of service delivery and associated interventions (universal, targeted, prevention, early intervention, primary, secondary and tertiary) even though we know that investing in the early years in terms of child development and family support secures better outcomes than late stage or remedial investment.

### **Organizational Change - External Management Mentoring, Organizational Health Checks and Measuring Change**

Rather than more high cost organizational /systems reviews and reports which result in an endless stream of recommendations, DHF should consider an alternative approach i.e. the engagement (which will entail substantial costs) of a long term organizational change management mentoring /advisory system focused on building capacity, undertaking organizational/systems health checks and measuring culture shift and movement towards agreed targets. The independence of this arrangement gives an ongoing auditing capacity (non financial), provides all layers of management with extra resources, guidance and facilitation capacity and enables the system to develop and improve over time.

Notions of quick fixes create more pressure on the system and the staff and managers already great scrutiny without the resourcing and implementation plans to achieve the desired changes. The NT Government, the public and external stakeholders need to know and be able to measure when and how much the system is changing and if it is moving in the agreed direction. The absence of high profile incidents of child deaths or injury is not an indicator, unfortunately even with extra resources changing systems the risk remains that 'something will go wrong'. The focus has to be on mitigating the risks involved by achieving agreed improvements in the performance and accountability of the systems designated to protect children and young people.

### **CONCLUSION**

As an organization we have experienced the challenges of developing appropriate structures, the difficulties associated with recruitment and retention, the pressures generated through high turnover in leadership and management roles and the risks involved in delivering complex services. These experiences have strengthened Anglicare resolve and capacity to be solution focused, to build in checks and balances into internal systems and to be able to self identify organizational strengths and weaknesses. A departmental division like NTFC will remain an 'easy target' for criticism, to an extent it is the nature of the business it is in. It is therefore essential that NTFC moves towards a 'learning culture' and is given the time, resources, public and political support to do so. Anglicare NT retains a strong commitment to continuing to work with government to secure the necessary changes and improvements in the service system as it pertains to the well being of children, young people and families.

### **SUBMISSION END**

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