



Submission to the Inquiry into the Child Protection System in the Northern Territory

7 April 2010

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Acronyms

- ACW** – Aboriginal Community Workers
- ADSCA** – Alcohol and Drugs Services Central Australia
- AFSS** – Aboriginal Family Support Services
- AG** – Australian Government
- AICCA** – Aboriginal and Islander Child Care Agency
- ALRC** – Australian Law Reform Commission
- CAT** – Child Abuse Taskforce
- CCIS** – Community Care Information System
- CCIRS** – Community Care Information Reporting System
- COAG** – Council of Australian Governments
- CP** – Child Protection
- CYDU** – Community Youth Development Units
- DHF** – Department of Health and Families
- FaHCSIA** – Department of Families, Housing, Community Services and Indigenous Affairs
- FLC** – Flexi-Learning Centre
- FSNA** – Family Strengths and Needs Assessment
- FTE** – Full time equivalent
- ICPPPWG** – Interdepartmental Child Protection Policy and Planning Working Group
- IPP** – Information Privacy Principles
- MOU** – Memorandum of Understanding
- NGO** – Non-government organisation
- NGS** – Non-government sector
- NTER** – Northern Territory Emergency Response
- NTFC** – Northern Territory Families and Children
- NTG** – Northern Territory Government
- OoHC** – Out of Home Care
- OLS** – Ordinary Least Squares
- PASS** – Policy and Systems Support
- PD** – Professional Development
- PHC** – Primary Health Care
- PLC** – Positive Learning Centre
- RAATSICC** – Remote Area Aboriginal and Torres Strait Islander Child Care
- SDM** – Structured Decision Making
- SNAICC** – Secretariat of National Aboriginal and Islander Child Care
- TADS** – Top End Alcohol and Drugs Services
- TFSS** – Targeted Family Support Service
- VSAPA** – Volatile Substance Abuse Prevention Act

Executive Summary

Over the past seven years, since Government announced the Caring for Our Children Reform Agenda in 2003, the Department of Health and Families (DHF) has engaged in the progressive reform of the Northern Territory's (NT) child protection system. Further expansion and investment in a raft of child wellbeing, safety and protection initiatives followed the 2006 Inquiry into the Protection of Aboriginal Children from Sexual Abuse.

This has chiefly been via the NT Government's Closing the Gap of Indigenous Disadvantage Generational Plan of Action announced in 2007, and the Australian Government's Closing the Gap initiative. These initiatives have enabled significant expansion of the NT's remote service delivery capability both in terms of primary health services and specific initiatives focused on improving safety and access to community infrastructure such as Safe Houses, and mobile therapeutic services to children affected by trauma.

The Closing the Gap initiative is a five year targeted expansion of the Northern Territory Families and Children (NTFC) funding base, which is an ongoing funding commitment. Over the course of the five years, a cumulative total of \$61.89 million will be injected into the program. The comparison of the 2009/2010 budget of \$90 million to the 2004/2005 budget of \$41.394 million shows real growth over these five years of \$48.572 million which equates to growth over time of 117 per cent or an average annual growth of 16.8 per cent.

More recently, reforms to child protection systems and social services are being undertaken across the country amidst significant national policy activity that will shape the service delivery context for all child protection systems. In particular, these include the:

- National Framework for Protecting Australia's Children 2009-2020;
- National Plan to Reduce Violence Against Women and their Children 2009-2021; and
- National Standards for Out of Home Care (Consultation Paper) January 2010.

It is critical that any reform of the NT's care and protection system is implemented in a spirit of true consultation with local communities and in alignment with relevant national initiatives. It is also critical that approaches adopted at the local level are informed by evidence based practice and adequately reflect local community need.

This public Inquiry into the NT's Child Protection System has provided further impetus for the NT Government, and in particular, the Department of Health and Families to build on reform initiatives to the NT's child protection system over the past seven years (see Attachment A).

The quality and coverage of existing services and the demand projection shows that the Government needs to reconstruct how it will deliver the range of prevention, early intervention and tertiary services to protect NT children into the future.

The Department does not currently have the capacity to sustain an adequate response to the growing demand in intake, child protection investigations and out of home care. Early and targeted ongoing support for families will help create diversion from long-term contact with the statutory system. The current policy and service system response is clearly not sustainable into the future. The time has come to reconfigure vital links at the service level and address gaps and quality issues in current service delivery systems, both statutory and non-statutory.

At a glance, core trends are:

- Over the past 13 years, the number of children in care in the NT has increased 5.5 times (from 88 children at 30 June 1996 to 482 children at 30 June 2009);
- In the past five years, the numbers of children in care have almost doubled (from 258 children at 30 June 2004 to 482 children at 30 June 2009);
- On 30 June 2005, there were 122 established operational child protection and out of home care positions. In 2009, there were 191, an increase of 57 per cent;
- The Northern Territory has the second highest national rate of children in care per 1000¹ of population;
- Indigenous children constitute approximately 70 per cent of the Northern Territory's care population;
- Northern Territory Families and Children Division (NTFC) has experienced significant growth in demand for child protection services in recent years and a 69 per cent increase in child protection notifications from 2007/2008 to 2008/09;
- The workload of Child Protection offices has been increasing annually since at least 2003;
- Along with an increase in workload, staff anecdotally report that cases are becoming more complex, and that they are working with larger and more diverse families requiring a multidisciplinary approach to respond to multiple issues within families; and
- Increases in the number and type of positions and services across the Northern Territory, with recruitment and retention of professional staff remaining a constant challenge.

Most recently, two coronial decisions handed down on 19 January 2010 highlighted systemic failings by the Department in the delivery of care and protection services. Recommendations relating to legislative changes will be considered by the *Board of Inquiry into the Northern Territory's Child Protection System*. DHF has agreed to implement all recommendations related to operational matters (see Attachment B). It should be noted that three coronial investigations occurred in 2009 that specifically related to services provided by DHF. On 4 June 2009, the Coroner delivered his decision regarding the suicide of a young Indigenous woman in Central Australia, one recommendation related to DHF, which has been accepted by the Department.

To address significant growth in child protection notifications and other trends outlined above, and systematically address the issues that have been widely reported in recent coronials, a new whole of government strategic commitment to redesigning the current child protection system is required.

This submission will focus on core areas of reform and investment required to improve the NT's child protection system in its broadest sense. The intention is that this submission will aid the Board of Inquiry's consideration of best practice and possible reforms by identifying issues and broad directions to improve child safety and wellbeing across the Territory.

¹ Australian Institute of Health and Welfare (2010), *Child Protection Australia 2008-09*, Table 4.2 p 39.

It is critical that any changes to how children and families seek help, and are supported, are premised upon the following areas of reform:

- A robust commitment to collaborative policy development and planning and sharing information about children and families among service providers involved in the care, wellbeing and support of children and families;
- Improved capacity and adaptable service integration across all levels of government and the non-government sector, that does not allow children and families to 'fall through the cracks';
- Territory-wide client accessibility to quality and timely responses to family support and statutory intervention;
- Genuine, tangible and accountable collaboration across government and non-government service providers;
- Robust systems and processes to support implementation;
- Quality case management; and
- New models of out of home care.

It is the view of the Department that any changes to the NT's child protection system will need to:

- Ensure quality staff (including a skilled Indigenous workforce) are recruited and retained to develop a sustainable system in the long-term;
- Re-orientate service provision to have a much stronger focus on more effective prevention, as well as on early intervention programs for families at greater risk, in order to reduce statutory notifications;
- Heavily invest in new, integrated service models and expand the continuum of services across the universal and secondary spectrums so children and families receive the range and type of assistance they need, when they need it, to prevent escalation into the child protection system;
- Redefine, expand and invest in building robust partnerships between the government and non-government sector that will include partnering in the delivery of intake, assessment and family support services;
- Improve whole of government arrangements to deliver greater efficiency and better outcomes for children, young people and families;
- Re-design the statutory child protection system to address unnecessary system backlogs; and
- Enhance the quality and range of responses provided to children in care, foster carers and other out of home care providers.

At a service and practice level, this translates to reform across:

- Classification and triage of child protection information;
- Improved intake and initial assessment;
- Improved range and coverage of child and family support services;
- Enhanced policy capacity to educate staff and inform delivery of best practice;
- Shared case management and information; and
- Growth and expansion of the out of home care system.

Suggested solutions and areas for reform identified throughout this submission are intended to build on existing NT policy initiatives and service development, such as *Working Futures*, the roll out of COAG reforms like the Child and Family Hubs, health reforms and community safety planning.

Introduction

The Northern Territory, like other jurisdictions, has been engaged in major reform of its care and child protection system since Government announced the Caring for Our Children Reform Agenda in 2003.

While the NT shares many of the same challenges faced in other jurisdictions, the issues and opportunities for improvement are influenced by the complex nature of this jurisdiction. The NT population is 1 per cent of the total Australian population, it is the smallest jurisdiction in Australia in population and density; occupies a land area of 1.3 million square kilometres and has the highest proportion of Aboriginal residents (29 per cent compared with 2.4 per cent for Australia). The NT also has a relatively young population with a median age of 30 years compared the Australian median age of 36 years², coupled with a high fertility rate.

Service delivery in the NT is extremely complex. The considerable distances, relatively small size of Aboriginal communities, often ranging from 300-800 people, linguistic diversity, economic and educational issues and a myriad of other factors combine to create a very challenging service delivery environment not only for community level health and family wellbeing services, but for hospital-based and other centralised services. Many of the Department's clients have multiple and complex needs that require support and services from a range of professionals in different service delivery settings, such as Disability, Alcohol and Other Drugs and Care and Protection Services. The nature of the issues that many DHF clients are grappling with means that service delivery is not straightforward, clients are often difficult to locate and in some cases engage with, and from time to time, may be in need of alternative living arrangements for their own safety and/or wellbeing.

These factors are further complicated by workforce issues that impact on DHF's remote service delivery capability, including a lack of employment readiness of a remote or regionally based workforce, a chronic shortage of staff accommodation, isolation and remoteness, limited peer support, higher rates of burn out, a lack of local and accessible workplace support and training opportunities, and heightened safety considerations for staff. For Aboriginal and Torres Strait Islander staff, these stressors are further compounded by fears about engaging and undertaking child protection type work and implications for personal, family and community relationships, the reality of 'payback' or retribution that may arise due to the sensitive and often confidential nature of the work undertaken by staff, and the constant need to juggle professional responsibilities with cultural responsibilities and obligations.

Due to these factors, service delivery in remote communities often relies on a mix of part time and casual staff, rather than standard full time employment arrangements; and an appropriate mix of personnel, including across genders, to ensure both staff are safe and supported, and that clients receive the services they need.

This Inquiry into the NT's Child Protection System comes on the heel of major service investment and expansion resulting from both the Australian and NT Government's responses to the 2006 Inquiry into the Protection of Aboriginal Children from Sexual Abuse. The NT Government accepted all 97 recommendations, many of which directly related to the NT child protection system. The *Closing the Gap of Indigenous Disadvantage Generational Plan of Action* announced in 2007 is the Government's response to the *Little Children are Sacred* report. The Plan addresses the 97 recommendations of the Inquiry and expands on this to consider legislative

² Northern Territory Chronic Conditions Prevention and Management Strategy 2010-2020, p. 6.

reform, governance, employment and economic development, remote area policing, health, housing, communication and engagement.

While additional services provided to remote communities is needed and welcomed, it is still very early in the piece for staff attempting to make inroads into such a huge area of need. To quote a remote child protection worker who is currently working in one of the remote service response teams – *my work is like trying to shift an elephant with a pin*. The extreme level of social disadvantage experienced by families in remote communities is directly impacting upon their capacity to provide a safe and protective home environment for their children.

In 2007, the then Minister for Family and Community Services announced an Independent Audit of Clients at Risk (the High Risk Audit) which was conducted by Doctor Howard Bath (subsequently appointed as the NT Children's Commissioner). The Government accepted the 30 recommendations from the Audit and undertook to implement initiatives to meet these recommendations (see Attachment C). Most recently, on 19 January 2010, the Coroner handed down two coronial decisions that have also been instrumental in driving further reform initiatives across NTFC to better meet compliance with legislated and policy practice standards. DHF has committed to implementing all operational recommendations from both Coronial decisions.

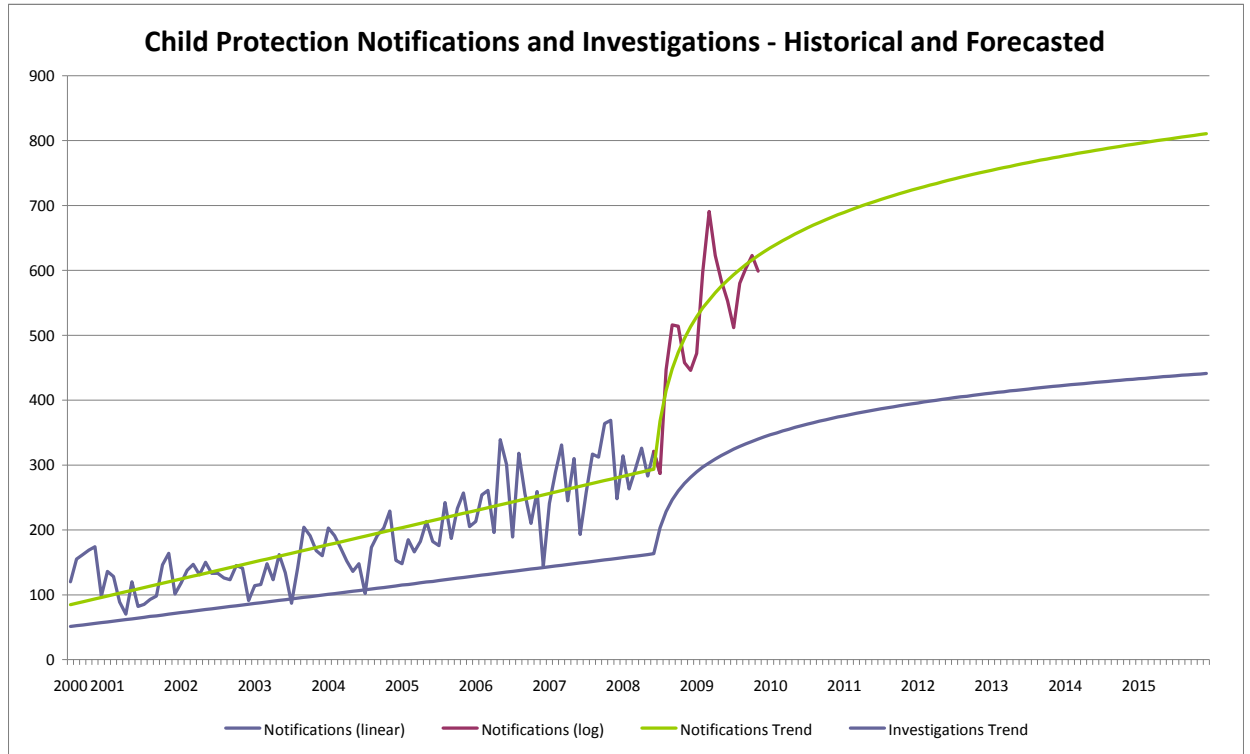
Demand on Our System

The Department recognises that the rapidly increasing trajectory of children entering the care and protection system first needs to be curbed before any substantial inroads can be made to address systemic challenges confronting the same system. The demand for statutory child protection services in the NT is unsustainable without serious reform and expansion of services across the universal, secondary and tertiary continuum.

Data published by the Australian Institute of Health and Welfare in the *Report on Government Services* highlights a steady increase in the number of child protection notifications. From the period 2004/05 to 2008/09, reports increased from 2101 to 6189, which represents an increase of 195 per cent, almost trebling the number of reports received. Of the reports received in 2008/09, 2819 were investigated compared to 1180 in 2004/05. This represents a decrease in the percentage of received reports investigated from 56.2 per cent to 45.5 per cent. Over the same period there was an increase in the reports of concerns regarding Indigenous children from 58 per cent to 68 per cent.

The graph below demonstrates the predicted trend of increasing notifications and investigations until 2015.

Graph 1: NT Projected Notification Rate Increases to 2015



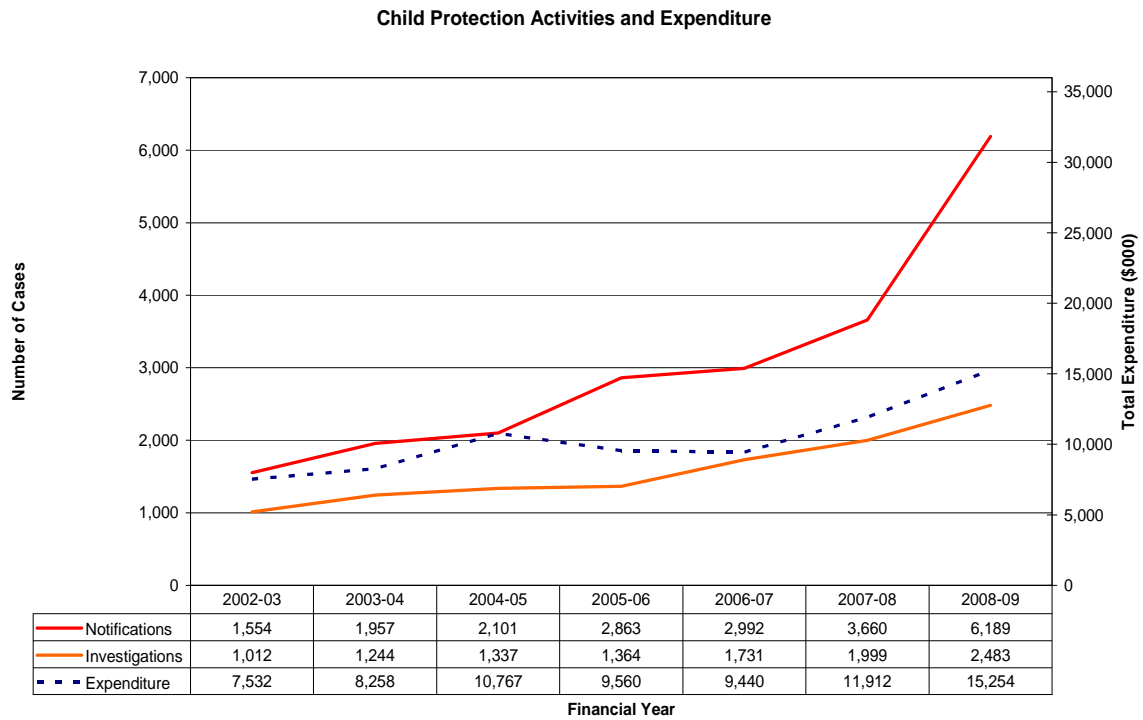
Data Source: CCIRS notifications and investigations, OLS linear and log trend (2010).

All things being equal, it is estimated there will be 800 child protection notifications each month in 2015, up from 629 in December 2009. Of these, it is predicted that 440 of them will be investigated, up from 343 in December 2009.

The rapid increase in notifications since 2004 coupled with an increase in investigations has resulted in demand for placements of children in out of home care arrangements exceeding placement capacity. This trend has resulted in an increased use and reliance on costly out of home care arrangements for children and sibling groups, dramatically increasing the costs of delivering statutory services.

Increases in the cost of delivering statutory services across the NT are reflected in Graph 2 that illustrates the growth in demand and expenditure for notifications and investigations since July 2002. The data on growth in expenditure for case management and family support is not able to be extracted from the current system.

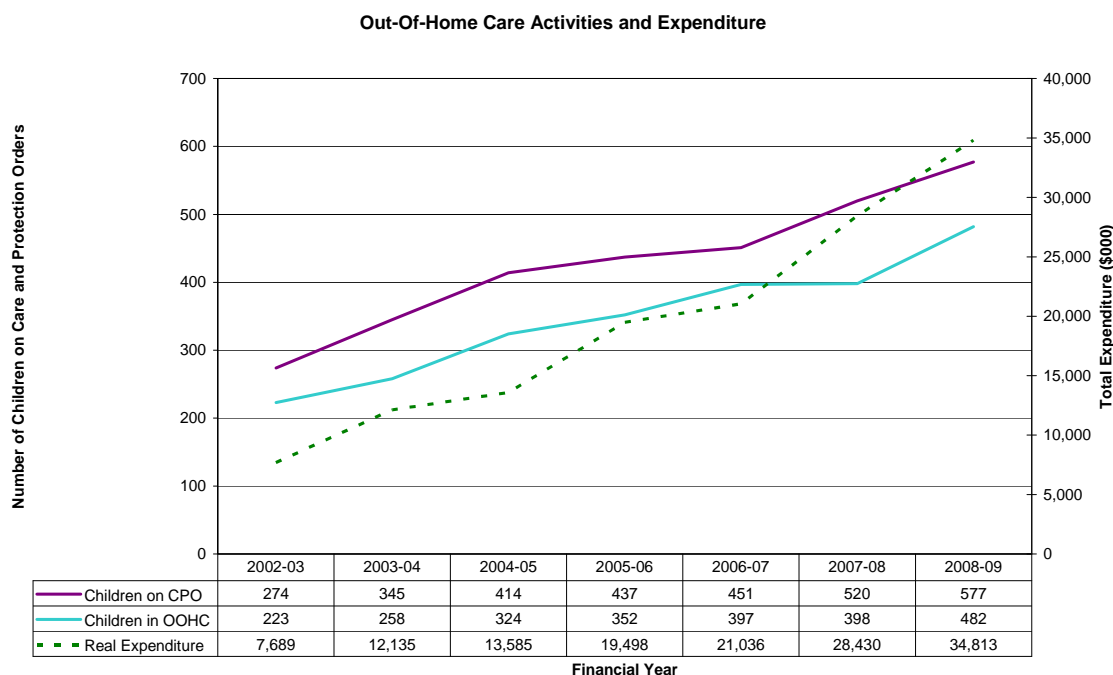
Graph 2: NT Child Protection Activities and Expenditure



Data Source: Report on Government Services (RoGS) 2003, 2010.

In addition to the growth in numbers of children in care, the growth in expenditure of out of home care activities is caused by the use of for-profit providers when the non for profit and foster carer market is exhausted. In addition, there are escalating costs in the provision of specialist carer accommodation support services that respond to the growing number of children with complex needs. While expenditure in out of home care is escalating, the forecast budget allocation is not adequate. The current service system models are not economically sustainable and in many cases do not meet the quality standards required.

Graph 3: NT Out of Home Care Activities and Expenditure



Data Source: Report on Government Services (RoGS) 2003, 2010³.

It is important to note that these graphs only reflect demand on the NT’s child protection system from recorded contact. It does not capture the real need that exists for prevention and early intervention services or the number of children and families in need of assistance, who were subject to a notification but did not meet statutory thresholds of concern or risk to trigger a statutory response.

Currently, the tertiary door, or statutory system, is the predominant service system response across the NT through which concerns regarding suspected child abuse and/or neglect, or concerns regarding families in need of assistance, can be directed. It is critical that the NT moves away from the statutory system being the main, and at times the only, door through which to receive and respond to such concerns.

Focus of Submission

DHF is of the view that the current child protection system needs to be substantially broadened to focus on child and family wellbeing and encompass significant service expansion and investment in developing a system that is underpinned by, and delivers on, a comprehensive and wide ranging prevention and early intervention agenda.

Prevention and early intervention services refer to services that aim to reduce risk and prevent the development of problems, either now or in the future. These services work to minimise the chances of negative impacts on the wellbeing and development of children and young people and to promote protective factors. Prevention and early intervention services intervene early in a child’s life and early in the onset of problems.

³ The ROGS counting rules include more than direct operational service provision and indirect costs essential to supporting service delivery.

For the purposes of this paper, 'child protection' encompasses child wellbeing, safety, care and protection of children and young people, including support and services to resource families across the spectrum of universal, secondary and tertiary responses through the life cycle of families.

To set the parameters for future discussion about this system, this submission is using the following definitions across the continuum of care:

- Universal interventions are services that are available and offered to everyone and target whole communities to provide support and education, before problems arise and mitigate factors that contribute to child maltreatment;
- Secondary interventions target families who are 'at risk' for child maltreatment⁴. The term 'at risk' is used to mean families who exhibit risk factors for child maltreatment, such as poverty, parental mental health problems, family violence, and parental drug and alcohol use. Secondary interventions generally involve early screening to detect children who are most at risk, followed by a combination of interventions, such as parent education and skills training to address the risk factors for child maltreatment⁵; and
- Tertiary interventions target families in which child maltreatment has already occurred and seek to reduce the long-term implications of maltreatment and to prevent maltreatment recurring⁶.

Scope of Proposed Reform

Whole of government commitment and long-term investment in a prevention and early intervention service system that enables children, young people and families to access and receive support and assistance, when they need it and as their needs change, is critical to stemming the tide of children entering the NT's child protection system. This investment needs to be coordinated across government and coupled with ongoing reform to the tertiary sector as the chief investigative response to child protection reports. It also needs to be underpinned by significant transformation to relationships, systems and practices across all levels of government, within DHF, with the NGO sector and communities to create the necessary cultural change required to build a sustainable, responsive, comprehensive care and protection system.

⁴ Note: "At need" populations generally are a larger proportion of the community and have characteristics that may predispose children to poorer outcomes, for example, teenage mothers and isolated mothers. Importantly this segment of the population appears to have a greater capacity to benefit from preventative programs. On the other hand, "at risk" groups tend to be a smaller segment of the population with individual level factors that place their children at much higher risk of maltreatment – significantly these families need more targeted interventions and appear to have less capacity to benefit from some effective preventative programs. It is critical that future planning and investment in secondary/targeted services reflects the different needs of these client groups.

⁵ Holzer, P (2007), *Defining the Public Health Model for the child welfare services context*, National Child Protection Clearinghouse, Resource Sheet 11.

⁶ Holzer, P (2007) *ibid.*

Transforming the NT's Child Protection System: The Road Ahead

The Department's submission will broach key areas of reform it believes are required to achieve long-term improvements to the wellbeing, safety and protection of the Territory's children and families. These improvements will only be possible if additional resources are allocated and accompanied by the necessary cultural changes to relationships, systems and practices that need to underpin the NT's child protection system. These are:

1. Coordinated planning and investment: making child protection everyone's business
 - a. Whole of government approach to policy and planning;
 - b. Strengthening NGO delivery of care and protection services across the Territory; and
 - c. Strengthening Indigenous NGOs delivery of care and protection services across the Territory.
2. Accessible integrated services that respond to need: better outcomes for children, young people and families
 - a. Territory-wide access to child, youth and family support services;
 - b. A commitment to new, integrated service models; and
 - c. Information sharing in the best interest of the child.
3. Strong and sustainable workforce and systems
 - a. Workforce planning – demand management and resource allocation;
 - b. Attraction and retention;
 - c. Training, supervision and career pathways; and
 - d. Information technology.
4. Quality care and protection services
 - a. Immediate and ongoing investment in the Northern Territory's tertiary system; and
 - b. Improved and expanded Out of Home Care services.

Consolidated List of Recommendations

Section 1. Coordinated planning and investment: making child protection everyone's business

1. That Department of Health and Families take the lead role in the collaborative development of an overarching framework across the NTG that:
 - a) establishes formal mechanisms or builds on existing structures for the development and implementation of cross government policy and planning at a central and regional level;
 - b) clearly articulates the roles, and responsibilities of agencies;
 - c) identifies a lead agency to coordinate and drive implementation of each 'supporting outcome' in the National Framework for Protecting Australia's Children 2009-2020;
 - d) identifies gaps and duplication in funding and service delivery; and
 - e) promotes the use of a common set of principles that drives interagency collaboration.
2. That the NT Government provides significant resources to Health and Education and Training portfolios to:
 - a) develop and implement child protection policy and programs;
 - b) align investment in universal, secondary and tertiary services across government and the non-government sector with the 'supporting outcomes' contained in the National Plan;
 - c) train staff in child and family strengths and needs assessments; and
 - d) provide cost effective child protection services in remote communities such as 'sighting a child in care', monitoring and provision of effective responses to child neglect cases.
3. That a legislative framework be developed that shifts the onus of responsibility and expectation of all government workers who deliver a prevention or early intervention service to vulnerable children and families to:
 - a) collaborate;
 - b) integrate service delivery;
 - c) provide shared case management; and
 - d) share information

to ensure children and families can access holistic services that adequately respond to local needs.
4. That the NT and Australian Governments develop and jointly fund a Child Protection focused National Partnership Agreement to address critical issues such as workforce attraction and retention, strengthening the non-government sector, coverage of prevention and early intervention child and family support services and new responses to complex cases.

5. DHF lead the development and implementation of a Northern Territory Government and Non-Government Child Wellbeing, Safety and Protection Partnership and Investment Strategy including:
 - a) negotiation of respective changes in roles and functions over time;
 - b) demonstrated use of evidence to drive service delivery models;
 - c) processes to engage local communities to contribute to planning and implementation; and
 - d) negotiation with NT Treasury regarding cost effective service delivery mechanisms to build NGO capacity to deliver child protection services in the Northern Territory in partnership with government providers.
6. That significant additional resources be allocated to develop and implement a Child Wellbeing, Safety and Protection Partnership and Investment Strategy.
7. That Indigenous NGO's be engaged to scope and progress key investment areas required to build the sector's capacity to effectively partner with Government to deliver care and protection services in the Northern Territory.
8. That NTFC examine the viability of Indigenous family support services being integrated into existing services that have critical infrastructure, such as Aboriginal Medical Services.
9. That NTFC develop and implement a DHF/NGO Partnership Framework in which the development and investment in Aboriginal and Torres Strait Islander NGOs is a core theme.
10. That NTG ensure that any future funding commitments explicitly recognise that the wellbeing, care and protection of Aboriginal and Torres Strait Islander children is everybody's responsibility, and that specific investment in culturally competent responses are most effective in enhancing the wellbeing and outcomes for Aboriginal and Torres Strait Islander families (per SNAICC's principles).

Section 2. Accessible integrated services that respond to need: better outcomes for children, young people and families

11. That the NT Government, in partnership with the Australian Government, provides significant additional investment to strengthen the provision of evidence based prevention programs and more effective early intervention services across the Territory to ensure:
 - a) appropriate coverage of evidence-based home visiting services for infants and young babies, particularly in remote communities where the standard of living can impact significantly on infant life mortality rates and live birth weights;
 - b) culturally appropriate parenting education programs are universally available and actively targets young parents;
 - c) family support services are available to support children and parents, particularly those where a low level notification has been made in relation to harm or neglect and where family reunification plans are in place;
 - d) accredited training programs are available in every regional and remote community to skill local people in the provision of family support programs;
 - e) Indigenous non-government service providers are able to grow their capability over time to auspice a range of family support programs in a sustainable way; and
 - f) targeted programs, involving an appropriate therapeutic component, are readily available to support high risk groups such as children with a disability, young people taking on carer roles, homeless young people, children with challenging behaviours and children of parents with mental illness.

12. Develop and resource an NT-specific research agenda into child, youth and family support issues to inform future service design, development and integration of services. Due to the broad range of individual and family needs that are targeted through the integration of services, it is important not to unintentionally minimise the effectiveness of prevention activities. As such, a critical assessment of the extent to which services that focus on preventing child maltreatment can be effectively delivered via integrated service models will need to form part of this research agenda.

13. That an interagency system be developed to provide integrated end to end services that address and respond to the changing needs of children, young people and adults rather than only focus on a specific cohort.

14. That clearly defined outcomes expected from improved integration of services are identified, agreed to and reported upon, particularly for services targeting children and families who have and continue to suffer from maltreatment.

15. That additional resources are provided to support local place based community engagement, consultation and planning and systemic implementation of service integrations spanning health, acute, education, NTFC program areas and non-government providers including:

- a) strengthening the family support components of existing government initiatives, such as Indigenous Child and Family Centres and the Birth to Jobs Colleges, in order to provide a range of child and parenting support activities and deliver an integrated service informed by community priorities.
- b) examine the potential of trialling Indigenous Child and Family Centres as an integrated service model which could operate from one facility and be complemented by outreach capacity or across a number of services within the community, such as:
 - i. community engagement and capacity building
 - ii. family support and early intervention
 - iii. intensive family support
 - iv. advocacy and advice
 - v. out of home care service and support

This model is based on the Aboriginal and Islander Child Care Agency model (AICCA) developed by the Secretariat of National Aboriginal and Islander Child Care (SNAICC), though not necessarily restricted to Aboriginal families.
- c) develop and implement tools and resources to promote local level service integration via community planning, for example, referral processes and protocols; information sharing protocols, policies and procedures; joint planning tools/templates; and training and support in data analysis and evaluation – to understand needs of local families and identify appropriate responses and resource requirements.

16. That the *Care and Protection of Children Act* be amended to:

- a) permit and encourage the exchange of information between child protection, education, health, housing and justice agencies, and between such agencies and the non-government sector, where that exchange is for the purpose of making a decision, assessment, plan or investigation relating to the safety, welfare and wellbeing of a child or young person; and
- b) provide that to the extent provisions are inconsistent, that the *Information Act* should not apply.

17. That where agencies have Codes of Practice in accordance with privacy legislation, their terms should be consistent with this legislative provision and consistent with each other in relation to the discharge of the functions of those agencies in the area of child protection.

18. That cross government agreement be reached regarding information sharing principles to guide development of legislative amendments and inform practice changes.

19. That operational guidelines be developed through a cross government agreement to ensure all NT Government staff impacted by the legislation changes are clear about the implications for their daily practice

Section 3. Strong and sustainable workforce and systems

20. That a transparent resource allocation methodology for care and protection services is developed, funded and implemented across DHF.

21. That indirect on-costs of employing and retaining staff are incorporated into a resource allocation methodology to ensure the real cost of support staff and services are adequately resourced, for example, a formula would need to factor in staff turnover, maturity of the workforce and supervision needs.

22. That relevant key agencies, such as NT Treasury and Office of the Commissioner for Public Employment are consulted and engaged in the scoping and implementation of a resource allocation methodology.

23. That a comprehensive change management process is developed that ensures the systematic and coordinated planning, resourcing and implementation of related system reforms to Information and Communications Technology, accommodation requirements and human resources.

24. That an approved resource allocation methodology is used to establish the true cost of service delivery for the non-government sector, and that the methodology underpins future service contracts.

25. That DHF's Human Resources capability is increased to reflect a realistic HR consultant to staff ratio which includes an agreed support staff ratio for services such as HR and training.

26. That DHF develop a comprehensive, long-term Care and Protection and Family Support Workforce Development Strategy across the NTG, and in close partnership with NT Treasury and the Office of the Commissioner for Public Employment.

27. That innovative incentive and performance based attraction and retention strategies for child protection workers form part of a long-term Care and Protection and Family Support Workforce Development Strategy, and are negotiated as part of a Care and Protection focused National Partnership Agreement.

28. That DHF develop a "Grow our Own" investment framework as part of a broader overarching NTG child wellbeing, safety and protection framework, including long-term investment in a targeted Care and Protection focused Indigenous Employment Strategy.

29. That DHF work closely with the NGO sector to ensure any future Care and Protection and Family Support Workforce Development Strategy includes consideration and consultation on workforce capability issues.

30. That attraction, retention, real cost strategies and workforce modelling is undertaken in consultation with the NGO sector and forms the basis of future service plans and contracts.
31. That DHF and relevant NTG agencies which employ human services staff explore the use of psychometric testing as part of more targeted recruitment strategies and the use of periodic 'well check' strategies to aid retention of staff.
32. That NTFC develop, resource and implement a Learning and Development Framework that establishes work place competencies that form part of structured induction and training packages, that are evaluated, performance based and delivered flexibly.
33. That NTFC develop and implement structured transition for staff from non professional to professional stream, for example, design and deliver learning and development pathways, such as tailored diplomas for field officers and Indigenous family support staff.
34. That formalised career pathways and learning opportunities, including cadetships and partnerships with local education providers are established.
35. That NTFC design and develop a suite of leadership training and development options for team leaders, managers and senior managers.
36. That the NT Government provides additional resources to implement these leadership and development strategies as part of a broader Learning and Development Framework.
37. That an NTFC Supervision Framework is resourced and implemented.
38. That NTFC incorporate child wellbeing and protection as key themes into existing induction and training opportunities for staff across DHF.
39. That NT Government formally recognises the important and significant work performed by child protection staff by introducing an NT-wide award similar to that which exists for nurses and health workers.
40. That there is complementary training to up-skill foster carers to increase the capacity of all persons involved in the child's care team.
41. That client record management standards are developed and implemented within NTFC.
42. That a comprehensive NTFC Information Management Improvement Strategy is developed to underpin any future service reforms.
43. That the raft of enhancements to Community Care Information System (CCIS) outlined above are embedded in the Information Management Improvement Strategy, additional resourcing is allocated and implementation plans are developed for commencement in 2010.
44. That change management strategies are resourced and developed to sustain cultural change and to enhance staff systems training and the roll out of new programs on an ongoing basis.
45. That new technologies are explored and purchased to streamline and enhance record management practice to minimise the amount of professional time spent on records management without compromising quality.

Section 4. Quality care and protection services

46. That an appropriate mix of additional workers be funded to significantly increase the number of established child protection and family support positions.

47. That caseload allocation processes for child protection workers be enforced to ensure that workers are allocated realistic caseloads to improve compliance with statutory and policy obligations.

48. That new models of service delivery are developed for remote communities to ensure quality services are able to be provided, strong relationships are established with community leaders, and chronic shortage of acceptable accommodation and transport concerns are addressed.

49. That there is enhanced emphasis on the development of professional expertise, standardised decision making and improved service quality through:

- a) employment of Principal Practice Advisors to provide practice leadership, mentoring, training and advice;
- b) introduction of peer review and performance monitoring processes;
- c) employment of Principal cultural practitioners and formal consultations with appropriate Indigenous persons in relation to interventions/intakes;
- d) cultural supervision for Indigenous staff;
- e) fully funding the expanded implementation of structured decision making tools; and
- f) fully funding implementation of projects identified through the Quality Sub-Committee Working Groups including all training components.

50. That the focus of the NT statutory workforce is refocused to concentrate on providing or negotiating the provision of care and support services for vulnerable children, young people and their families including:

- a) family support workers who provide family intervention, parent education, life skills and development services;
- b) case planning that is focused on the whole needs of the family and the range of support services needed to strengthen family resilience;
- c) extended provision of collaborative interdisciplinary approaches;
- d) introduction of juvenile sex offender treatment programs;
- e) expansion of the Remote Aboriginal Family and Community Program to ensure coverage across the Territory;
- f) providing a range of responses to vulnerable and at risk young people; and
- g) a culturally appropriate and focused response to the needs of Indigenous children and families as outlined above.

51. That new models of service delivery within the statutory system be examined to allow other professional staff to undertake official functions under the *Care and Protection of Children Act* including:

- a) provision of services by the non-government sector in areas such as intake and responses to 'child concern' reports;
- b) provision of services by health or education government providers such as 'sighting a child in care' in remote communities; and
- c) Aboriginal specific services including family support and Out of Home Care.

52. That enhancements to the existing system responses be considered including:

- a) employment of additional Family Support Workers and Team Support Workers to complement the work undertaken by professional social workers;
- b) expand the NTFC capacity in the Child Abuse Taskforce teams (North and South);
- c) create an 'adolescent at risk' category at Central Intake;
- d) create an 'unborn infant at risk' category at Central Intake;
- e) create a permanent care team;
- f) extend the operating hours of Central Intake to 8.00 pm;
- g) implement an After Hours Child Protection response service in Alice Springs;
- h) develop an After Hours Service model for Katherine; and
- i) expand the provision of therapeutic services to provide an intensive therapeutic environment to support young people to recover from the impact of physical, psychological and emotional trauma and pain experienced from abuse and neglect.

53. That in relation to OoHC management:

- a) NTFC work to maximise partnerships within the OoHC system network to deliver common OoHC services for example consortiums to deliver carer training;
- b) NT Government considers the provision of additional funding to assist NTFC to align internal funding allocations to increasing placement demand and client need; and
- c) NT Government considers substantially increasing allowances payable to volunteer carers to:
 - i. better reflect the costs of caring;
 - ii. increase capacity to recruit and retain carers;
 - iii. move toward greater equity and transparency in allowances paid;
 - iv. enable the centralisation of payments;
 - v. streamline the administrative function; and
 - vi. reduce time spent on paperwork processing by professional staff.

54. That in relation to OoHC capacity:

- a) NTFC invests in strategies that prevent the need for a child to enter Out of Home Care and these prevention strategies are built as a core component of the NTFC OoHC service system through the development of policy and service models;
- b) NTFC work to source relative care options to ensure children and young people have had their relative care options fully exhausted;
- c) NT Government considers the provision of additional resources to up-skill the carer 'workforce' and increase the depth of what placements can offer children and young people while in care;
- d) NT Government considers the provision of additional resources to expand the range of residential care placement options;
- e) NT Government considers the provision of additional resources to increase the capacity of the OoHC system to respond to the needs of young people not suited to home based or residential care placement;
- f) NT Government considers the provision of additional resources to enhance therapeutic capacity in the care and protection system to meet a child's needs and reduce the likelihood that their needs will escalate to require more intense placement options;
- g) NTFC develop new policy and legislative frameworks to increase the transition of children into permanent home based care arrangements; and
- h) NTFC lead the development of whole of government responses to children and young people in care.

55. That in relation to OoHC delivery:

- a) NT Government considers the provision of additional resources to increase the capacity and depth of the NT OoHC service provider field;
- b) NTFC examine options to outsource delivery of identified OoHC services to the non-government sector; and
- c) NT Government considers the provision of additional resources to increase recruitment of paraprofessional staff whose roles and responsibilities would maximise efficiencies in the use of professional officers carrying statutory delegations.

Section 1

Coordinated planning and investment: making child protection everyone's business

- a. Whole of government approach to policy and planning
- b. Strengthening NGO delivery of care and protection services across the Territory
- c. Strengthening Indigenous NGOs delivery of care and protection services across the Territory

a. Whole of government approach to policy and planning

Issues

The Northern Territory Government (NTG) needs an overarching child wellbeing, safety and protection framework that prioritises or coordinates government investment in activities and service delivery.

A multitude of strategies exist across the NTG that contributes to child wellbeing, safety and protection, such as the Department of Education and Training's (DET) Early Childhood Strategy, Health's Primary Health Care providers, and NT Police's investigation and child and family protection services. However, to ensure a more client focused response, these initiatives need to be linked within an agreed framework that clearly articulates roles, responsibilities and accountability mechanisms for development of a coordinated approach.

Within NTFC, there is a critical need to invest in, and focus policy work on strategic directions both across the Division and NTG, to improve the wellbeing and safety of Territory children and their families. At present, a significant amount of policy work remains project based and crisis driven, this can be addressed through an increase in resources and development of strategic frameworks. It is important that the strategic policy capacity of NTFC is significantly enhanced to facilitate the kind of work required across government and with the NGO sector to develop and drive coordinated frameworks for investment and action that progress the key areas of reform outlined in this submission.

Across the NT there are huge gaps in service delivery - both in the mix of services available and access to such services. There are multitudes of pilot or short term funded initiatives across a limited number of locations that would benefit from coordination at a planning level, and benefit from integration at the service delivery level.

It is critical that local communities have opportunities to assist with the design of service delivery models that would best suit their context rather than the imposition of a one size fits all approach. Community engagement and ownership of new care and protection services are critical to the success of effective government or non-government intervention.

Systemic and regional planning for the provision of care and protection services needs to be prioritised across government for the ongoing sustainability of social inclusion and capacity building goals.

DHF led a mapping exercise through the Interdepartmental Child Protection Policy and Planning Working Group (ICPPPWG) as an initial step towards building a more coherent picture of activities being undertaken or funded by NTG agencies that contribute to the wellbeing and safety of vulnerable children and families. The activities captured through this process are not exhaustive but do demonstrate that a significant amount of work is underway and can be expanded through further investment (Attachment D), however this needs to be coordinated both across government and at the regional and service level.

Evidence

It is clear from both national and international reform agendas to child protection systems⁷ that the fundamental tenets to making children and families healthier and safer are collaboration, information sharing and integrated service models. These

⁷ Council of Australian Governments (2009), 'Appendix A: Current initiatives and reforms', *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020*. Commonwealth of Australia, Canberra.

models need to be responsive to local realities and deliver a range of services in a seamless, accessible and non stigmatised way.

The Way Forward

A strategic whole of government commitment that enshrines collaboration between NTG agencies and relevant service providers, such as NGOs, who are involved in the wellbeing, care and protection of children and their families, is required.

Collaboration needs to acknowledge the role and responsibility of every agency, organisation and participant in the wellbeing and care of children, such as parents, caregivers, caseworkers, community partners, NGOs and government agencies.

A commitment of this nature is needed in order to abolish silos that perpetuate chaotic and ad hoc service provision that can disengage families and children from receiving services and participating in the programs and support they need, and to ensure that 'child protection is everybody's business'.

DHF is of the view that there is a clear need for a whole of government strategic commitment to developing an overarching framework that spells out expectations, roles and responsibilities for leading the 'supporting outcomes' articulated in the National Framework for Protecting Australia's Children 2009-2020.

The intention of such a framework would be to harmonise activity that contributes to child wellbeing, care and protection, as well as provide the opportunity to establish shared outcomes that can be used to underpin and guide investment in a coordinated way, for example, establishment of a shared outcome reporting framework across government and the NGO sector.

An overarching framework would address components of collaboration that would benefit from improved transparency and accountability, such as agreement around core principles to guide collaboration, integrated service delivery and improved information sharing, and where beneficial, legislate roles and responsibilities in relation to these.

A process to discuss what these principles might look like commenced with a workshop convened by NTFC through the ICPPPWG in February 2010 (see Attachment E). There was overwhelming support for the need to formalise information sharing arrangements across both government and relevant non-government service providers to improve timely, appropriate and coordinated responses. It was clear from this meeting that poor practices and unhealthy cultures of piecemeal and ad hoc information sharing continues to frustrate agencies and staff responsible for direct service delivery, and ultimately produce poorer outcomes for children and families. In addition, there are some cross agency practices and processes rigidly controlled that prevent access to timely client information.

Recommendations

1. That the Department of Health and Families take the lead role in the collaborative development of an overarching framework across the NTG that:
 - a) establishes formal mechanisms or builds on existing structures for the development and implementation of cross government policy and planning at a central and regional level;
 - b) clearly articulates the roles and responsibilities of agencies;
 - c) identifies a lead agency to coordinate and drive implementation of each 'supporting outcome' in the National Framework for Protecting Australia's Children 2009-2020;
 - d) identifies gaps and duplication in funding and service delivery; and
 - e) promotes the use of a common set of principles that drives interagency collaboration.

2. That the NT Government provides significant resources to Health and Education and Training portfolios to:
 - a) Develop and implement child protection policy and programs;
 - b) Align investment in universal, secondary and tertiary services across government and the non-government sector with the 'supporting outcomes' contained in the National Plan;
 - c) Train staff in child and family strengths and needs assessments; and
 - d) Provide cost effective child protection services in remote communities such as 'sighting a child in care', monitoring and provision of effective responses to child neglect cases.

3. That a legislative framework be developed that shifts the onus of responsibility and expectation of all government workers who deliver a prevention or early intervention service to vulnerable children and families to:
 - a) collaborate;
 - b) integrate service delivery;
 - c) provide shared case management; and
 - d) share information;to ensure children and families can access holistic services that adequately respond to local needs.

4. That the NT and Australian Governments develop and jointly fund a Child Protection focused National Partnership Agreement to address critical issues such as workforce attraction and retention, strengthening the non-government sector, coverage of prevention and early intervention child and family support services and new responses to complex out of home care cases.

b. Strengthening NGO delivery of care and protection services across the Territory

Issues

A comprehensive and united service system that strengthens vulnerable families and reduces risk factors that lead to child abuse and neglect is fundamental to protecting children and young people. It is clear that if government and the non-government sector work in isolation, children and families will continue to fall through the cracks with devastating and tragic outcomes.

Currently there is a lack of trust between government and non-government services in the child protection system. Attempts to address these poor relationships, such as the Alice Springs Protocol, known as Family and Community Services (FACS) Child Welfare Protocol, have had limited success in improving outcomes for vulnerable families. The success of government and NGOs working together to reduce risk for children and to improve outcomes for vulnerable families is largely personality driven rather than directed and supported by an overarching commitment and accountability framework to working in partnership.

The NT's NGO sector has been under resourced and consequently under developed for many years. This limits the scope and breadth of services that can be delivered, as well as limiting its capacity to address service gaps and support families with highly complex and challenging needs. The impact for families is that there are few support options before becoming engaged with the statutory system, and few referral pathways out of this system.

There is an obvious and clear need for DHF to partner with NGOs in a strategic and long-term way to build the NT's child protection system and family support capability to effectively work with vulnerable children and families.

Evidence

NGO sectors in other jurisdictions, such as Victoria and NSW, are directly involved in the delivery of a range of prevention, early intervention and tertiary services, including undertaking and partnering in intake functions, case management and hosting child protection staff in services to assist with intake assessment and client information access.

An evaluation of the Brighter Futures Early Intervention Program noted that the average number of risk-of-harm reports significantly reduced at three and six months after families exited the program. It also reported a decrease in risk-of-harm reports for Aboriginal children three months after exiting the program; however there was no significant difference at the six month exit mark from the program⁸.

An evaluation of the Victorian Family Support Innovations Projects identified nearly zero growth in child protection notifications due to prevention policies and programs that enable access to earlier intervention services for children and families⁹.

Some jurisdictions such as South Australia have strongly established Aboriginal and Torres Strait Islander organisations that are key players in the delivery of family support services as well as tertiary responses for vulnerable families. The Secretariat of National Aboriginal Child Care (SNAICC) argues that building the capacity of Aboriginal controlled organisations and culturally appropriate interventions is

⁸ Social Policy Research Centre Consortium (2009) – *Brighter Futures Early Intervention Program May 2009 Interim Evaluation Report for the NSW Department of Community Services May 2009* Social Policy Research Centre, University of New South Wales (p 56).

⁹ Thomas, S (2007) – *The Victorian family Support Innovation projects: Final evaluation Overview Report June 2007* Faculty of Medicine, Monash University (pp 7–11).

fundamental to supporting Aboriginal and Torres Strait Islander families and getting better outcomes for children.

The Way Forward

DHF is proposing three key elements to partnering with the non-government sector to achieve improved outcomes for vulnerable children and families:

1. the joint development and implementation of a Partnership Framework;
2. a collaborative approach to developing responsive, integrated service models; and
3. development of a Child Protection Investment Strategy that addresses universal to tertiary services as part of a Whole of Government Child Wellbeing and Protection Framework.

1. Partnership Framework

DHF is engaging the non-government sector regarding their willingness to take a greater role in the provision of child protection services. Feedback from participants following a meeting convened by DHF with a core group of NGOs in March 2010 to canvas possible engagement of the sector in the delivery of care and protection services has been positive, noting the need for significant investment to enable the sector, and government, to partner effectively.

Some possible roles NGOs could assume in a new, expanded child protection system include:

Service Options	What might this look like?
<i>Prevention</i>	Development of enhanced universal services including parenting support and education; child health and nutrition programs including an early years response that assists with early detection of child development and parent support needs and home visiting programs for babies 0 – 2 years;
<i>Early Intervention</i>	<p>A NGO would be contracted to provide a lead role in coordinating access to a range of early intervention services (government and non-government) funded to work with vulnerable families.</p> <p>The lead NGO would work as the main point of referral for secondary level responses.</p> <p>The lead NGO would be responsible for a detailed assessment of family needs and maintaining case planning. A regional network of secondary services would be developed including mental health, domestic violence, and drug and alcohol services to respond to complex needs.</p>

Service Options	What might this look like?
<i>Intake</i>	<p>A dual pathway, community-based intake model including:</p> <ul style="list-style-type: none"> • an out posted senior NTFC child protection worker located in a NGO; • formal notifications taken and assessed by a lead NGO where early intervention is likely to be the appropriate response; • identifying a suite of options/services to best meet needs of child and family; • development and implementation of case management plans as they engage with early intervention services; and • formal notifications, assessment and investigations to be undertaken by NTFC where statutory intervention is the appropriate response (sexual and serious physical abuse).
<i>Out of Home Care</i>	<p>Develop services that enhance capacity to work with children and families to prevent their entry and/or re-entry into out of home care eg. post reunification intensive family preservation.</p> <p>Work with existing service providers to engage in ongoing service development to develop greater diversity and capacity across the continuum of out of home care placement options.</p>
<i>Case Management of Children in Care</i>	<p>Following trends in other Australian jurisdictions, consider outsourcing case management of targeted groups of children in care eg. children under third party guardianship, young people leaving care.</p>
<i>Foster Carer Support</i>	<p>Develop partnerships to deliver common placement services eg. carer recruitment, carer training, carer support.</p>

Core issues that will need to be addressed by the NTG in partnership with the NGO sector include:

- investing in DHF's capacity to work in partnership with NGO's to achieve agreed outcomes rather than focus on contract management and throughput activity;
- clarifying new roles and functions;
- enhancing funding arrangements and an agreement on common accountability mechanisms;
- agreement on timing of the staged implementation of the partnership;
- defining clear information sharing provisions;
- determining quality assurance, risk management, licensing and/or accreditation models; and
- developing business partnerships for the delivery of end-to-end services.

It is recognised that the NTG has a clear role and needs to support and invest in NGOs to build capacity in areas such as:

- governance;
- management;
- administration;

- policy development;
- reporting and accountability;
- recruitment and retention of staff and the resourcing of training and workforce development; and
- clarifying the Department's role in relation to whole-of-sector workforce planning and development opportunities, such as secondment opportunities between Government and non-government sector.

It is proposed that innovative models of building the capacity of the NGO sector, such as above, are explored and examined for applicability in the NT.

Example of Supporting Good Governance and Capacity Building

The Victorian Government funds a **Centre of Excellence for Child and Family Welfare** to support NGO service development. The Centre provides representation, professional development, research, policy and program advice, publications and resources for 93 community service organisations in the child, youth and family services sector of Victoria. They provide information and liaise with media, State Government and the community to ensure children, young people and families have access to appropriate services as and when they are needed.

<http://www.cwav.asn.au/Default.aspx>

2. Collaborative Approaches to Developing Responsive, Integrated Service Models

Consulting with target communities, such as the 20 Growth Towns, and non-government services about how services could or should be delivered is critical to the development of an effective place-based service response. Collaboration should engage all key stakeholders from the community, the local and/or visiting non-government organisations, local shires and relevant Government departments. The emphasis of collaboration should be on service models that enable integrated service delivery leading to positive outcomes for families.

Significant work and commitment is required to build a more positive, collaborative relationship between the NTG and NGOs. The type of issues that will need to be addressed through this work are open communication; a mutually equal and participatory model for service development and building the NTG/NGO relationship based on significant investment and resources.

3. Child Protection Investment Strategy

Funding of NGOs has been based upon historical factors in the universal and secondary prevention components of the child protection system. Future funding must be guided by a whole of government approach that coordinates and directs the investment across the full spectrum of the child protection system. Critical to this is the need for significant investment in the primary and secondary part of the child protection system.

A whole of government investment strategy for child wellbeing, care and protection could comfortably sit within the overarching framework required to lead and implement the National Plan's supporting outcomes across the NT (as discussed in section 1, whole of government collaboration).

Engaging NGOs in the design of an overarching framework is critical and will need to build on the types of statements discussed at the DHF/NGO meeting in March 2010, articulated below:

- We need a strong commitment from everyone, both government and NGO's, to move forward together;
- Change management strategies will need to be implemented to effect culture change, turn vision into action and create ownership in the sector;
- There is a real requirement for significant consultation in the development of a model with clear identification of boundaries and roles. Implications for NGOs in maintaining relationships with clients in fields which have traditionally been more adversarial also need to be considered;
- We need flexible services that respond to local needs and priorities and that cover a range of universal, secondary and tertiary services and their families;
- Child protection functions need to be embedded in legislation, policy and practices across government and NGOs;
- In the development of a family support system there needs to be responses for families with complex needs as well as culturally appropriate responses to Indigenous issues;
- Recognise individuality in communities and increase opportunities for them to participate in the design and development of local solutions using a community development approach;
- Provide quality, accessible and timely prevention, early intervention and tertiary services for children and families;
- Create collaborative interagency options for vulnerable children and their families; and
- Divert families away from involvement in the statutory child protection system by improving government and non-government capacity to provide family support.

Recommendations

5. DHF lead the development and implementation of a Northern Territory Government and Non-Government Child Wellbeing, Safety and Protection Partnership and Investment Strategy including:
 - a) Negotiation of respective changes in roles and functions over time;
 - b) Demonstrated use of evidence to drive service delivery models;
 - c) Processes to engage local communities to contribute to planning and implementation; and
 - d) Negotiation with NT Treasury regarding cost effective service delivery mechanisms to build NGO capacity to deliver child protection services in the Northern Territory in partnership with government providers.
6. That significant additional resources be allocated to develop and implement a Child Wellbeing, Safety and Protection Partnership and Investment Strategy.

c. Strengthening Indigenous NGOs delivery of care and protection services across the Territory

Issues

Significant investment from both the NT and Australian Governments in a raft of health, social services, policing, justice and education initiatives over the past five years has introduced increased complexity to the service delivery landscape for Indigenous people, particularly in regional and remote communities and service providers.

While the majority of these reforms have been set by government, the delivery of services and outcomes are dependent upon a robust partnership between the NTG, Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), local shires and NGOs and, in particular, Indigenous NGOs.

Funding of Indigenous NGOs to deliver family support-type services, such as domestic and family violence counselling, parent education programs, alcohol and other drug and mental health programs, child care and other universal services has been, and continues to be, funded in silos according to program specific outcomes. It should be acknowledged that while this is true for family support services, significant investment and collaboration has and continues to occur between the NT and Australian Governments with Aboriginal Medical Services across the NT (see Attachment F).

There is an obvious and clear need to partner with NGOs, particularly Indigenous NGOs, in a strategic and long-term way to build the NT's child protection system and family support capability to work effectively with vulnerable children and families. Major challenges such as services gaps, workforce issues and lack of critical infrastructure in many communities will need to underpin any future investment and partnership framework.

Evidence

DHF is committed to building on what works, which includes recognising that community controlled Indigenous organisations that are well funded, resourced and committed to working with Indigenous children and families, are often most effective in improving outcomes for these families.

It is recognised that mainstream services are less likely to provide effective services to Indigenous families if those services are not aware of Indigenous culture and child rearing practices or the issues facing many Indigenous families¹⁰.

The type, range and scope of services that are required will need to be informed by the needs of Territory children and their families. For example, Indigenous children have consistently comprised over half of the care population. Since 1997, the number of Indigenous children in care has risen almost five times.

Improved outcomes for Indigenous children and families will not be achieved without coordinated and strategic investment in the capacity of Indigenous NGOs to deliver a suite of family support services.

¹⁰ Walker, R and Shepherd, C., (2008) *Strengthening Aboriginal family functioning; What works and why*, Australian Family Relationships Clearing House, No 7.

The Way Forward

In line with action required across the Territory's NGO sector, DHF is proposing that Indigenous NGOs are a critical component of this broader reform, which includes:

- 1) joint development and implementation of a Partnership Framework with the NGO sector;
- 2) a collaborative approach to developing responsive, integrated service models; and
- 3) development of a Child Protection Investment Strategy with the NGO sector that addresses universal through to tertiary services as part of a Whole of Government Child Wellbeing and Protection Framework (noted in section 1, whole of government collaboration).

A considered, consultative process between the NTG and Indigenous NGOs is required in order to inform future investment that will address specific challenges which confront Indigenous community controlled organisations and NGOs, in addition to general governance and support that is required.

Part of this process will explore the kinds of service models and arrangements that can deliver the suite of services that are missing, and are required to meet the needs of children and families across the spectrum.

Examples of what this service could deliver, and look like, is below.

Example 1. Aboriginal Family Support Services Incorporated

The Aboriginal Family Support Services Inc. (AFSS) was established in South Australia in 1978 to respond to the large number of Aboriginal children being removed from their family and land without consultation with extended family or consideration of local options.

The AFSS actively promotes that Aboriginal children should stay with family, recognising the importance of 'kinship' or 'skin' relatives whilst providing a framework for other Indigenous and non-Indigenous carers. The key philosophy of AFSS is "we maintain that our Aboriginal heritage is beyond value and no child should be deprived of its richness. We will strive to ensure that all Aboriginal children are safe in a caring and secure environment."

Services delivered by AFSS are broken down by service type and include: Community Wellbeing; Family and Community Care; Youth Accommodation Support Services; Crisis Accommodation Service; Volunteer Program; Northern Country; Far North; Making Them Safe and Community Development.

The Family and Community Care program aims to enhance cultural and family wellbeing by offering professional standards of care and support and covers the following areas: placement of children; Carer Recruitment and Assessment; Carer Training and Support; Cultural consultant; Family Reunification and the Strong Men, Strong Families project.

The Community Wellbeing program delivers services that build capacity in families to care for their children and break the cycle of child abuse and neglect. Some of the services offered under this program include: Bright Future; Child/Adult Play; Homemaker Program; Bonding Moments; Community Assistance Program and Resource and information services.

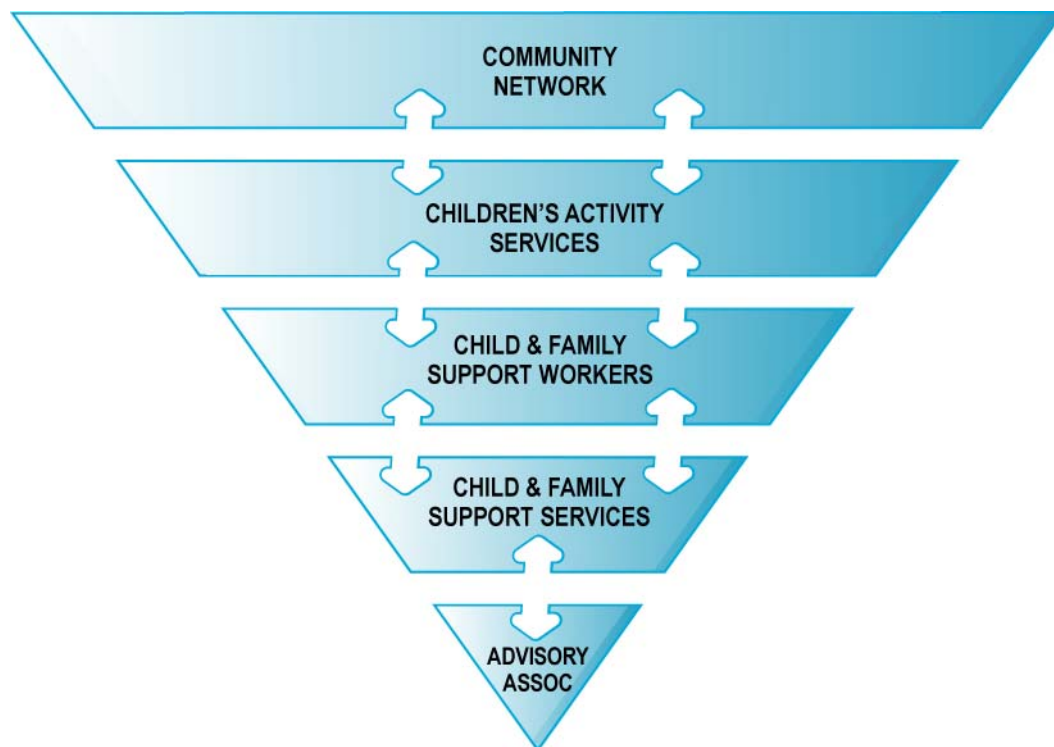
This information was sourced from www.afss.com.au

Example 2. Remote Area Aboriginal and Torres Strait Islander Child Care Advisory Council (RAATSICC)

With a history dating back to 1990, RAATSICC aims to “work collaboratively to find ways to overcome any hindrance to the care and protection of our children as the future of our cultures, of our youth as the upcoming generation of leaders, and of our families as the core units of our communities”.

This is achieved through programs and services such as: Child and Family Support Service Resource Unit; Advisory Network; Remote Area Child Placement and Family Support Service; Jirray Women’s Shelter; Remote Indigenous Child Witness of Domestic Violence; and an Indigenous Remote Area Strategy.

The Network of Cape/Gulf RAATSICC service operates on five functional levels:



The Advisory Group plays a key role in monitoring and supporting service delivery functions and providing direction to government on investments for promoting the wellbeing of children and families.

Meetings are held three times a year and provide a valuable opportunity for networking, advocacy and to learn about legislative changes and funding opportunities.

This information was sourced from www.raatsicc.org.au

Issues raised through this process will be critical to informing the NT’s overarching framework on the wellbeing, safety and protection of children which will need to address systemic issues such as workforce and workplace reform and agreed ways of operating, for instance, commitment to SNAICC’s eight priorities for Aboriginal and Torres Strait Islander families.

Recommendations

7. That Indigenous NGO's be engaged to scope and progress key investment areas required to build the sector's capacity to effectively partner with Government to deliver care and protection services in the Northern Territory;
8. That NTFC examine the viability of Indigenous family support services being integrated into existing services that have critical infrastructure, such as Aboriginal Medical Services;
9. That NTFC develop and implement a DHF/NGO Partnership Framework in which the development and investment in Aboriginal and Torres Strait Islander NGOs is a core theme; and
10. That NTG ensure that any future funding commitments explicitly recognise that the wellbeing, care and protection of Aboriginal and Torres Strait Islander children is everybody's responsibility, and that specific investment in culturally competent responses are most effective in enhancing the wellbeing and outcomes for Aboriginal and Torres Strait Islander families (per SNAICC's principles).

Section 2

Accessible integrated services that respond to need: better outcomes for children, young people and families

- a. Territory-wide access to child, youth and family support services
- b. A commitment to new, integrated service models
- c. Information sharing in the best interest of the child

a. Territory-wide access to child, youth and family support services

Issues

The NT Government needs to develop a coordinated or strategically planned approach to supporting families and improving outcomes for children and young people. There are pockets of good practice, often funded on a temporary or trial basis without proper evaluation or capacity to roll-out across the Territory. There is not a strong family support or youth service sector throughout the NT, particularly Aboriginal managed services. Overall, there are limited services available to support children, young people or families, especially in remote areas.

The NT child protection model is based on an inverted pyramid, with care and protection focused universal services at the small end and the tertiary or statutory component much larger. The NT child protection system is facing increasing demands and despite best efforts, has limited capacity to respond effectively.

There are many agencies and organisations working with families, some are supporting children's health, development or education, some are supporting families with their parenting roles while others are supporting individuals with particular issues, such as family violence or substance abuse. These services could all be considered to have a role in supporting families' ability to parent, however this is not acknowledged by many providers or recognised as part of the formal care and protection service system.

Services do not effectively engage with all families. Hard to reach families, involuntary families, families that are isolated through language, distance or culture, or families where there is a disability often do not receive the support they need.

There is little research about the impact that current services and interventions have in supporting families. Many of the programs in the NT are not evaluated, resulting in unclear evidence about effective programs for the NT context.

Organisations working with NTFC to support a family or child have raised concerns regarding a lack of clarity about referral and response processes. For example, under the Volatile Substance Abuse Prevention Act (VSAP) Assessment Guidelines approved by the Chief Health Officer, all children under 18 years who are referred to Tobacco, Alcohol and other Drugs Services (TADS) or Alcohol and Drug Service Central Australia (ADSCA) for assessment under the VSAPA require a notification to the NTFC Intake Team. However, the dominant experiences of some of these organisations are that:

- little or no information is provided from NTFC on the actions we have taken in dealing with a notification;
- organisations have been advised that if staff are concerned that notifications have not been actioned, they should consider notifying on at least three occasions to ensure an automatic flag;
- process drives the response rather than the information about the clients; and
- despite the work on the shared care framework for high risk clients, there continues to be a different interpretation of risk for clients depending on individual practitioners.

There is a disproportionate number of young people (15 to 24 years) in remote communities, with very young children, and often more than one child, living in disadvantaged circumstances that do not have the support of experienced adults to guide their child rearing practices.

In addition to providing core education services in Aboriginal communities, there is a need to include compulsory sexual health and protective behaviour education in schools. While the Department of Education and Training in the NT is in the process of introducing a protective behaviours curriculum in 40 schools, not all schools are being targeted. In addition, ongoing training will be an issue that needs to be sustained through local community engagement.

Universal services are best provided by government departments such as Education or Health, and by community providers that have greater capacity to respond to local needs. However, at present, the balance is skewed to the statutory end of the service continuum therefore there is little hope of reducing demand in child protection through prevention or addressing emerging issues in the earliest possible stages until this changes.

Attachments G and H provide an outline of the range of prevention and early intervention services currently provided across the Territory, these lists are not exhaustive but are illustrative of the type of mapping that needs to be done to inform service planning and delivery.

Evidence

'A well-balanced care and protection system has primary interventions as the largest component of the service system, with secondary and tertiary services progressively smaller components of the system. Research into the cost-effectiveness of early intervention programs has shown that \$1 spent early in life, can save \$17 by the time a child reaches mid-life¹¹.' Investment in primary prevention programs has the greatest likelihood of preventing progression along the service continuum and sparing children and families from the harmful consequences of abuse and neglect.

The intention of child, youth and family support services is to support children, young people and families throughout the family cycle, to actively promote healthy development and wellbeing, and to prevent the development of future problems such as child abuse, emotional and behavioural problems, substance abuse or criminal behaviour.

Prevention and early intervention programs prove valuable because they lessen risk, increase resilience and secure better longer term outcomes for children. These programs recognise the importance of communities and the social and economic environment for the wellbeing of people, the significant role that strong communities can have for the very young, and the importance of supporting families to care for their members.

It is important that any future investment in universal, secondary and tertiary services is informed by current funding arrangements, and that clear, measurable outcomes to improve the safety and wellbeing of children and families underpins future investment decisions.

¹¹ Blakester, A. (2006). Practical child abuse and neglect prevention: A community responsibility and professional partnership. *Child Abuse Prevention Newsletter (National Child Protection Clearinghouse)*, 14 (2) cited in Holzer, P (2007), *Defining the Public Health Model for the child welfare services context*, National Child Protection Clearinghouse, Resource Sheet 11, p 5.

In February 2010, an analysis of NTFC grants to NGOs together with the Commonwealth funding under the NT Emergency Response Family Support package reveals that the \$31.5 million is invested in the following areas:

- \$0.8 million for universal services;
- \$25.97 million for secondary services, the majority of which are intensive support not early intervention; and
- \$4.76 million for tertiary services.

Based on 2009/10 figures derived from respective Budget Papers¹², the percentage breakdown of funding across child protection, Out of Home Care and family support services in the NT, as compared with Victoria, for the same period is below:

Table 1: Comparative outlay for child protection, out of home care and family support services in Victoria and NT, 2009/10

Output	Victoria		Northern Territory	
Child Protection	\$139.4M	25%	\$25.4M	37%
Out of Home Care	\$278.9M	50%	\$29.8M	43%
Family Support	\$135.6M	25%	\$14.1M	20%
Total	\$553.9M		\$69.3M	

It should be noted that figures represented in Table 1 are for single agencies only, and do not purport to reflect total government investment in these output areas. The usefulness of this comparison is that shows the kind of percentage reallocation required across the spectrum of services in the NT to change the focus of our current child protection system to one that has capacity upfront to deliver both prevention and early interventions targeted to the needs of ‘in need’ and ‘at risk’ families, steering them away from statutory child protection services. In light of an under resourced NT NGO sector, the level of investment required to build universal and secondary capability would be much more intensive in the initial phase of investment than reflected in the percentages above.

Early childhood is recognised as being a crucial stage in every person’s life. Other significant events or transition points in a person’s life include birth, commencing and changing school, and leaving school. All of these transition points increase the level of risk but also provide opportunities for intervention.

Anecdotal evidence suggests that across the Australian community there is a high level of ignorance about the vulnerability of young children. Some families believe that children who are not yet talking are unaffected by problems and issues within the family such as domestic and family violence¹³. This highlights the need for whole of community, whole of government involvement in supporting parenting.

The problems many families face are complex, particularly disadvantaged families in remote communities. These families often require a multi-disciplinary, multi-service approach to address their needs. ‘Early intervention strategies, particularly if used in a limited way or in isolation, do not offer a ‘magic solution’ to remedying the social

¹² Victorian Government, *Victorian Budget 2009-10: Budget Paper No 3 Service Delivery*, p. 112-113, and Northern Territory, NT Government Budget 2009-10: Budget Paper No. 3, p. 201.

¹³ G Vimpani, G Patton and A Hayes, 2002. *Children’s Health and Development: New Research Directions for Australia*, Research Report No 8, 2002.

problems that may impact on children, such as poverty¹⁴. Addressing only one issue affecting families does not provide any long-term benefit and can increase negative outcomes, such as loss of confidence in parenting ability or frustration in not having needs met.

'However, early intervention approaches, often closely linked with universal services, are generally perceived to be one of the most effective ways to ameliorate the effects of maltreatment¹⁵. To provide targeted services to 'at risk' families, services need to target at risk families. In order for services to reach vulnerable and 'at risk' families, specific strategies, including developing the skills of staff to initially attract and to maintain engagement with a wide range of families, are required.

When families are experiencing difficulties or are at risk of child maltreatment (due to the presence of one or more risk factors), support and assistance is required.

Numerous studies have described key elements of quality parenting/family services, these include:

- providing a range of supports and interventions, based on evidence, to meet the needs of families;
- flexible entry points, including self referral;
- targeting children and parents/family;
- supporting families to develop and maintain social connections and be able to access appropriate services;
- supporting children and parents to develop problem solving and coping strategies;
- programs that have clearly described models and that have clear aims, targets and objectives;
- programs that are inclusive and respectful of cultural and family differences; and
- services with good governance and strong leadership.

The Way Forward

Building a holistic service system

In collaboration with Education, Health, Justice and the non-government sector, it is time to turn the child protection system on 'its head' – inverting the triangle and making significant investment in universal prevention and early intervention services. This requires the development and implementation of an NT Child Protection Framework that covers investment from universal to tertiary prevention – an overarching framework or strategy that articulates and builds a network of services that are connected, can respond to the needs of families and strengthen communities to ensure children's and young people's development. This framework should be underpinned by evidence and include a parenting/family support research agenda.

¹⁴ Tomison, AM (2002), *Preventing child abuse: Changes to family support in the 21st century*, Child Abuse Prevention Issues No 17, p 7.

¹⁵ Tomison, AM (2002) *ibid*, p 7.

For example – Parenting WA Strategic Framework

The Parenting WA Strategic Framework provides a vision and framework to support policy and provide service delivery to support families in Western Australia. The framework sets out our core values, principles, objectives and strategies, key areas of focus, emerging trends and industry issues.

www.communities.wa.gov.au/childrenandfamilies/parentingwa/Pages/AboutUs-StrategicFramework.aspx

Our overarching objectivities are:

- Strengthening Parents – Parenting WA will provide opportunities for all Western Australian parents to seek support and current information about parenting children from pre-birth to 18 years.
- Strengthening the Parenting Sector – Parenting WA will establish and maintain recognisable leadership and coordination role with the national and Western Australian parenting sector.
- Strengthening Communities – Parenting WA will establish and maintain strong partnerships with parents, communities and organisations with Western Australia to strengthen each community's capacity to support effective parenting.

For example – Breaking the Cycle of Domestic and Family Violence in Rockhampton Trial

The initiative is trialling a new coordinated service delivery model and integrated specialised court program in Rockhampton aimed at bridging the justice and human service systems.

This trial engages the Department of Communities, Queensland Police Service, Department of Justice and Attorney-General, Legal Aid Queensland and Rockhampton Magistrates Court and six funded NGOs.

The key service delivery features include a case coordination team, case management, domestic and family violence related support services, behavioural change programs, integrated specialised court program, legal services and capacity building of the NGO sector.

A range of assessment tools have been developed for use by the 'Breaking the Cycle Team' and information sharing protocols have been established. Tools such as a practice guide have been developed to support the collection and analysis of child protection information by the Child Safety Officer to inform safety assessment and response planning.

www.communityservices.qld.gov.au/violenceprevention/aboutdfv/wog-strategy.html

For example – Responsible Parenting Initiative, WA

The Responsible Parenting Initiative (RPI) aims to promote the responsibility of parents to ensure that their children do not engage in anti-social, truanting or offending behaviour. The initiative includes three important elements:

1. Interagency collaboration and coordination
2. Targeted parenting services – ParentSupport
3. Legislation to enable:
 - Information sharing
 - Responsible Parenting Agreements
 - Responsible Parenting Orders

ParentSupport is a service that provides intensive support to parents to help re-establish their authority and to improve family relationships. The Departments of Education and Training; Child Protection; Housing and Works; Corrective Services and Police are able to refer parents to the ParentSupport service.

ParentSupport specialists work one-on-one with parents in their home or other appropriate venue to improve their parenting skills, confidence and parent-child relationships. The service also provides group-based parenting education and skills training and intensive home visits to support appropriate parenting.

Information is sourced from:

www.community.wa.gov.au/DCP/Resources/ResponsibleParentingInitiative/

National and international research has identified the elements of an effective parenting support system. It is recommended that the development of the NT service system focuses on the following areas:

1. *Establishing a Broad Range of Services*

A variety of parenting support services and interventions are required across the care and protection continuum, with a focus on universal and early intervention services, particularly at the community level and targeted services to support specific populations or individuals 'at risk'. The range and mix of services needed to support children, young people and families requires analysis and research into the challenges and issues facing children and families and to identify which interventions are effective. This information will then inform the development and implementation of effective responses and guide the appropriate allocation of resources.

2. *Supporting and Promoting Cooperative and Collaborative Action*

At the service delivery level and at the service system level; service providers and government agencies must work together, undertake joint planning, share information and respond to families holistically. This will require:

- governance training and support to NGO's;
- researching and sharing information about successful models and how to implement them;
- reviewing and modifying funding agreements to reflect service integration; and
- developing and implementing tools and resources to promote local level service integration (community planning) including referral processes and

protocols, information sharing protocols, policies and procedures; joint planning tools/templates; and training and support in data analysis and evaluation.

3. *Developing a Skilled Workforce*

Skilled and knowledgeable staff who are able to implement theory based interventions and can attract and keep vulnerable families engaged is essential. Training and support to staff working in services that families access (eg schools, doctor's receptionists) will increase the capacity of these services to engage with families and when required, refer them to appropriate services

Training and ongoing support should be provided to family support services staff in:

- engaging hard to engage and vulnerable families;
- contemporary approaches to providing universal, early intervention, targeted and intensive services to families; and
- issues and strategies to effectively work with Aboriginal children and families.

The skills and qualifications of staff impact on the quality of services delivered. Particular training supports will be required to support staff in family support services in remote Aboriginal communities.

Charles Darwin University and Batchelor Institute of Tertiary Indigenous Education are developing models and processes for training Aboriginal workers in remote children's services. Opportunities to link into this work to develop strategies to support remote Aboriginal family support workers should be explored.

Aboriginal workers play a critical role not only in family support but also when child protection workers visit remote communities. Support is often needed from local people to provide translation services for children being interviewed. Without access to this translation service it is impossible for child protection workers to adequately understand the protective needs of the child. Currently, child protection workers rely on the good will of Aboriginal Health Workers who leave their core health duties in order to provide translation services.

4. *Supporting Quality Services*

Services need to effectively engage families, including hard to reach families, using a variety of strategies. Programs and interventions provided must have clearly described service models and a strong theory base. Strategies to improve the quality of services include:

- development, implementation and monitoring of service standards for parenting support services;
- development and implementation of referral processes;
- providing governance training and support to agencies;
- establishing support service networks to support sharing information and professional development;
- exploring options to improve access to quality training and professional development in parenting family/support across the NT; and
- support organisations to be child-safe organisations.

For example – Service Standards

Develop support, implement and monitor family services standards similar to those developed in Victoria.

Organisational and program standards for family services are:

- Standard 1: Leadership and management provides clarity of direction, ensures accountability and supports quality and responsive services for children, youth and their families
- Standard 2: Promoting a culture that values and respects children, youth and their families, caregivers, staff and volunteers
- Standard 3: Staff and caregivers have the capacity to support positive outcomes for children, youth and their families
- Standard 4: Creating a welcoming and accessible environment that promotes inclusion of children, youth and their families
- Standard 5: Promoting the safety, stability and development of children and youth
- Standard 6: Strengthening the capacity of parents carers and families to provide effective care
- Standard 7: Providing responsive services to support the best interest of children and youth
- Standard 8: Creating an integrated service response that supports the safety, stability and development of children and youth

For example – Families NSW, Triple P

The NSW Government has provided \$5.2 million over four years to Families NSW to provide Triple P to all parents with children 3-8 years. Families will be able to access Triple P through a variety of local practitioners. The program can be provided through a variety of mechanisms; information sessions, small groups and a self directed program.

www.families.nsw.gov.au/your_family/children_3_to_8/triple_p.html

For example – StrongFamilies

A WA initiative to support families where there are multiple challenges, ie. raising children, housing, family violence, truancy, health (physical and mental) financial and substance abuse. StrongFamilies is a planning and coordinating process for consenting families who are receiving services from two or more agencies. The StrongFamilies approach is recommended when it is considered that a formalised interagency approach will help the family to achieve their desired outcomes.

www.strongfamilies.wa.gov.au/

5. *Building Capacity of Indigenous Controlled Organisations*

Develop and implement strategies to build the capacity of Aboriginal controlled organisations to deliver culturally appropriate universal and early intervention services. The Aboriginal and Islander Child Care Agency model developed by the Secretariat of National Aboriginal and Islander Child Care Inc should be considered for this purpose. It contains the following elements:

- community engagement and capacity building;
- family support and early intervention;
- intensive family support;
- advocacy and advice; and
- out of home care service and support.

Increase training and support for Strong Women, Strong Babies Strong Culture Workers and Aboriginal Remote Family and Community Workers.

For example – Care for Child Development

A UNICEF – WHO program to support children at risk of failure to thrive or neglect. It is based on promoting strong attachment between mother and child so the parent is more receptive to the child's needs. The program has two elements: child development and nutrition.

Initial discussions with Menzies School of Health Research has resulted in a trial project involving child health nurses on communities being considered. A program like this could form the theoretical base for a home visiting program similar to Best Beginnings (WA program).

6. *Invest in Evidenced-based Universal Services*

Increase home visiting services – family support services, especially home visiting services, have been particularly noted for their success in identifying families 'at risk' of maltreatment prior to the concerns reaching a level that would require protective intervention¹⁶.

It is important to recognise that similar outcomes have not been demonstrated when other variants of home visiting have been evaluated which emphasises the need to carefully adhere to evidence-based interventions.

¹⁶ Higgins, DJ., Bromfield, LM. and Richardson, N., (2006), *Child abuse prevention: what works? The effectiveness of home visiting programs for preventing child maltreatment*, National Child Protection Clearinghouse, Research Brief No 2 2006.

For example – Best Beginnings (WA)

Best Beginnings is a home visiting service for mums with new babies under three months of age. The service is provided until the child is two years old. The aim is to improve child health and wellbeing, parent and family functioning and social support networks. Families can be supported by a range of professionals including nurses, teachers, social workers, and psychologists.

The program's outcomes are:

1. the formation of a helping relationship;
2. enhancement of the mother and child attachment;
3. support the decision making of parents in relation to their child's health, safety and developmental needs; and
4. linking the parent to the community.

The program is a joint initiative of the Departments for Child Protection and of Health.

www.community.wa.gov.au/DCP/Resources/Best_Beginnings.htm

7. *Youth Services*

The current work into family responsibility and support provides a sound foundation to build on, and an opportunity to improve the current system. An increased investment in a broader, more integrated youth justice framework with a range of 'best practice' community based options is needed to make a significant difference to the lives of young people.

Investments can include:

- general recreation and social engagement programs at the community level;
- a stronger focus on the delivery of youth services in remote communities - each community should have youth workers attached to the Shire who are responsible for setting up youth programs; and
- programs that address petrol sniffing in specific communities by increasing the number of Volatile Substance Abuse workers.

Services identified for youth include:

- social education programs;
- general recreation/sport programs/activities;
- specialised adolescent health services;
- service specialising in adolescent mental health;
- specialised adolescent care and protection workers for high risk adolescents;
- creation of 'adolescent at risk' category at Central Intake so that adolescents in high risk situations, not necessarily related to parenting, can be reported to NTFC but not result in a Child Protection 'investigation';
- sexual health programs;
- suicide awareness and prevention programs;
- substance abuse programs;

- youth council initiatives connected to NT Parliament; and
- youth leadership programs.

8. *Family Support Centres*

There is an opportunity to build on the Family Responsibility Program and Family Support Centres (FSCs) already established in Darwin and Alice Springs. The success of the Family Support Centres has already led to proposals for establishing a Palmerston Family Support Centre. Short term options include:

- co-locating staff from key agencies such as DET and Police at the Darwin and Alice Springs FSCs;
- extending Family Responsibility Agreements (FRA) to include a child protection trigger. The Family Responsibility Program has recently been expanded to include not only young people exhibiting anti-social and offending behaviour, but behavioural problems where there is a lack of capacity to supervise the child within the family; and
- expanding FRAs to include young people under the age of 10 years. The Youth Justice Act sets a minimum age limit of 10 years for Family Responsibility Orders (FROs); however there is no legislative impediment to including young people under 10 years on FRAs.

For more detail, see Attachment H.

In the medium to long-term there is a need to expand service systems across the NT (currently only available in Darwin and Alice Springs), these include:

9. *Men's Services*

Expanding men's health promotion programs and activities focused on:

- preventing and managing chronic disease among men;
- reducing family and domestic violence (where men and boys may be the perpetrators and/or victims);
- reducing violence between men and associated injuries;
- promoting safe and respectful sexual health behaviours;
- improving men's health literacy;
- providing supportive parenting education and programs (specifically aimed at engaging fathers); and
- supporting boys in targeted education programs during their early years.

10. *Increasing the Ability of Adult-focused Services to Support Children and Parenting*

- Alcohol and other Drugs Services – increase services provided by government agencies and community organisations in larger communities, and provide residential substance abuse treatment programs (such as CAAPS) in remote locations;
- Resource services to support the children, family as well as the individual addict;
- Domestic and Family Violence Services – resource services to provide support and educational programs, especially for children and young people in violent relationships; and
- Gambling – work with NT Police to determine the level of illegal gambling in remote communities and the negative impact which this activity has

upon child wellbeing in already disadvantaged families, and develop and implement appropriate responses.

For example – Parenting Support Toolkit

The Parenting Support Toolkit for Alcohol and Other Drug Workers is a resource for all Victorian drug and alcohol workers that helps them to identify a client’s parenting needs by including parenting in the assessment process. The Toolkit helps workers respond to parenting needs. This can be through providing information, by offering support and guidance, or by providing referrals to other specialist services.

The Toolkit is a starting point for workers. It is hoped that workers will add additional resources and information to their own Toolkit by collecting and noting tip sheets, services, books and other resources relevant to their clients.

www.health.vic.gov.au/drugservices/pubs/parenting-support.htm

11. *Dedicated Mental Health Service for Children and Young People*

Provide a range of programs and services to support individuals with mental health issues as well as support for their family. Develop and implement a mental health service for children and adolescents, particularly for children and young people in remote communities.

The development of a dedicated mental health service for children and young people needs to be undertaken in concert with other relevant service development that impacts on young people, for example, in the Forbes coronial, recommendation 54 (iii) stated that “the Director–General for the Department of Health introduce an adolescent health service within NT Department of Health”¹⁷. This initiative is being progressed through the Acute Care Division within DHF.

For example – Victoria Child and Adolescent Mental Health Service

Victoria’s Child and Adolescent Mental Health Service (CAMHS) supports children and adolescents with mental health issues including those experiencing more complex and severe problems. CAMHS also play a lead role in promoting quality mental health responses in other sectors.

www.health.vic.gov.au/mentalhealth/camhs/index.htm

[Child and Adolescent Mental Health Services \(0-18 years\) Click here for more detailed information on CAMHS and service location](#)

Recommendations

11. That the NT Government, in partnership with the Australian Government, provides significant additional investment to strengthen the provision of

¹⁷ Cavanagh, G (SM)., (2009), *Inquest into the death of KF*, p 21.
<http://www.nt.gov.au/justice/courtsupp/coroner/documents/A00852006Forbes.pdf>, 26/04/10.

evidence-based prevention programs and more effective early intervention services across the Territory to ensure:

- a) appropriate coverage of evidence-based home visiting services for infants and young babies, particularly in remote communities where the standard of living can impact significantly on infant life mortality rates and live birth weights;
 - b) culturally appropriate parenting education programs are universally available and actively targets young parents;
 - c) family support services are available to support children and parents, particularly those where a low level notification has been made in relation to harm or neglect and where family reunification plans are in place;
 - d) accredited training programs are available in every regional and remote community to skill local people in the provision of family support programs;
 - e) Indigenous non-government service providers are able to grow their capability over time to auspice a range of family support programs in a sustainable way; and
 - f) targeted programs, involving an appropriate therapeutic component, are readily available to support high risk groups such as children with a disability, young people taking on carer roles, homeless young people, children with challenging behaviours and children of parents with mental illness.
12. Develop and resource an NT-specific research agenda into child, youth and family support issues to inform future service design, development and integration of services. Due to the broad range of individual and family needs that are targeted through the integration of services, it is important not to unintentionally minimise the effectiveness of prevention activities. As such, a critical assessment of the extent to which services that focus on preventing child maltreatment can be effectively delivered via integrated service models will need to form part of this research agenda.

b. A commitment to new, integrated service models

Issues

Investment and delivery in services and programs that target child abuse, maltreatment and neglect across the NT lacks a framework and continues to be poorly coordinated across government.

In February 2010, NTFC sought to build a more coherent picture of the range of services that contribute to child wellbeing and safety being delivered by government agencies. This mapping exercise was conducted through the Interagency Child Protection Policy and Planning Working Group and while not exhaustive (see Attachment D), it demonstrates that a vast range of programs are being delivered across the NT in varying degrees of maturity, and that integrated service models would assist with coordinating the delivery of these programs in a managed way to children and families.

Evidence

Benefits of an integrated service model include easier access to services; efficiency in service delivery; higher parent satisfaction with services; improved wellbeing and quality of life; and greater parental engagement with children¹⁸.

Early interventions can be delivered to children and families in a variety of ways, for example, some services are delivered in a family's home ('home-visiting programs'), while other models of service delivery centre or community-based (such as parent education programs, and school-based early childhood education programs).

Integrated services should ensure greater accessibility to families and prove more responsive to child and family needs; they can include virtual coordination and collaboration of service delivery without amalgamating or co-locating.

The problems many families face are complex, particularly disadvantaged families in remote communities. These families often require a multi-disciplinary, multi-service approach to address their needs. Addressing only one issue affecting families does not provide any long-term benefit and can increase negative outcomes, such as loss of confidence in parenting ability or frustration in not having needs met.

The Western Australia Aboriginal Child Health Survey found that the three leading factors associated with high family stress are:

- the total number of neighbourhood problems reported by the child's primary carer;
- issues of cultural affiliation and acculturative stress; and
- high levels of family financial strain.

To address the complex issues many NT families face, service integration and collaborative action is required at several levels, as noted earlier in this submission. At each level, some of the key issues are:

- Whole of government: this can be the most difficult to achieve when departments become protective of their own budgets and resort to 'core business' definitions without seeing the whole picture. The most effective way to counter this is to identify a lead agency to set policy direction and

¹⁸ Policy Brief No 17, (2009) *Integrating Services for Young Children and Their Families*, www.rch.org.au/ccch/policybriefs.cfm

accountabilities. Reforms should include both public and private services and consider funding, reporting and regulatory requirements;

- Regional or subregional level: examples of this focus are Communities for Children program:
www.fahcsia.gov.au/sa/families/progserv/communitieschildren/Pages/default.aspx
Every Child Matters program in the UK: www.dcsf.gov.uk/everychildmatters/; and
- Service delivery level: collaboration can range from being physically close to another organisation but operating quite separately to amalgamating to establish a new organisation (full integration).

New integrated models of service delivery that seek to support and engage children and families will need to build on existing policy initiatives across the NT, for example COAG Reforms such as Child and Family Hubs and trialling improved integration in Territory Growth Towns. Critical issues affecting the viability of any integrated service model will be the capacity of government and the NGO sector to recruit and retain a local workforce.

DHF appreciates that no single service delivery model is accepted as best practice and that any integrated model will need to have sufficient flexibility to be tailored to meet community needs, and priorities.

The Way Forward

Immediate steps can be taken to improve coordination and integration of services to vulnerable children and families within DHF, as well as across government and with the NGO sector. For ease of reference, these are broken into internal and external integration.

a. Internal integration

The Health Services Division in DHF has a potentially strong role to play in various aspects of partnering in the delivery of child protections services, particularly in prevention, and in treatment of associated health conditions. Significant investment is required to provide for the strategies detailed below:

1. Delivery of population-level programs designed to reduce the risks of child maltreatment and neglect:
 - parenting support programs;
 - nutrition programs; and
 - other infant and child health services.
2. Delivery of programs which focus on supporting families 'in need' (whether from lack of support or lack of capacity in children's caregivers) where children may subsequently become at risk of maltreatment.

In such family situations, available evidence indicates that some early intervention support programs, better care management and sustained nurse home visiting can reduce the risks of maltreatment for children, as well as improving other outcomes.

3. Identification and reporting of children at risk of, or suffering from, maltreatment or believed to be in need of care.

By virtue of their close interaction with new mothers and fathers, as well as in their roles monitoring the growth and development of infants/children, health workers play a key role in the early identification of children living in families 'at need', who may benefit from structured early intervention and support programs, as well as the identification and reporting of children in families where there is significant risk of maltreatment.

4. Provision of services that respond to the needs of children identified to be at risk of maltreatment and neglect, or in need of care. These services include:
 - assessment and confirmation of any maltreatment and neglect (including documentation);
 - provision of clinical care to address identified health issues;
 - provision of programs such as counselling to reduce the risks of adverse psychological outcomes from maltreatment;
 - monitoring of children's health and development if mandated by courts. This role could be enhanced by the development of system-level designated case managers who would support clinical staff in managing high risk clients; and
 - delivering programs to address specific causative factors in parents, who may have mistreated their children. These may include drug and alcohol services, mental health services and services for parents with intellectual disabilities, as indicated by specific instances.

DHF can provide improved prevention, recovery and support services through clearer linkages across DHF services by:

- ensuring that Primary Health Care (PHC) providers work systematically to help prevent child sexual abuse;
- improving internal linkages and communication about children at risk;
- improving focus, linkages and partnerships with family support NGOs working in communities;
- ensuring that NTFC, PHC providers and NGOs work systematically to provide recovery and support services after child sexual abuse has occurred; and
- improving the coordination of medical services to child sexual abuse victims by public hospitals.

b. Integrated service models across government and NGO sector

Integrated, placed based service models that respond to children’s and families needs in a coordinated, non stigmatised way will be a critical vehicle for the delivery of the improved services and support outlined in this submission.

DHF are engaging with the Department of Education and Training to explore the viability of extending the reach and focus of Indigenous Child and Family Hubs to include a suite of family support services that can meet the needs of children and families across the life cycle. An integrated service model will be underpinned and informed by community planning and consultation processes that include identifying key stakeholders to be involved in the service’s design and operation.

A conceptual map of the fundamental tenets of an integrated service model that delivers a multidisciplinary and multi agency approach is at Attachment I.

Examples of integrated service delivery focused on educational outcomes and youth support can be seen across Australia. One such example is the flexi-learning centre in Cairns.

Case Example: An Education Focused Collaborative Response – Cairns Flexi-Learning Centre

- The FLC program is how Cairns Coastal District delivers support for students in the ‘red zone’ with complex and challenging behaviour;
- The FLC operates as an inter-disciplinary intervention team, working with the student, their family and the school. Other government and non-government programs are co-located at the FLC site;
- FLC programs can range from individual therapy, family therapy, group work, intensive parenting programs, PD for staff at schools (including Essential Skills for Classroom Management, School Wide Positive Behaviour Support, social skilling, and profiling;
- The FLC team is made up of social workers (four including manager FLC), Psychologists (two), Guidance Officer (one), Regional Project Officer (one), youth workers (two), PLC (two teachers and two teacher aides), Students with disabilities (one teacher, one teacher aide), Alternative education programs (three teachers) and seven teachers;
- Also on site are Centacare with the Cairns Youth Mentoring Scheme (two staff who match young people to adult mentors);
- FLC helps with weekend training of adults who are suitable as mentors in young peoples lives and Vocational Partnerships Group (10 staff. VPG help students into traineeships, get set for work programs, apprenticeships, etc); and
- A Child Safety Officer sometimes works from the office and collaboration is occurring with Child and Youth Mental Health about a joint working proposal.

Principles and agreed ways of working will form a core element of any integrated service framework. DHF proposes that a set of principles are developed, and agreed to, by NTG agencies and NGOs that spell out collaborative practice, integrated service provision and information sharing to underpin government activity and define accountabilities. Building on the need for an overarching commitment to

client-centred responses and community-owned solutions, the interagency approach is not suggesting a one size fits all model but rather one that is flexible and robust enough to respond adequately to changing and locally identified needs.

NTFC have an important role to play with FaHCSIA, local shires, NGOs, Health and other NTG agencies in the planning and implementation of services in the 20 Growth Towns. The development of Local Implementation Plans provide an ideal opportunity for collaborative planning and integrated service delivery in remote communities. In accordance with the COAG Building Blocks – the two areas of most relevance are:

Safe Communities: *Indigenous people need to be safe from violence, abuse and neglect. Fulfilling this need involves improving family and community safety through law and justice responses (including accessible and effective policing and an accessible justice system), victim support (including safe houses and counselling), child protection and also preventative approaches.*

The outcomes for Safe Communities are:

- Indigenous children and families are safe and protected from violence and neglect in their home and communities;
- alcohol and other drug abuse among Indigenous people is overcome; and
- breaking cycles of criminal behaviour and violence normalisation.

Early Childhood: *For an equal start in life, Indigenous children need early learning, development and socialisation opportunities. Access to quality early childhood education and care services, including pre-school, child care and family support services is critical.*

The outcomes for Early Childhood are:

- Indigenous children are born and remain healthy;
- Indigenous children have the same health outcomes as other Australian children;
- children benefit from better social inclusion and reduced disadvantage, especially Indigenous children;
- quality early childhood education and care supports the workforce participation choices of parents in the years before formal schooling; and
- Indigenous children acquire the basic skills for life and learning Indigenous children have access to affordable, quality early childhood education in the year before formal schooling as a minimum.

Recommendations

13. That an interagency system be developed to provide integrated end-to-end services that address and respond to the changing needs of children, young people and adults rather than only focus on a specific cohort.
14. That clearly defined outcomes expected from improved integration of services are identified, agreed to and reported upon, particularly for services targeting children and families who have and continue to suffer from maltreatment.
15. That additional resources are provided to support local, place-based community engagement, consultation and planning and systemic implementation of service integrations spanning health, acute, education, NTFC program areas and non-government providers including:

- a. Strengthening the family support components of existing government initiatives, such as Indigenous Child and Family Centres and the Birth to Jobs Colleges, in order to provide a range of child and parenting support activities and deliver an integrated service informed by community priorities.
- b. Examine the potential of trialling Indigenous Child and Family Centres as an integrated service model which could operate from one facility and be complemented by outreach capacity or across a number of services within the community, such as:
 - i community engagement and capacity building;
 - ii family support and early intervention;
 - iii intensive family support;
 - iv advocacy and advice; and
 - v out of home care service and support.

This model is based on the Aboriginal and Islander Child Care Agency model (AICCA) developed by the Secretariat of National Aboriginal and Islander Child Care (SNAICC), though not necessarily restricted to Aboriginal families.

- c. Develop and implement tools and resources to promote local level service integration via community planning, for example, referral processes and protocols; information sharing protocols, policies and procedures; joint planning tools/templates; and training and support in data analysis and evaluation – to understand needs of local families and identify appropriate responses and resource requirements.

c. Information sharing in the best interest of the child

Issues

Poor information sharing practices, including personality based information sharing and a reluctance by organisations to exchange information due to doubts about the lawfulness of sharing certain information, hinders service provision to vulnerable children and families.

Children and families will continue to 'fall through the cracks' if these types of practices and silos continue to fragment service provision and support to those most in need.

Evidence

Sharing information is critical to effective service provision that relies on relevant information being available. The proposed reforms to the NT's care and protection system outlined in this submission focus on a raft of service design development and delivery changes, which include:

- expanding the suite of family support services available across the universal, secondary and tertiary spectrum to children and families;
- extending the role of NGOs in the delivery of the NT's care and protection system, including consideration of how this might include intake, assessment and referral responses, coupled with increased capacity to deliver tertiary interventions to children and families with complex needs; and
- examining integrated service models that will require government agencies and NGOs to work differently between and with each other, as well as children and families, to coordinate and deliver a range of family support services.

These changes are dependent upon effective information sharing provisions and practices.

DHF understands that vulnerable families will often have a range of complex needs that require assistance from more than one agency, and information needs to be shared for these agencies to work effectively together.

It is also important that any changes to information sharing among government agencies and NGOs respects the needs of children and young people in the process. This includes delivering services in a way that does not require children and young people, or their carers, to relive traumatic and distressing experiences, on multiple occasions and sometimes unnecessarily.

Information sharing can also help identify cumulative harm from a combination of factors and/or over time when information can be combined from multiple sources to create a more complete picture about the child or young person's circumstances.

The Way Forward

A significant cultural shift in how government agencies, and NGOs, share information about the needs of vulnerable children and families is required. On 25 February 2010, when NTFC convened a workshop with the Interdepartmental Child Protection Policy and Planning Working Group, it included discussion about the need for whole of government information sharing principles in order to obtain the best outcomes for vulnerable families. There was significant support for formalising a set of principles in

order to eliminate cultural practices that inhibit information sharing across agencies. The principles below formed the basis of that discussion:

a. All children, young people and families

- Sharing information should be seen as a preventative measure, and not only undertaken in instances of imminent abuse and neglect.
- Children and young people have a right to safety and access to services that must co-exist with their own and other people's right to privacy.
- Respecting cultural difference means having the same aims for people's wellbeing and safety and finding appropriate ways of achieving them.
- An adult's wellbeing needs must not compromise a child's right to safety and wellbeing.
- Communities, agencies and government departments need to understand their roles and legal responsibilities in sharing relevant information and reporting abuse and neglect.

b. Vulnerable children and families

- Agencies that have responsibilities for children or young persons should be able to provide and receive information that promotes the safety, welfare or wellbeing of children or young persons.
- Organisations should be honest and open from the outset with clients (and/or their family where appropriate) about why, what, how and with whom information will, or may be shared.
- Information may be shared without consent, if it is necessary for an organisation to make a decision, assessment, plan or investigation relating to the safety, welfare or wellbeing of a child or young person.

c. Children in need of care and protection

- The needs and interests of children and young persons, and of their families, in receiving services relating to the care and protection of children or young people take precedence over the protection of confidentiality or of an individual's privacy.

Issues that require further consideration include:

- consent versus mandated sharing of information;
- who should be involved in authorised sharing of information in an expanded family support system; and
- how this can be most effectively achieved.

DHF believes that in order to equip both government and NGOs to fully participate and partner in the delivery of care and protection services across the full continuum of care, legislative changes are needed to facilitate these arrangements. This is not dissimilar to changes occurring in other Australian jurisdictions.

The intention of the proposed changes are to enable key service providers to have an earlier role in promoting the wellbeing and safety of children and young people rather than when care and protection is legally triggered by suspected concerns about harm, abuse or neglect.

Sharing information with agencies much earlier can include the use of comprehensive assessment of a child's situation by using a common assessment framework across a multidisciplinary, multi agency approach to providing intervention and support.

Legislative Framework

The legislative framework governing the collection and handling of information relating to the safety, welfare or wellbeing of a child or young person in the Northern Territory comprises the *Care and Protection of Children Act*, the *Information Act*, and the *Privacy Act 1988 (Cth)*. The *Care and Protection of Children Act* contains provisions authorising the disclosure of information in connection with performance of a function under that Act. Other provisions prohibit the inappropriate publication of details relating to young people in care.

The *Information Act* contains Information Privacy Principles (IPPs) applicable to all NT public sector organisations. While IPP governs the use and disclosure of personal information, it contains many exceptions that would make the disclosure of information in the interests of the safety, welfare or wellbeing of children lawful in many circumstances.

The *Privacy Act 1988 (Cth)* contains IPPs that apply to Australian Government departments, and the National Privacy Principles that apply to businesses with a turnover of \$3 million or more per annum and to health service providers. These sets of principles both contain exceptions similar to the NT IPPs that would mean that the use and disclosure of information required to care for and protect children and young people is lawful in most cases.

Notwithstanding the technical legal position, the general perception remains that legislative provisions restrict the ability of NTFC staff to disclose personal information about children and their circumstances to others inside and outside NTFC, and to exchange information with other organisations. Part of the reason for this is that the legislative provisions are complex and often require each fact situation to be assessed individually. As a result, clear answers on issues of information sharing for staff can be elusive. The NSW Report of the Special Commission of Inquiry into Child Protection Services stated:

*The complexity of the legal and administrative framework governing the exchange of information is such that, once each of the various sources has been examined, it is still not possible to formulate any general rules as to when the exchange of child protection information will be lawfully permitted. Whether a particular exchange is lawful will depend on the circumstances of the exchange, the content of the information that is being exchanged, the agencies between which the information is being exchanged, and sometimes on whether consent has been obtained from a person who is the subject of that information.*¹⁹

This comment applies equally to privacy and information law in the Territory.

The Australian Law Reform Commission (ALRC) stated:

*Information sharing opportunities, which are in the public interest and recognise privacy as a right to be protected, should be encouraged. Rather than preventing appropriate information sharing, privacy laws and regulators should encourage agencies and organisations to design information-sharing schemes that are compliant with privacy requirements or, where necessary, seek suitable exemptions or changes to legislation to facilitate information-sharing projects*²⁰.

¹⁹ Woods, J., (2008) *Report of the Special Commission of Inquiry into Child Protection Services in NSW*, pg 997

²⁰ Australian Law Reform Commission, (2008) *For Your Information: Australian Privacy Law and Practice*, p 510.

The NSW Law Reform Commission made similar observations in its consultation paper "Privacy Legislation in NSW", stating:

It is obviously essential to have a simple and practical system for the exchange of information between agencies that promotes the safety, welfare and wellbeing of children²¹.

While the privacy schemes and the *Care and Protection of Children Act* already contain provisions for government and non-government child protection organisations to use and disclose personal information where necessary and in good faith for the safety, welfare and wellbeing of children, it is apparent that more needs to be done to overcome the prevailing culture and facilitate the sharing of information in practice. The extent of concerns among NTFC staff and staff of other organisations that they may be committing an offence or be in breach of ethical strictures, the misunderstanding about privacy law, and the long-standing barriers to information exchange, make maintenance of the status quo impractical.

Amending the *Care and Protection of Children Act* to incorporate provisions that, in simple terms, facilitate information sharing between government and NGOs concerned with caring for children and young persons appears the best solution. The NT and Commonwealth privacy laws already contain provisions allowing the use and disclosure of personal information where "authorised or required by law". Therefore it is considered unlikely that there would be any requirement to amend the *Information Act* itself.

There may be some legitimate concern about the need to make this amendment to the *Care and Protection of Children Act* fairly broad in scope. That is, the amendment will need to allow some discretion for the child protection officer on when and how information is shared. While DHF acknowledges this concern, it also considers that the risk to children and families of service providers and child protection agencies by not having necessary and timely information overrides any general privacy concerns.

The alternative to legislation is to work through a complex and possibly time consuming process of adapting the current *Information Act* provisions and principles to the exact information that is to be shared. This will require a level of detailed work that will be onerous and expensive and does not guarantee delivery of a simple and workable solution to the issues raised in child protection.

The amendments to the *Care and Protection of Children Act* should include a statement of principle, making it clear that organisations responsible for the safety, welfare and wellbeing of children are expected to communicate with other organisations with the same responsibilities. The amendment should address the issues identified in the NSW Report of the Special Commission of Inquiry into Child Protection Services²², with suggested amendments as below:

- that agencies involved in safety, wellbeing and welfare of children should be able to share information, without requiring NTFC to act as a intermediary, where the information is required to promote safety, welfare and wellbeing of any young person;
- that the amendment include a statement of principle that agencies with significant responsibilities in the safety, wellbeing and welfare of children are expected to share information;

²¹ New South Wales Law Reform Commission, (2008), *Consultation Paper 3 Privacy Legislation in New South Wales*, p 6.

²² Woods, J., (2008) *Report of the Special Commission of Inquiry into Child Protection Services in NSW*, p 998-999.

- that the exchange of information between government and NGOs should be on the basis that a person reasonably believes that the information exchange would assist another organisation to make a decision, assessment, plan or investigation relating to the safety, welfare or wellbeing of a child or young person;
- that the information exchanged must not be used or disclosed for any purpose that is not associated with the safety, welfare or wellbeing of a child or young person and appropriate thresholds should exist for this purpose and to ensure that untested or unverified information is not given any further exposure than is necessary for child protection purposes;
- existing protections from civil and criminal liability and ethical requirements should be preserved for those exchanging information in accordance with the amended legislation;
- that information about notifiers, and about suspected perpetrators of offences, should be provided to Police where the information would assist Police to investigate possible offences against a child or young person;
- that Police should be able to supply information concerning their investigations into offences involving the abuse of children and young persons to appropriate government and NGOs; and
- that teachers and school principals should be able to exchange information with NTFC staff and other relevant organisations where there are ongoing concerns about the safety, welfare and wellbeing of students including where students have moved schools.

Recommendations

16. That the *Care and Protection of Children Act* be amended to:
 - a) Permit and encourage the exchange of information between child protection, education, health, housing and justice agencies, and between such agencies and the non-government sector, where that exchange is for the purpose of making a decision, assessment, plan or investigation relating to the safety, welfare and wellbeing of a child or young person; and
 - b) Provide that to the extent provisions are inconsistent, that the *Information Act* should not apply.
17. That where agencies have Codes of Practice in accordance with privacy legislation, their terms should be consistent with this legislative provision and consistent with each other in relation to the discharge of the functions of those agencies in the area of child protection.
18. That cross government agreement be reached regarding information sharing principles to guide development of legislative amendments and inform practice changes.
19. That operational guidelines be developed through a cross government agreement to ensure all NTG staff impacted by the legislation changes are clear about the implications for their daily practice.

Section 3

Strong and sustainable workforce and systems

- a. Workforce planning – demand management and resource allocation
- b. Attraction and retention
- c. Training, supervision and career pathways
- d. Information technology

a. Workforce planning – demand management and resource allocation

Issues

DHF has no resource allocation model to undertake workforce modelling and analysis across occupational groups, or a workload measurement system to link workforce planning to service planning.

Historically, annual budgets are distributed based on previous year allocations while new funding is generally allocated based on known or identified need.

This historical approach to funding allocations has not and can not account for the complexity or intensity of work undertaken by child protection staff in different locations, or provide a mechanism to determine an appropriate allocation that will standardise case loads, and account for the range of caseload complexity or the actual cost of service delivery, including office space, child and staff accommodation, vehicles and administration costs.

Evidence

Other Australian jurisdictions have and are progressing significant reform in the area of resource allocation methodology across their care and protection systems as part of broader workforce and systems reform. This reform includes establishing benchmark caseload ratios to inform appropriate staff levels and improve retention rates through setting and implementing manageable workloads in addition to a raft of other workforce reforms, and calculating the cost of service delivery to inform future funding and resource allocation.

The Way Forward

Adopting a resource allocation methodology in the NT will enable Government to effectively and efficiently calculate, manage and respond to the cost of service delivery, as a critical component to workforce planning and demand management. Preliminary work is underway to establish base costs of delivering care and protection services across the NT. Further detail regarding caseload allocations can be found in section 4a.

While these figures still require validation, it is estimated that the direct cost of delivering child protection services to remote communities is 2.01 times more than the cost of delivering a child protection service in an urban centre. When indirect costs, including transport and accommodation of children and family members are factored in, it is estimated that delivering child protection services to remote communities can cost from three to four times more than delivering services in urban centres.

It is expected that all caseload allocations developed by NTFC will require a similar cost differential.

Any resource allocation methodology adopted in the NT will need to be informed by the organisational structure of the Department, and account for how work is allocated, performed and managed. To do this, the ratio will need to reflect how work is distributed, which positions are responsible for case management and the administrative cost of delivering services, for example, professional staff need to be supported by administrative staff who manage the day to day running of an operational office. Calculating the true cost of service delivery site by site will also

provide new opportunities to monitor and enforce efficiency improvements where possible.

In addition to calculating service delivery costs, an important component of demand management that will need to be included in a resource allocation methodology is a means to calculate the indirect costs of providing support services to all staff, such as administration of IT systems, Human Resource (HR), and industrial relations services. At present, there is no methodology and the current rudimentary calculations of staff on-costs only extends to direct expenses such as computers, phones, and office space. A resource allocation methodology across DHF that incorporates indirect staff on-costs will be critical to informing the real additional resources required to both attract and retain staff.

As staff numbers grow, so does the need for additional office, child and staff accommodation. Through the implementation of a resource allocation methodology, the need for expanded staff and child accommodation will be known in advance and steps can be taken to manage growth and allocate resources based on evidence-based need.

Data is also being gathered to better understand the tools required for caseworkers to support effective and efficient decision making and work practices. These tools include, but are not limited to mobile phones, laptop computers, wireless modems, and the ratio of motor vehicles to caseworker.

Recommendations

20. That a transparent resource allocation methodology for care and protection services is developed, funded and implemented across DHF.
21. That indirect on-costs of employing and retaining staff are incorporated into a resource allocation methodology to ensure the real cost of support staff and services are adequately resourced, for example, a formula would need to factor in staff turnover, maturity of the workforce and supervision needs.
22. That relevant key agencies, such as NT Treasury and Office of the Commissioner for Public Employment, are consulted and engaged in the scoping and implementation of a resource allocation methodology.
23. That a comprehensive change management process is developed that ensures the systematic and coordinated planning, resourcing and implementation of related system reforms to Information and Communications Technology, accommodation requirements and human resources.
24. That an approved resource allocation methodology is used to establish the true cost of service delivery for the NGO sector, and that the methodology underpins future service contracts.

b. Attraction and retention

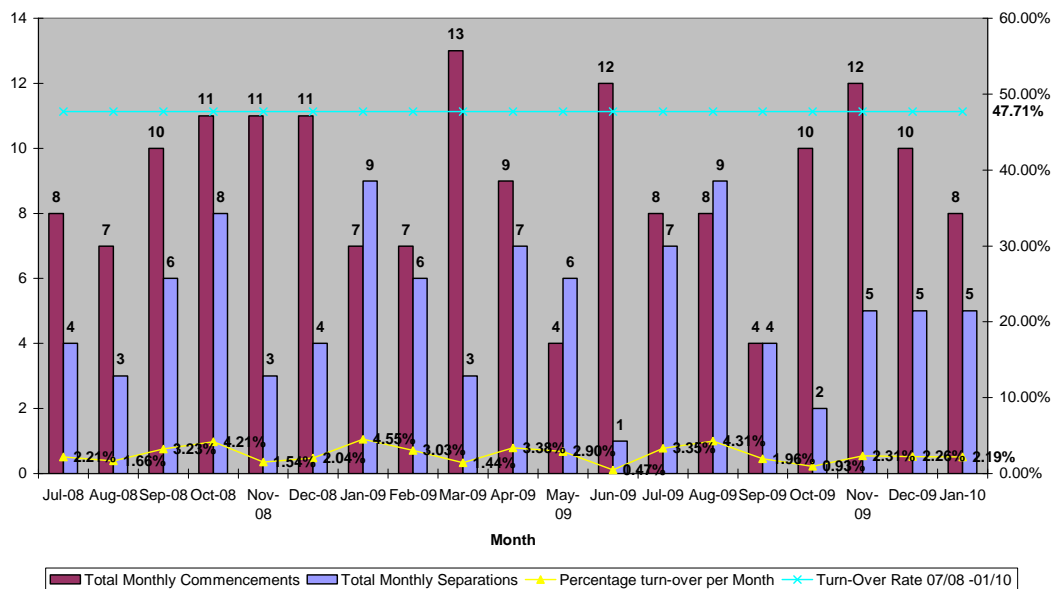
Issues

Attracting and retaining skilled and experienced child protection staff, both in the professional and non professional workforce, is the single biggest issue for the NT's care and protection system.

While workforce development is a strategic priority for most other jurisdictions nationally and internationally, the specific challenges of working in the NT are compounded by distance, geography and complexity of client needs. The NT's child protection workforce is characterised by high staff turnover, unsustainable workloads, high absenteeism and burn out, as reflected in the statistics below. This is further compounded by a high cost of living.

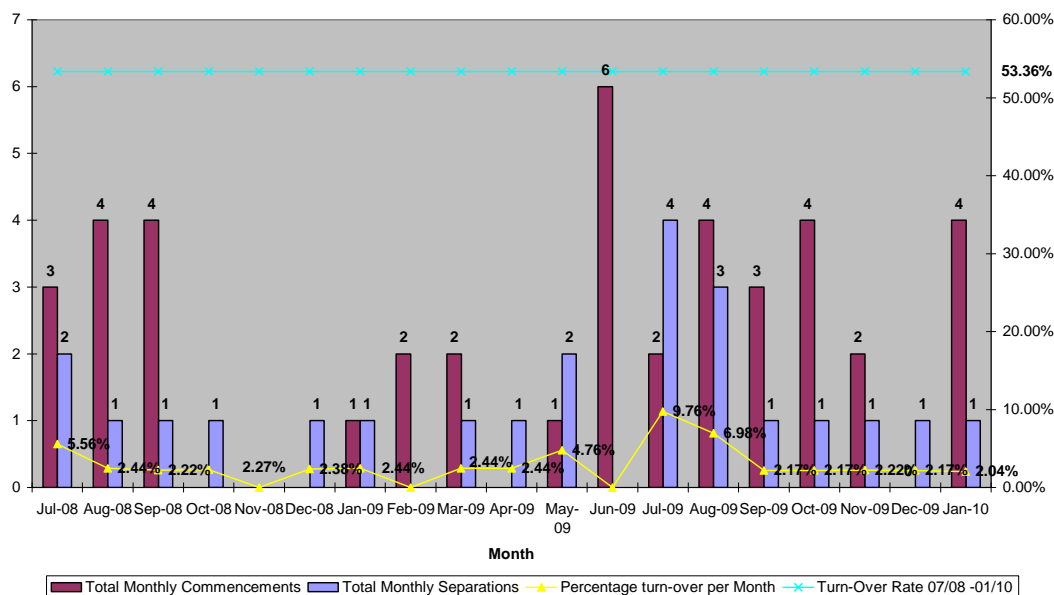
Graphs 4 and 5²³ below outline the trends in staff turnover for the NT's child protection and out of home care workforce.

Graph 4: NTFC Child Protection Services – Turnover Data 07/08-01/10



²³ Data reflected in these graphs are derived from monthly Personnel Integrated Payroll System (PIPS) data which is the payroll system used across the NTG, administered by the Department of Business and Employment.

Graph 5: NTFC Out of Home Care – Turnover Data 07/08-01/10



It should be noted that these graphs do not reflect the number or frequency of staff transfers that occur both across and within Divisions of DHF; the graphs only capture staff entering and exiting the Department with respect to the Child Protection Services and Out of Home Care Branches. Consequently, the number and frequency of staff leaving these program areas is much higher than reflected above.

Attracting and Retaining Staff

NTFC established a Recruitment and Retention Working Group following an internal Quality Summit in April 2009. This Working Group is developing a strategy for reducing staff turnover and increasing success rates from recruitment campaigns.

NTFC has increased its use of a range of recruitment agencies as well as conducting a national bulk recruitment campaign targeting Professional Level 1 and Professional Level 2 Child Protection Practitioners in September 2009. At January 2010, nine permanent appointments were made following this campaign; however these were predominately existing staff who were formerly employed on temporary contracts. Another bulk recruitment round is in progress and will be completed in April 2010.

In 2009 NTFC advertised vacancies 73 times, some vacancies were bulk advertised or advertised more than once. Forty-four of these advertisements related to child protection positions, other positions advertised related to Family and Individual Support Services, Policy and System Support, and Youth Services.

While work is progressing, the existing suite of workforce development policies and guidelines are not fully implemented. Operational staff often experience difficulty in accessing and implementing policies due to high workloads and an inability to access flexible work arrangements due to increasing work demands.

Creating job satisfaction and resolving many of the staff retention issues is not only about moving to manageable workloads. Job satisfaction for staff will occur when there is quality supervision of staff, when they feel they have the capacity and supports to fulfil their job at a professional level, when they are growing in their professional knowledge, and when high standards of case planning and client support can be implemented as a rule, not an exception. Staff need support to move

beyond a culture of attempting and often failing to meet minimalist legislative and policy compliance.

Cost of Living

The lack of accommodation for staff in regional centres such as Alice Springs, Katherine and Tennant Creek, and remote communities, continues to be one of the most intractable issues for DHF in being able to attract and retain staff.

The cost of living across the whole Territory, especially housing costs is given as one of the key reasons for staff leaving, especially when they can easily find alternative employment in other Australian jurisdictions.

For the Territory to become a preferred place of employment, staff need to be offered an equitable financial footing to NTG employees in other government departments, such as NT Police and teachers working in remote areas.

Human Resource Capacity to Support Staff

NTFC has serious resource deficiencies across a spectrum of support areas, including the need for additional HR consultants. There is no 'best practice' ratio for the support framework for operational staff across the NT Public Service, however DHF's collective experience shows that for organisations up to 1000 employees, the total people-related service ratio should be around 1:100 (this is derived from a consultancy based matrix model of service provision where managers have primary responsibility for staff management).

DHF's lack of support capability is coupled with longstanding, unfilled positions in units created to support learning, skill development and good professional practice, such as the Workforce Development Unit.

Position Assessment and Evaluation

The organisational structure within most NTFC Offices has remained unchanged for many years. The Job Evaluation System requires that positions be re-evaluated every four to six years, positions in statutory offices have not been re-evaluated since introduction of the Professional stream in the 1990s.

The Job Evaluation System is relational so unless the management levels changed, operational roles cannot be evaluated at levels higher than the manager positions. This is a real issue for many offices and also creates limited career pathways for staff.

Remote Health Staff

Remote Health maintains a strong focus on recruitment and retention of staff through membership on various workforce groups within the Department and NT that have identified recruitment and retention of staff as a key focus area.

Not dissimilar to the child protection workforce, recruitment and retention of qualified and experienced staff in primary health care service delivery is a national issue. In recent years, the average age of Remote Area Nurses has increased to 46 years, coupled with an ageing Aboriginal Health Worker workforce, which is also compounded by high morbidity rates.

The retention of Aboriginal Health Workers is exacerbated by increased stress associated with the increasing numbers of after hour's call-outs. There has been a decrease in the number of graduates, and the standard of literacy and numeracy of

school graduates is often not adequate to progress directly into tertiary or VET studies.

Remote Health continually struggles to fill all of its positions with suitably qualified staff, particularly in the more remote areas of the NT.

Evidence

Western Australia's Department for Community Development Annual Report 2008-2009 indicated that new workforce reforms regarding recruitment of qualified and suitably experienced staff was showing strong signs of success. The report highlights that pool recruitment campaigns resulted in front line service vacancies being significantly reduced from 20 per cent in July 2008 to 7.2 per cent in June 2009. This was further strengthened by positive results from targeted recruitment campaigns in New Zealand and other countries.

While DHF also undertakes pool recruitment and national and international recruitment campaigns, this needs to be coupled with a workforce development strategy.

The Way Forward

Components of the workforce development reform that DHF needs to progress to address the issues articulated above are explicitly supported in the National Framework for Protecting Australia's Children 2009-2020.

Section two of the National Plan, Building Capacity and Expertise, notes the need to 'support the education, professional development and retention of the child protection and welfare workforce, including a focus on enabling the Indigenous workforce to be actively involved in tertiary child protection.'²⁴

DHF sees the current Inquiry into the NT's Child Protection System as an opportunity to progress a more expansive view of the professionals and services required to underpin the directions set out in this submission. In particular, DHF supports a 'broader human services definition of 'workforce' to look at the ways that professionals in a range of fields can contribute to the protection of children'²⁵.

These national priorities are consistent with DHF's wants and needs.

Expanding the Suite of Attractions and Retention Strategies

On 19 January 2010, the Coroner's decision in the Melville case was handed down and explicitly recognised the essential and imperative work performed by child protection workers. The decision stated '... it has taken many years for Police Officers to be properly resourced with administrative staff so that they can carry out their core duties. There is no reason why child protection workers whose jobs are equally important to Police should not be similarly resourced'²⁶.

²⁴ Council of Australian Governments (2009), 'Appendix A: Current initiatives and reforms', *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020*. Commonwealth of Australia, Canberra, p 15.

²⁵ Council of Australian Governments (2009) *ibid*.

²⁶ Cavanagh, G (SM), (2010), *Inquest into the death of DLM*, para 250, http://www.nt.gov.au/justice/courtsupp/coroner/documents/D01092007Melvillesuppressed_000.pdf

DHF also holds the view that work undertaken by child protection workers is of equal weight and value to that of Police in contributing to community safety, especially in remote and regional communities with underdeveloped service systems. As such, a comparative level of investment in attraction and retention strategies needs to be tailored, adequately resourced and sufficiently competitive to better recognise the critically important work child protection staff perform across the NT, on par with Police, Fire and Emergency Services.

Below are some examples of allowances and incentives that indicate the type and extent of reform required to resource the NT's future child protection workforce.

Example – Remote Area Incentive Scheme: Attracting and Retaining Quality Staff

It is proposed that a new workforce reform strategy be developed that will allow all high performing team leaders, managers and senior managers to benefit from a four year performance based incentive scheme. It is suggested that NTFC and FaHCSIA negotiate joint funding through a formal Child Protection focused National Partnership Agreement.

A performance based agreement would then be conditional on meeting performance based standards outlined in a contract with the Chief Executive and could include incentives such as:

- significant cash bonus each year of successful full time employment;
- an additional cash bonus for those managers and team leaders who work the full four year term and meet the performance standards outlined in their contract; and
- ten weeks in 'other duties' at the culmination of four years full time employment which includes up to five weeks professional development, and five weeks mentoring other staff.

Staff on individual performance agreements will need to meet performance standards as negotiated in their contract, which may include practice standards such as quality supervision of staff, achieving stated client outcomes and compliance with both policy and legislation, in order to receive the incentives. It is proposed that existing staff be eligible to access this scheme through a merit-based process, this would involve competing for designated positions, and if successful, opting to be employed on a performance-based contract, or general contract.

Example – Cost of Living: Easing the Housing Burden

DHF is also proposing that a range of housing subsidies are explored as part of a suite of incentives for all child protection staff, similar to the arrangements that exist for NT Police members. This includes an annual housing allowance of \$19,000, or a rental subsidy, both of which are adjusted using the median of the Real Estate Institute of Australia and Australian Valuation Office rates.

Building a New Child Protection and Family Support Workforce Development Strategy

In line with other reform areas identified in this submission, DHF needs to develop an innovative workforce development package that substantially boosts investment to attract and retain our care and protection workforce.

Specific components of a new attraction and retention agenda include:

- creating a culture of high performance and excellence - this includes driving a performance agenda where there are clearly articulated outcomes, high expectations of all staff, realistic staffing levels and workloads and access to meaningful training opportunities that focus on working more effectively;
- valuing and continuing to develop existing professional staff;
- increasing the number of qualified staff including local Indigenous workers, for example, ensuring all caseworkers are supported to gain tertiary qualifications;
- building career pathways that includes structured transition for non professional staff into the professional stream;
- developing and delivering strong leadership and direction across priority areas;
- exploring incentive based employment arrangements to improve the Department's capacity to attract and retain experienced team leaders and managers, particularly in regional and remote locations;
- developing a strategy that 'Grows our Own', including an Indigenous employment strategy focused on building the NT's family support service system and tertiary child protection services – the initial focus for this could be on Territory Growth Towns;
- exploring ways to improve staff exposure to different work environments, with varying client groups and professionals, for example, rotating positions on a quarterly or six monthly basis across NTFC Offices; and
- undertaking role and position redesign – this includes formally evaluating some existing professional stream positions to improve parity in alignment with responsibilities and complexity of work.

Reshaping the NTFC Workforce

An important immediate step in reshaping the NT's child protection workforce is to ensure all positions in statutory offices are reassessed, this would ensure staff are paid according to their work value and standardise job descriptions across work units.

The second element of this involves exploration of alternative service models and creating specialist positions to build an appropriate staff mix to better meet the complex needs of children and families. Identification of new positions would need to be informed by a resource allocation methodology within a broader Workforce Development Strategy. Some new positions could include Practice Advisors, Indigenous Practice Advisors, Family Support Teams; therapeutic clinicians and early childhood officers.

Investing in HR Capacity

There is a critical need for improved HR capability across DHF, in particular within NTFC, that reflects a realistic HR consultant to staff ratio and accounts for the specific HR challenges unique to human services staff.

Additional HR will also enable human resources staff to participate in the design and development of recruitment and retention strategies.

Attracting the Right People

Similar to policing, statutory child protection work requires specific attitudinal and psychological attributes. Standard recruitment practices do not adequately capture these attributes resulting in some unsuitable appointments. Given the sensitive nature of the work involved in delivering statutory services, consideration should be given to alternative methods of recruitment and selection that utilise psychometric testing and other such tools to independently assess the suitability of applicants.

Psychometric testing is a common recruitment tool in many employment areas, for example, it is standard for entry into the police force, correctional services, and defence forces. The NT has used psychological testing for entry into graduate programs.

NT Police and NTFC staff in the Child Abuse Task force participate in six monthly psychological wellbeing checks, these checks are an early intervention measure designed to detect symptoms of stress, and can inform strategies to support staff manage impact of stress.

Recommendations

25. That DHF's Human Resources capability is increased to reflect a realistic HR consultant to staff ratio which includes an agreed support staff ratio for services such as HR and training.
26. That DHF develop a comprehensive, long-term Care and Protection and Family Support Workforce Development Strategy across the NTG, and in close partnership with NT Treasury and the Office of the Commissioner for Public Employment.
27. That innovative incentive and performance based attraction and retention strategies for child protection workers form part of a long-term Care and Protection and Family Support Workforce Development Strategy, and are negotiated as part of a Care and Protection focused National Partnership Agreement.
28. That DHF develop a 'Grow our Own' investment framework as part of a broader overarching NTG child wellbeing, safety and protection framework, including long-term investment in a targeted Care and Protection focused Indigenous Employment Strategy.
29. That DHF work closely with the NGO sector to ensure any future Care and Protection and Family Support Workforce Development Strategy includes consideration and consultation on workforce capability issues.
30. That attraction, retention, real cost strategies and workforce modelling is undertaken in consultation with the NGO sector and forms the basis of future service plans and contracts.
31. That DHF and relevant NTG agencies which employ human services staff explore the use of psychometric testing as part of more targeted recruitment strategies and the use of periodic 'well check' strategies to aid retention of staff.

c. Training, supervision and career pathways

Issues

Developmental work is currently underway across NTFC to scope, progress and develop a range of support materials and frameworks that address staff training, learning and development, induction, supervisory needs and career pathways.

In consultation with Care and Protection staff, NTFC's Workforce Development Unit identified the following training gaps:

- cumulative harm;
- governance;
- dealing with conflict and aggression;
- Occupational Health and Safety specific to Care and Protection;
- orientation to the internet and intranet;
- leadership and management, change management, performance management, relationship and team building;
- specific training for Intake;
- remote court issues;
- Specialist Care training;
- handling bullying and harassment complaints; and
- different modalities to train staff so they are inducted quickly and thoroughly upon commencement in NTFC.

Limited capacity exists within NTFC to adequately resource the learning, development and supervisory needs of a diverse care and protection workforce that comprises non professional and professional staff. A range of factors impact upon the capacity of staff to participate in existing training and professional development opportunities, these factors include:

- resource constraints in operational offices limit the capacity of staff to participate in core and other training, due to the need to carry case loads or step in to fill staffing gaps;
- workload pressure and staff shortages, for example, it can take 12 months for new staff to complete core training depending on the match between timing of recruitment and the workshop delivery cycle;
- a major deficit in the provision of leadership training across NTFC;
- the challenges posed by the NT's geography and demographics that do not allow for application of training models used in other jurisdictions resulting in the need to combine strategies to tailor training to the unique circumstances of various offices and work units, including flexible delivery methods;
- low staffing levels in NTFC's Learning Development Team has not allowed for the provision and coordination of training and development;
- ad hoc staff induction and orientation processes; and
- 'on the run' supervision practices due to caseload, administrative and managerial pressures on team leaders, managers and senior managers.

NTFC has never been resourced to provide staff with a structured approach to career progression or to align core roles and responsibilities of positions with learning and development needs. It is critical that this issue is addressed to ensure all NTFC staff are familiar with statutory, policy and procedural requirements, practice values and skills, and that formal learning can be applied in practice.

Evidence

All other Australian jurisdictions are progressing similar workforce reforms in order to improve both attraction and retention of new and existing staff via significant investment in training, learning and development opportunities. This has included cultural change within organisations to better prioritise the importance of learning and development in building a capable, confident and valued workforce – this is especially critical in light of both national and international labour shortages in child protection and human services more broadly.

The Way Forward

Significant new investment is required to build the confidence and capabilities of new and existing staff, as well as underpin strategies that seek to 'Grow our Own', and to increase NTFC's effectiveness in its work with children and families. This includes better equipping staff who arrive from other jurisdictions to perform child protection work by tailoring induction and other learning development strategies to address the Northern Territory context. Broad areas for reform are outlined below:

Building Career Pathways

A raft of initiatives are required to build career pathways for professional and non professional staff across NTFC who are responsible for delivering services to children and families.

As an example, a structured Graduate Program would support graduates to develop a holistic approach to child protection, including placements within the broader agency and other work units within NTFC, and completed with internal training programs.

Providing staff with opportunities to develop a broader set of skills by undertaking placements in different work units can also assist with developing a more holistic perspective of the work of NTFC and help identify possible career pathways. For example, graduates could be rotated through work units such as Intake, Placement Support or Family Support Centres. Secondment opportunities for staff working in the NGO sector, and vice versa, could also be considered and assist with building integrated service responses.

Growing Our Own

Many NTFC staff are recruited to operational positions from outside the Territory and are often poorly equipped for the challenges and complexity of the work involved. Greater emphasis is needed to invest in building a local workforce that includes a strong Indigenous focus.

For example, the National Indigenous Cadetship Program (NICP) is structured so that students are paid a living allowance during university semesters and work for their employer for the remaining 12 weeks at a notional salary (AO2). The NICP program is funded by DEEWR, open to Indigenous students only and limited to a certain number of places. DHF could use this as a model for a cadetship program. Scholarships provide an annual bursary to students to offset their living expenses.

These programs bind the student to employment with the Department for a specified period.

There is a distinct lack of leadership training and mentoring options available to team leaders, managers and senior managers. DHF believes existing programs, such as purchaser-provider mentoring available to senior executives through OCPE needs to be considered within the context of building capacity and leadership across the workforce, especially staff working in remote locations.

Professional Supervision

Improving the provision and quality of supervision requires a multi faceted approach that will need to address issues such as removing caseloads from Team Leaders; providing supervisory training for staff with supervision roles; providing tools for supervision and career planning; and implementing a Supervision Framework.

Work is underway to finalise an NTFC Supervision Framework. In order to be effective, this Framework will need to be adequately resourced and implemented across the NT.

Building NTFC's Capacity to Deliver Training and Learning

Significant investment is required to implement NTFC's Learning Development Framework and its strategies, to adequately support and resource staff to meet core competency thresholds, facilitate timely and accessible practice advice, including access to Principal Practice Advisors, and structured supervision. Other initiatives that could be considered are:

- access to conferences, seminars and 'experts in the relevant fields';
- compulsory comprehensive training for all foster carers including Departmental, kinship and purchased placements; and
- regular and rigorous review of team leader and management levels to be reviewed annually and training provided to meet identified learning needs.

Policy and Management

To improve the relevance, value add and usability of policies and practice frameworks for staff, the following processes are suggested:

- supporting managers to implement team building days/half days on a quarterly basis as a measure to help learning and support and retain staff;
- undertaking stronger ongoing consultation between Directors/Senior Managers (or representatives) and operational staff regarding decision making for client services, and human resource issues;
- developing robust linkages between policy development and management, and operational management, for example, policy staff need to attend NT-wide managers meetings; and
- Work Partnership Plans and other agreements and proposed Practice and Professional Development Plans should be integrated into a single tool for reviewing and planning professional development and addressing performance issues.

Recommendations

32. That NTFC develop, resource and implement a Learning and Development Framework that establishes work place competencies that form part of structured induction and training packages, that are evaluated, performance-based and delivered flexibly.
33. That NTFC develop and implement structured transition for staff from non professional to professional stream, for example, design and deliver learning and development pathways, such as tailored diplomas for field officers and Indigenous family support staff.
34. That formalised career pathways and learning opportunities, including cadetships and partnerships with local education providers, are established.
35. That NTFC design and develop a suite of leadership training and development options for team leaders, managers and senior managers.
36. That the NT Government provides additional resources to implement these leadership and development strategies as part of a broader Learning and Development Framework.
37. That an NTFC Supervision Framework is resourced and implemented.
38. That NTFC incorporate child wellbeing and protection as key themes into existing induction and training opportunities for staff across DHF.
39. That NT Government formally recognises the important and significant work performed by child protection staff by introducing an NT-wide award similar to that which exists for nurses and health workers.
40. That there is complementary training to up-skill foster carers to increase the capacity of all persons involved in the child's care team.

d. Information technology

Issues

DHF has approximately 300 information systems, and approximately 40 of these are core information systems for service delivery. The Community Care Information System (CCIS) is the key Business Information System used within NTFC and was commissioned in October 1998. It is a computer-based information system that allows service providers to record and report on:

- client details, demographics and other vital information;
- client service histories; and
- planned or scheduled services for clients.

CCIS is also used in other programs, including Alcohol and Other Drugs, Aged and Disability, Community Health, Disease Control, Palliative Care, Sexual Assault Referral Centre and Mental Health. There is also a Primary Health specific development, Primary Care Information System.

The CCIS client information system currently has a number of complexities and deficiencies including:

- the architecture of the system can be onerous creating time inefficiencies. It does not facilitate the effective cross-linking of sibling group information which compromises the ability to analyse care and protection issues from a family as opposed to an individual client perspective;
- the system has limited capacity to be a good analytical tool for case management and resource allocation; and
- the system has limited capacity to manage places of care to the standard required.

In addition, CCIS management reports are not an accurate reflection of actual practice. Poor data quality partially contributes to the misrepresentation of the quality of NTFC service delivery. Some discrepancies relate to data entry lag, data entry errors by NTFC staff and the complexities of working with CCIS itself.

Over the past five years significant new functionality has been developed for other program areas using CCIS such as Mental Health and Aged and Disability Services that support 'advanced case management' functions including assessments, risks and alerts, client summary and presenting issues. NTFC has not until recently utilised any 'advanced case management' functions and the Division's use of CCIS has been limited to the original core functionality with a few exceptions. It is apparent that CCIS has significant underutilised capability and has the potential to be further developed to meet current and emerging business needs of NTFC, subsequently the replacement of the system is not envisaged by either NTFC or DHF Information Management in the medium term.

Evidence

An environmental scan of other jurisdictional systems indicates that there is no widely used system of this kind that is viewed as a market leader, and that no State or Territory has a system that is viewed by others as a perfect system. It is evident from reports from recent inquiries in Victoria, South Australia and New South Wales that these jurisdictions have major issues with their current client information systems and are looking to substantially upgrade or replace their systems in the short to medium term.

The Way Forward

Over the past 12 months, the Information Division has been working actively with NTFC to identify information management priorities to support key business needs of the Division; this has included preparation of a comprehensive submission to the Melville coronial and agreement on undertaking a progressive major upgrade program to CCIS.

It is proposed that a comprehensive NTFC Information Management Improvement Strategy underpin any future service reforms. The following practices and systems have been identified as the key target areas that Information Management can best support major service reforms and business process improvements to address recommendations flowing from the Coroner's reports:

1. The **Intake and Assessment system** and processes for receiving and assessing reports of suspected harm to children. This includes the initial evaluations and 'triaging', as well as the formal child protection investigations that are undertaken by child protection workers. A particular area of focus will be the issue of assessing and responding to cases involving cumulative harm;
2. Major reform of **Out of Home Care services**, included are enhanced management of places of care across all care types and enhanced case management functionality of children and young people in Out of Home Care;
3. Exploring issues relating to the **ongoing case management of and service provision for children, young people and families identified as being at risk**. This includes the use of risk management tools, the coordination and monitoring of services, and case management frameworks such as 'Looking after Children'. A particular focus will be on young people with high support needs; and
4. **Continuous enhancement of information sharing capabilities** that promotes cross program collaboration and case coordination for clients who have concurrent cases in two or more Departmental program areas.

It is recommended that an information management package be prioritised, resourced, developed and implemented progressively over the next three years, starting in 2010.

The improvements envisaged as part of this package include a comprehensive records management improvement strategy to enhance the quality, content and timeliness of client record keeping in CCIS. The major areas to be addressed include:

- Improving the administrative system to allow a provider to manage a caseload, by recording clients under management and record interactions with clients;
- alerts regarding individual clients to warn of exceptions or pending interactions to providers and at a consolidated level to managers;
- text based electronic recording of interactions and care plans – partly or fully paperless;
- coding of interactions, events, and risks to permit risk based timing and levels of interaction with clients ; and
- level of 'decision support', assisting providers in decision making.

The development of client records management standards within NTFC is a key prerequisite to further system development.

A major focus would be to identify opportunities to streamline and improve efficiency and accuracy of data entry to address issues raised by NTFC staff in the Melville coronial, for example:

- entering information into CCIS was time consuming and was not always done, for example, home visits were not always recorded;
- the problem was exacerbated with a sibling group, there was no facility on CCIS to upload data on to more than one file. To keep all CCIS records for a sibling group up to date would involve cutting and pasting on to all files; and
- CCIS now has a frame to record 'face to face' contact but there is still no facility to cross reference between members of the same sibling group and there is no summary document, which flags issues either on the hard file or on CCIS.

The proposed records management improvement strategy would require a major investment in CCIS system enhancements starting in 2010 for a three year period, coupled with enhanced staff systems training and change management programs to be provided on an ongoing basis.

The methodology selected by NTFC is Structured Decision Making (SDM). Proposed changes to CCIS to support SDM are not proprietary and could be adapted to alternative decision support methods if required in future. The initial focus will be on screening and prioritisation, this could be extended to risk assessment and other forms of assessment as required. Changes to current assessment functionality (shared assessments for use in a family/household) and proposed 'Presenting Issues' functions are linked to decision support developments.

There is a degree of uncertainty regarding future NTFC developments around the role of other agencies in intake and perhaps other assessment processes. Should intake functions be devolved or privatised, then significant additional development could be anticipated to avoid fragmentation of intake records, particularly in light of a new focus on cumulative harm concepts.

There is significant scope for NTFC to implement SDM and other advanced case management functions including use of assessments and presenting issues. These advanced decision support tools could be developed to facilitate major service reform initiatives targeting ongoing case management of and service provision for children, young people and families identified as being at risk.

IT Developments Required to Improve NTFC's Reporting and Compliance Capability

a. Consolidated view functionality

The primary objective of 'consolidated view' as a function of CCIS is to utilise information that goes beyond the boundaries of individual case management/clinical applications. It is a way of combining client information in a controlled manner that respects privacy rules and client wishes.

This is an operational feature for use by service providers to enhance coordination and improve safety and decision making. Opportunities exist to extend sharing capabilities beyond organisation boundaries.

This initiative is funded as part of the Department's Strategic Information Plan and the project has commenced. Input will be required from NTFC program staff and management to determine how NTFC will interact with and facilitate information sharing with other program areas within DHF. This development will facilitate linking NTFC to other systems, allowing increased risk

management and awareness of client interactions with other services, for example, sharing information with accident and emergency departments and mental health.

This initiative will require enhanced staff systems training and change management programs to be provided on an ongoing basis.

b. Out of home care system functions

This module of CCIS is quite old and needs review and adaptation to current NTFC business circumstances. The scale of change that will be required has not been assessed but is likely to be significant. Factors not well supported by current functions relate to the limited capacity to record client service histories, planned and scheduled events for carers comparable to this capacity in client records, management of kinship care and the purchase of service options where recruitment and management of carers is undertaken by a third party.

This initiative will require major redevelopment of CCIS functionality and should be undertaken when broader service reforms to the NT's child protection are known.

c. Operations room

This is an as yet underdeveloped concept relating to a 'control' or 'operations' room or centre; such a centre could be virtual or physical. The key elements relate to the development of centralised 'real time' business intelligence capability in an environment removed from workplaces.

The concept is well developed in other emergency response environments as well as hospitals. DHF has developed real time business intelligence reporting capabilities in NT Hospitals Accident and Emergency Departments to monitor intake workload and determine staffing/bed needs. In the NTFC context, it would detect failure to meet legislative or practice standards or other situations where client wellbeing is compromised.

This is an advanced business intelligence concept that will require conceptual modelling and development specifically to suit NTFC business needs. Initial discussions with NTFC senior management have indicated strong interest and enthusiasm in exploring this concept further. This would require an investment in the data warehousing, data management, report development and dedicated resourcing by NTFC to establish and maintain a 'control room' service.

Recommendations

41. That client record management standards are developed and implemented within NTFC.
42. That a comprehensive NTFC Information Management Improvement Strategy is developed to underpin any future service reforms.
43. That the raft of enhancements to CCIS outlined above are embedded in the Information Management Improvement Strategy, and that additional resources are allocated and implementation plans developed for commencement in 2010.
44. That change management strategies are resourced and developed to sustain cultural change and to enhance staff systems training and the roll out of new programs on an ongoing basis.
45. That new technologies are explored and purchased to streamline and enhance record management practice to minimise the amount of professional time spent on records management without compromising quality.

Section 4

Quality care and protection services

- a. Immediate and ongoing investment in the Northern Territory's tertiary system
- b. Improved and expanded Out of Home Care services

a. Immediate and ongoing investment in the tertiary system

Issues

The Northern Territory's tertiary child protection system, as with other child protection systems, is grappling with increasing numbers of notifications of child harm and neglect. This rapidly rising workload is placing enormous stress upon the system, its workforce and families²⁷.

Over time the unintended consequence to this increasing demand has been to re-focus the role of child protection workers on minimal compliance and investigative functions rather than a focus on quality client care and support. Service demand for tertiary child protection services exceeds NTFC's capacity to respond appropriately.

Without adequate secondary service systems in place, there are inadequate intervention services to support the continuum of needs presented by families. Consequently many families fall through the cracks or become frustrated by the inability of the Department to respond to their needs. Other than some pilot projects in progress, the continuum of secondary child protection services in the NT is non-existent. The development of a continuum of secondary services will take time and in the short term there will be continuing expectations of NTFC.

Changes in legislation, policy, processes, resources and the culture of the organisation are needed, as well as a concerted effort to build trust, respect and confidence in the tertiary child protection system (See Attachment J for NTFC's organisational chart and structure of program responsibilities for OoHC and Child Protection Services).

Future growth and demand in the tertiary child protection system is a reality in the immediate and medium term. Projection over the next five years as outlined in Graph 1 (see page 9) shows that by 2015, over 9600 notifications per annum will be received by NTFC resulting in over 5200 investigations each year.

Notifications to NTFC grew by 69 per cent from 2007/08 to 2008/09 and that growth trend is expected to continue. Therefore, urgent action needs to be taken to enhance the NT's whole care and protection system.

While there have been increases in staffing numbers over the past 10 years, this growth has not kept up with demand. A review on caseload ratios indicate that to maintain a consistent caseload ratio of 12:1, 96 additional child protection workers would be required, along with ten team leaders, three managers and nine administrative support staff. Additional staff would also be required to deliver out of home care functions that relate to places of care.

There should be a forensic child protection investigation service and a range of accessible services to meet the needs of children and families across the Territory.

The reality is that the most disadvantaged people in Australia are living in the most disadvantaged areas of the NT and are receiving less service delivery and support than anywhere else, which results in increased pressure and stress on families and individuals.

²⁷ Professor Scott observed that the stress, rage and alienation experienced by many families from unsubstantiated child protection investigations reduce parents capacity to cope due to high stress and reduced informal support networks hence "increasing the risk of child abuse and neglect for many children" Scott. D Keynote Address and paper presented at the 10th Australasian Child Abuse and Neglect Conference Wellington NZ, February 2006.

Service delivery in remote areas is a particular difficulty for NTFC. The communities that NTFC staff visit are growing quickly, with the population of three towns now in excess of 3000 people, these towns are Maningrida, Wadeye and the Tiwi Islands. The communities where NTFC staff visit have a disproportionately large number of young families and young children, in an environment of extreme social disadvantage. The staffing resources allocated to provide care and protection services to these, and other remote communities is grossly inadequate and allows for little more than superficial child protection responses.

NTFC staff deliver services across a vast geographical area, with a complex and diverse demographic, encapsulating in excess of 14,000 people. Four Community Welfare Workers and four Aboriginal Community Workers within NTFC's Darwin Remote Office provide direct service delivery to this client group.

NTFC remote staff will need to grow with the rest of the NTFC operational system and provide a service that caters to the increasing complexity of the issues faced by families. This could mean more specialised positions within NTFC, creative recruitment and filling stagnant vacancies with multi-disciplinary team members such as psychologists, teachers, nurses, therapists, family support workers, team support workers, domestic violence workers, mental health workers, and youth workers.

NTFC Centralised Intake System/After Hours Service/Central Intake

Central Intake

At 15 March 2010, Central Intake had a backlog of approximately 300 incomplete child protection notifications. Central Intake has great difficulty in attracting and retaining staff and currently has a number of vacancies. Additional positions have been approved but remain unfilled. Central Intake has only been at full strength for one week since 1 January 2009.

The Intake Review undertaken by Jay Tolhurst made 40 recommendations. The Intake Review Implementation project seeks to bring together activities occurring in several different projects (including Structured Decision Making and the Intake Event Implementation) that address these recommendations. The implementation of the Structured Decision Making SDM tools is a critical part of improving intake responses.

The current issues with the NTFC Central Intake System are not a result of centralising the function. The difficulties are caused by inadequate staffing and unsustainable capacity to meet demand. NTFC supports Central Intake and would be concerned about any recommendation to move to a decentralised system.

One of the significant problems with local (decentralised) intake systems is the lack of consistency in decision making and in particular the 'screening' of legitimate child protection reports into other categories such as 'Family Support' or 'Protective Assessment' where responses are subject to less monitoring and scrutiny. The centralising of the function allows for greater quality control through centralised quality monitoring. The Victorian Ombudsman in his recent investigation of the child protection system in that state noted inconsistency in the evaluation of risk across the eight regions of Victoria.

After Hours Service

NTFC is intending to review its After Hours Service which covers the period from 4.22 pm until 8.00 am, and is also developing a proposal for provision of an Out of Hours Child Protection Service in Alice Springs.

After Hours service responses to carers also needs to be considered in order to provide 24 hour support to carers to ensure that they receive timely advice and follow up for any critical incidents or crises.

Child Abuse Taskforce

The Child Abuse Taskforce is comprised of NTFC, NT Police and the Australian Federal Police. It provides services to remote communities where there are multiple victims or child sexual abuse and multiple offenders. Police greatly outnumber NTFC personnel in the Child Abuse Taskforce teams. The Child Abuse Taskforce North has six NTFC personnel, 16 members from NT Police and seven Australian Federal Police Officers while the Child Abuse Taskforce South has two NTFC personnel, two members of NT Police and two Australian Federal Police Officers. If this integrated service delivery initiative is to expand and develop, NTFC will need to provide greater staffing.

NTFC is intending to review its Child Abuse Taskforce participation, Terms of Reference are being drafted and NTFC strongly supports this model of service delivery. The Child Abuse Taskforce has had considerable success, during the period 1 July 2009 to 28 January 2010, the Child Abuse Taskforce North and South have worked with 282 children while conducting investigations of child sexual assault on communities throughout the Northern Territory. At 28 January 2010, there had been 99 arrests and 26 summonses as a result of the Child Abuse Taskforce North and South investigations.

In addition, NTFC have a team of four Aboriginal Community Resource Workers, including a Team Leader, who work alongside the Child Abuse Taskforce to initiate community development strategies on communities, aimed at raising the level of safety for children on those communities.

NTFC Capacity to Meet Demand

In addition to the backlog at Central Intake, there are significant backlogs of incomplete child protection reports that have proceeded to investigation. At 1 March 2010, the backlog comprised the following: Casuarina (approx. 200), Palmerston (approx. 130), and Katherine (approx. 130).

Although NTFC introduced interim arrangements for managing incomplete child protection reports, managers have found it difficult to allocate staff to this task because of vacancies and the numbers of open cases. Additional staff have been approved for Casuarina and Palmerston, but the positions have not been filled; the Mobile Child Protection Team is providing significant assistance to Katherine office.

Capacity is limited by staff vacancies, turnover of staff and inexperienced staff.

Alice Springs currently has eight vacancies including four P2 social workers, while Casuarina and Palmerston have approximately seven vacancies each.

As of 1 December 2009 NTFC had 196 Child Protection staff:

- 42 per cent had less than one year of service;
- 67 per cent had less than two years service with NTFC;
- Alice Springs had at least 40 staff leave in 2009/2010 with a nominal establishment of 55;
- Alice Springs had 78 per cent turnover in 2008/2009; and.
- Overall annual turnover for NTFC is over 30 per cent.

Inexperienced staff do not have the capacity to manage the same volume of work as experienced staff. Despite the difficulties involved in calculating caseloads given they change daily, it is clear that NTFC workers have caseloads greater than would be considered appropriate (based on other jurisdictions). Senior Managers recently reported caseloads of over 20 cases per worker; there are many situations where managers or team leaders carry cases because there is nobody to whom the cases can reasonably be allocated (because of vacancies).

Case Management

NT Families and Children does not currently outsource any statutory services, including delivery of statutory case management, ordinarily delivered by authorised officers of the Department. Currently NTFC delivers 100 per cent of case management services to children and young people with current child protection and substitute care cases.

Case manager/caseload ratios must take into account the sub-types of the client population where it would be expected that a more intense case management response is required. Caseload ratio formulas that are responsive to the needs of different sub-types of the care population must be created in recognition that a whole of care and protection, one size fits all ratio will not reflect the needs or dynamics of the diverse client population. Cohorts of the client population considered suitable for a more intense case management response could include high risk infants and youth at risk.

NTFC Caseloads at 1 November 2009

In order to establish a rudimentary measure of current caseload for NTFC Care and Protection staff, the volume of work (i.e. individual cases) on a particular date (1 November 2009) was divided by the number of caseworkers working in the Care and Protection Program at that date.

The methodology used to develop the caseload figure at 1 November 2009 has a number of acknowledged limitations, including:

1. The number of staff used in the calculation includes staff above the approved establishment. This has been done to reflect the reality of 'potential people on the ground' on the date in question, however it should be noted that the approved number of full time equivalent care and protection case workers in NTFC at the date in question was lower than the figure used in these calculations due to the inclusion of 'supernumeraries'. Additionally, at any one time NTFC will carry vacancies and there will be caseworkers on leave and at training.
2. The count of cases used in the calculation does not include the full backlog of cases at 1 November 2009. The intense pressure felt by each Care and Protection Office is driven by both 'open' cases at any point in time and the backlog of child protection reports that have not yet been assigned to a particular case worker. There are 2 components of this backlog:
 - a) The first involves child protection reports that were deemed to be appropriate for investigation but investigations have not been resolved; this accounts for 787 reports. For the purposes of this Submission, 25 per cent (196) have been deemed to be reports that would represent an active caseload at 1 November 2009.
 - b) The second component includes 153 unresolved client intakes at 1 November 2009. For the purposes of this submission 45 are deemed to be intakes that would represent active caseload at 1 November 2009.

A specific, separately resourced project to eliminate the backlogs currently being carried by NTFC is a critical foundation for NTFC in establishing sustainable caseload formulas for Care and Protection staff.

The following steps were taken to calculate the caseload for this Submission:

Work Volume

Inclusions:

- Count of the number of open Substitute Care cases in CCIS on 1 November 2009;
- Count of the number of open Family Support cases in CCIS on 1 November 2009;
- Count of the number of open Protective Assessment cases in CCIS on 1 November 2009;
- Count of the number of open Child Protection cases in CCIS on 1 November 2009;
- 25 per cent of the count of notifications that had a report outcome of 'proceed to investigation' but no investigation event start date recorded by 1 November 2009 in CCIS; and
- Count of that proportion of total unresolved intakes at 1 November 2009 accrued over a significant time period [153] estimated to become investigated child protection reports [47] plus unresolved intakes at 1 November estimated to become some other form of case [9] that are estimated to have remained unresolved child protection matters requiring attention on 1 November 2009 [80 per cent, leaving a total of 45].

Exclusions and Other Rationale:

- Processing backlogs existed at 1 November 2009 in both the Central Intake Team and Care and Protection offices. The above figures only factor in approximately 25 per cent of this backlog of work held by NTFC. This estimate is based on the remaining 75 per cent of this backlog not proceeding to active case work at any particular point in time.
- It is acknowledged that a number of open cases will be awaiting closure. However, they have not been closed because there is work that is still to be completed and thus should still be counted in work volume.
- A number of children will have more than one open case. However, individual work is still required on each case and therefore each case should be counted in work volume.

Staffing

Inclusions:

- Count of actual Care and Protection P1, P2 staff excluding Aboriginal Community Workers (ACWs) and team leaders at 1 November 2009.

Exclusions and Other Rationale:

- The positions that were counted were in line with the Care and Protection understanding of caseworker – P1, P2.
- Team leaders and above were not included, however it may be that these staff do from time to time manage cases.

- The figures used reflect actual staff, including supernumeraries. These figures are higher than the approved establishment at 1 November 2009, which totals 103 for the P1, P2 Care and Protection workforce.
- Placement Support staff were not included in establishment figures as they do not have direct casework responsibility for children.
- Intake and After hours staff were not included in establishment figures as they do not have direct casework responsibility in the Central Intake Team, however in Regional offices existing staff are rostered on after hours duty to undertake case work activities as requested by the Central Intake Team.

Overall Results

- The total number of cases contributing to work volume is 2,253. This includes:
 - 2,012 open cases at 1 November 2009;
 - 25 per cent of a total estimated backlog of 785 in Care and Protection offices at 1 November 2009, equating to 196 cases likely to proceed to active case work at that point in time;
 - 45 cases from the total estimated backlog of 153 unresolved intakes at 1 November 2009, being the estimate of cases likely to proceed to active case work at that point in time.
 - Of the total of 241 cases from the backlogs:
 - 40 per cent (96) are allocated to Top End;
 - 40 per cent (96) are allocated to Darwin;
 - 20 per cent (49) are allocated to Central Australia.
- The total number of casework staff at 1 November 2009 was 90.
- Average caseload per staff member (calculated at $2253/90 = 25$).
- If average caseload was set at 15, NTFC would require 49 per cent more casework staff than it currently has.
- If average caseload was set at 12, NTFC would require 85 per cent more casework staff than it currently has.

Individual Region Results

Region	No. of open cases at 1/11/09 plus estimated backlog likely to become cases as at 1/11/09 ^{1 2}	No. of case workers P1/P2 ³	Average caseload
Central Australia	487	23	21
Top End (includes Darwin Remote, Katherine and Nhulunbuy)	846	18	47
Darwin	920	49	19
TOTAL	2253	90	25

¹ A count of cases, not persons. If a person had more than one case open on 1 November 2009 then each case for the person is counted.

² Open cases is a count of open cases, and does not include a Child Protection Report that had an outcome of 'Proceed to Investigation' but no investigation event start date recorded by 1 November 2009 in the CCIS Operational System. There were 785 such notifications on 1 November 2009 – 25 per cent of these have been included as likely to become cases at 1 November 2009. A total of 45 unresolved intakes that may have proceeded to cases from within the backlog within the CIT system have also been included. This gives a total of 241 cases included from backlog.

³ In some cases, Aboriginal Community Workers (ACW's) are involved in case management, however this is only under the direction and supervision of a P1 or P2 staff member.

A caseload ratio of 12 to 15 cases per case worker is widely recognised as the standard 'best practice' allocation²⁸. Preliminary work undertaken with NTFC on caseload ratios reveals that a 12:1 ratio is the preference.

The difference in caseloads is attributed to the time required to travel to clients however further work needs to be done to also account for other factors that will inform caseload calculations, such as the type and nature of support required and complexity of cases.

The above factors in addition to the number of staff vacancies, turnover and inexperience make it extremely difficult for NTFC to comply with its policy and legislation.

The Way Forward

Service Model

The best service delivery model for the NT would appear to be a model that diverts vulnerable families either to a community agency or to a separate team within NTFC. The advantage of this model is that it allows flexibility to create community based responses as far as possible but where this response is not available, a specialised NTFC team may be able to respond.

²⁸ Department of Community Services, (2007), *Technical Report 2: Caseloads in child and family services.*, New South Wales Government.

NTFC Care and Protection Quality Sub-Committee

The Care and Protection Quality Sub-Committee Working Groups Projects were established following the NTFC Quality Summit which was held in April 2009.

The summit identified key areas for ongoing work with the result that the following working groups were established:

- training and development;
- workload and workforce;
- recruitment and retention;
- records management; and
- systems gaps.

Each group has identified a number of priority projects, outlined below.

Quality Sub-Committee Working Group Projects

Training and Development

- Supervision Framework *
- Learning Development Framework *
- Practice Induction and Orientation *
- Capability Framework *
- Care and Protection Process Mapping (on hold)
- Redevelopment of Care and Protection Learning Options
- Learning Gaps for Team Leaders and Managers

* The training and development agenda had a number of projects exclusive to the working group when formed.

Records Management

- CCIS Family Grouping (multi-client data entry)
- Recording and Reporting of Cumulative harm
- Client Information Quality Officers
- Streamlining of CP and SC Records / Review / Re-think of Case Planning recording
- Redevelopment of Information Management Policy (drafted)
- NTFC Fieldbook development

Workload and Workforce

- Time in Motion Study
- Quantification of demand on NTFC Services
- Resource Allocation model
- Demand Forecast model
- High Demand Strategy
- Strategy for unallocated cases
- Intake Review (recommendations)
- Workload (Caseload) Strategy

System Gaps

- Development of MOU for External Carer Agencies
- Development of Interim Carer Review Panel
- Development of model for Payment for Skills for Carers
- Development of a Permanency Planning Policy
- Options for the future development of OoHC in the NT

Recruitment and Retention

- NTFC Communication/Promotion strategy
- UK, NZ and Australian Recruitment Strategy
- Regional Market Allowance
- Renewal of Market Allowance
- Investigation of Retention Incentives
- Commencement and Exit Surveys
- Recruitment and Retention Package
- Work Partnership Plan Tracking
- Cadetship Tracking
- Establishment of ongoing P1/P2 Vacancy for CP
- Review of Job Descriptions/Create Role Statements
- Legal advice regarding the wording of contracts/letters of offer

Acute Care – Reporting Suspected or Actual Maltreatment and Neglect

Hospitals can be an important first point of contact for individuals and families who are in need of further support because of the breadth of health services provided by hospitals. This places responsibility on hospital staff to recognise these needs and to respond appropriately, which may be in the form of immediate crisis intervention, ongoing support or referral to other services. A child's contact with the hospital system can also be the first point of contact if they have suffered or are likely to suffer harm or exploitation; it is also a critical service that provides treatment to adult patients whose health status or lifestyle may place their children at risk of harm or exploitation.

NTFC's Acting Executive Director currently convenes a committee with representatives from DHF's Acute Care Division with the aim of enhancing collaborative working partnerships to promote, protect and improve the health and wellbeing of children, young people and families. The NTFC/Acute Care Committee will shortly formalise a policy that specifically applies to Acute Care staff who believe on reasonable grounds that a child has or is likely to suffer harm and/or exploitation in accordance with the *Care and Protection of Children Act 2007*. The policy will reiterate the responsibility of all staff who believe on reasonable grounds that a child has or is likely to suffer harm and/or exploitation in accordance with the *Care and Protection of Children Act 2007* to report it to NTFC, alongside completion of a new form to confirm any verbal report within 24 hours of making it. NTFC is also funding an experienced child protection position at Royal Darwin Hospital to help implement the policy and new practice.

The Structured Decision Making (SDM) Implementation

NTFC is introducing SDM Intake Screening and Priority tools and the SDM Family Strengths and Needs Assessment (FSNA). The tools have been specifically customised to the NT context and they will be implemented in June 2010 along with a raft of new policies and processes for intake. These tools will, for the first time in the NT, provide NTFC workers with clear and comprehensive guidelines for central intake decision making about child protection reports.

The FSNA will be implemented in Targeted Family Support Service (TFSS) in Alice Springs. The FSNA was chosen because it was imperative that a common assessment tool be available for use by the first TFSS service that commenced operation in early 2009. FSNA is a new initiative between NTFC and Central Australian Aboriginal Congress. Congress staff have been instrumental in field testing the SDM family needs and strengths assessment tool and they have also provided significant input into Aboriginal cultural considerations.

The FSNA assessment tool will be rolled out across Darwin with Larrakia Nation, it is intended that the tool will be implemented across other NTFC offices as resources become available. TFSS staff have been actively involved in the development of the FSNA and their use of the tool is a requirement of their funding agreement and the TFSS Service Model. It is intended that the FSNA will be an assessment tool that is used by all agencies working with vulnerable families, including NTFC and that it will support collaborative responses to those families. The responses from the TFSS who have tested the tool have been positive. NTFC will implement the range of SDM tools.

SDM Intake Screening tool specifically refers to prior incidences of abuse or neglect as indicating risks in the care environment. SDM tools must be supported by training that recognises the accumulated harmful impact of chronic exposure to negative experiences.

It will be a number of years before it can be determined if the need for forensic child protection has reduced as a result of the new assessment and screening methodology.

Indigenous Child Protection

Approximately 80 per cent of children and families involved in NTFC's tertiary child protection system are Aboriginal. It is therefore an undisputed imperative that this system must be geared to respond appropriately to the needs and circumstances of Aboriginal people in the Northern Territory.

The Department of Health and Families Cultural Security Policy outlines that:

*In one or two generations we have moved from a view that Aboriginal culture was irrelevant to good health and community service provision to a richer understanding of health, wellbeing and development that recognises culture as an integral part of the human experience. In many respects service delivery is catching up with the long held views in Aboriginal communities about the need for holistic care, for recognition of the social and cultural influences on health and wellbeing and for a partnership between culture and science. Cultural Security is the next step in public policy towards this reconciliation*²⁹

²⁹ Department of Health and Families, Aboriginal Cultural Security, p 11, http://www.health.nt.gov.au/Aboriginal_Health/Publications/index.aspx. 22/03/10.

NTFC recognises the need for significant development in tertiary child protection practice in order to improve responses to Aboriginal children and their families.

Recommendations

46. That an appropriate mix of additional workers be funded to significantly increase the number of established child protection and family support positions.
47. That caseload allocation processes for child protection workers be enforced to ensure that workers are allocated realistic case loads to improve compliance with statutory and policy obligations.
48. That new models of service delivery are developed for remote communities to ensure quality services are able to be provided, that strong relationships are established with community leaders, and chronic shortage of acceptable accommodation and transport concerns are addressed.
49. That there is enhanced emphasis on the development of professional expertise, standardised decision making and improved service quality through:
 - a) employment of Principal Practice Advisors to provide practice leadership, mentoring, training and advice;
 - b) introduction of peer review and performance monitoring processes;
 - c) employment of Principal Cultural Practitioners and formal consultations with appropriate Indigenous persons in relation to interventions/intakes;
 - d) cultural supervision for Indigenous staff;
 - e) fully funding the expanded implementation of structured decision making tools; and
 - f) fully funding implementation of projects identified through the Quality Sub-Committee Working Groups including all training components.
50. That the focus of the NT's statutory workforce is refocused to concentrate on providing or negotiating the provision of care and support services for vulnerable children, young people and their families including:
 - a) family support workers who provide family intervention, parent education, life skills and development services;
 - b) case planning that is focused on the whole needs of the family and the range of support services needed to strengthen family resilience;
 - c) extended provision of collaborative interdisciplinary approaches;
 - d) introduction of juvenile sex offender treatment programs;
 - e) expansion of the Remote Aboriginal Family and Community Program to ensure coverage across the Territory;
 - f) providing a range of responses to vulnerable and at risk young people; and
 - g) a culturally appropriate and focused response to the needs of Indigenous children and families as outlined above.
51. That new models of service delivery within the statutory system be examined to allow other professional staff to undertake official functions under the *Care and Protection of Children Act* including:
 - a) provision of services by the non-government sector in areas such as intake and responses to 'child concern' reports;
 - b) provision of services by health or education government providers such as 'sighting a child in care' in remote communities; and
 - c) Aboriginal specific services including, family support and Out of Home Care.

52. That enhancements to the existing system responses be considered including:
- a) employment of additional Family Support Workers and Team Support Workers to complement the work undertaken by professional social workers;
 - b) expanding NTFC's capacity in the Child Abuse Taskforce teams (North and South);
 - c) create an 'adolescent at risk' category at Central Intake;
 - d) create an 'unborn infant at risk' category at Central Intake;
 - e) create a permanent care team;
 - f) extend the operating hours of Central Intake to 8.00 pm;
 - g) implement an After Hours Child Protection response service in Alice Springs;
 - h) develop an After Hours Service model for Katherine; and
 - i) expand the provision of Therapeutic Services to provide an intensive therapeutic environment to support young people to recover from the impact of physical, psychological and emotional trauma and pain experienced from abuse and neglect.

b. Improved and expanded Out of Home Care services

Issues

Demand for Out of Home Care Services

Current demand for statutory Out of Home Care placement services is outstripping placement capacity. Continued growth in the number of children and young people on care and protection orders and those requiring statutory care is a reality (see Attachment K). Historic modifications to the care system have not kept pace with growth. NTFC has experienced difficulty creating additional placement capacity whilst concurrently building placement diversity.

There is a need to provide a continuum of care options comparable with other jurisdictions in order to meet the diverse range of needs of children and young people.

Quality Issues

NTFC recognises that overarching any growth and development of the care system is a commitment to continuous quality improvement. Reduced capacity to deliver quality OoHC services increases risks to the client, service providers, and the service system, and contributes to poorer client outcomes.

For several years Indigenous children have comprised approximately 70 per cent of the care population, yet the number of placements for Indigenous children are limited. Insufficient numbers of Indigenous foster carers exist to meet the placement needs of Indigenous children who are unable to be returned to their parents, placed with relative carers, or who require placement until relative care options can be found.

Recent targeted Indigenous carer recruitment activities in the major regional centres in the NT have attracted limited interest. Feedback suggests that the formalities of applying to become a carer hinder Indigenous people from applying. NTFC will continue to engage with community partners to plan ways to break down the fears that inhibit people from becoming an Indigenous foster carer.

Data suggests that children and young people are drifting in and out of home care. There is a need to ensure that robust efforts to reunify a child with their family of origin are fully exhausted, and that there are clear pathways for permanence for children unable to be reunified.

There are children living in informal relative care placements where there are no *Care and Protection of Children Act* orders in place. NTFC is unable to quantify how many of these informal care arrangements exist. There needs to be more support extended to relative and kinship care placements, as reflected in the National Plan for Protecting Australia's Children. NTFC lacks the resources to extend support to these informal placements.

More children in care are presenting with higher levels of complex and challenging behaviours, and more are presenting with risk of harm to themselves and/or others. Often these young people demand intense case management to support the placement, respond to continual crises and engage with the other professionals involved. Intense cases divert professional attention away from cases with less intense or extreme needs. A small cohort of children with complex needs, in care, would be considered eligible for placement into a secure care facility if the infrastructure was in place. These clients are currently being managed in other residential care settings not purpose designed to deliver this type of care. In addition, there needs to be more residential care options available for children and young

people who are unsuited to placement in home based care due to the level of intensity of their behaviours, or inability to be placed with other children.

A number of children in care also have complex or behavioural needs that do not make them compatible for classroom based learning and require alternate education options. The number of children who require alternate education is growing, causing NTFC to demand more services from DET, which is stretching DET's capacity. Attachment H refers to education responses that would suit the needs of children and young people in care.

There is no standardised assessment methodology to identify the holistic needs of children and young people when they enter care. An assessment is needed that can objectively and consistently inform the selection of services, including placements appropriate to the child's level of need. Concurrently, NTFC requires a standardised methodology to inform the rate of expenditure allocated to a child that aligns to their level of need to ensure that funds are available to deliver the services each child is assessed to require.

Anecdotal information suggests that a high proportion of children in care are concurrent clients with other Community Services oriented programs. NTFC needs to enhance case management partnerships with other programs to work with shared clients to maximise efficiencies in the allocation of resources and achieve shared client outcomes.

Systemic Issues

Systemic issues are impacting upon the depth, capacity and quality of the care system, some of which have been discussed in previous sections. These include but are not limited to recruitment and retention of qualified, experienced staff and high caseload to caseworker ratios.

The number of registered Places of Care across the NT exceeds the allocation of resources appointed to core OoHC business, which includes recruiting, assessing, training and supporting carers.

The Darwin and Alice Springs Placement Support team have 10 positions (excluding team leader, manager and administration) dedicated to Placement Support work to service in the order of 180 registered carers.

There are no dedicated positions to support placement service delivery in any of the regional NTFC work units, despite there being in the order of 120 registered placements attached to these work units. Alice Springs also grapples with the geographic spread of its carers and children in placements many of whom are located in remote communities that are unable to be serviced in return day trips.

Carer Issues

Like other Australian jurisdictions, the NT is experiencing difficulty attracting and retaining a pool of carers to care for children and young people unable to live at home. This is an issue for both foster and family carers. It is a stark reality that it is becoming more and more difficult to attract home based carers who wish to care for children for altruistic interest.

NTFC is not retaining carers because they become dispirited in their relationship with NTFC. NTFC recognises and values that carers are a core stakeholder in the child's OoHC team however, at the local level, true partnerships between NTFC and carers are lacking. NTFC must make continued investments to attract more carers but also

needs to focus on resourcing and up-skilling existing carers to enhance their capacity to meet the individual needs of children in out of home care.

Carers are the backbone of the OoHC system and NTFC must invest in its partnerships with carers. At the most fundamental level this requires the development of good communication with carers, enhanced information sharing and meeting carers most fundamental needs for support. At a higher level, NTFC must better engage carers as a true partner in the child's care plan team, engaging them in the provision of critical information about the child, and seeking their contribution to the planning and implementation of the child's care plan.

The Cost of Care

The payment of carer allowances needs a complete overhaul. Currently the payment system has a diverse range of payment rates that vary depending on the age and special needs of the child, the type of care provided and which body oversees the carers registration.

Over the years, the foster care allowance has been indexed in line with the Consumer Price Index and had two additional increases. Volunteer carer allowances need to be increased to more appropriately reflect the costs of providing day to day care for children.

Capacity to attract people to become volunteer carers is dwindling because individuals can earn an income by delivering home based child care as a business entity. NTFC is losing carers to the commercial sector where individuals can earn an income from caring. NTFC believes it would have capacity to attract more foster and family carers if the allowances were higher to ensure carers did not incur out of pocket expenses associated with caring.

The current payment system lacks equity. There is insufficient consistency in comparable types of care receiving comparable levels of payment. There needs to be more consistency and transparency in the payment of discretionary costs to meet larger expenses for children in care, for example, vehicles to cater for large sibling groups and child travel.

The shallow pool of foster care placements, combined with the difficulty in locating suitable relative care placements has seen the NT turn to community based organisations to purchase placements in order to provide home based care. There has been a growth in the number of fee for service placements purchased over time.

For profit placements are the largest source of expenditure in the child maintenance budget and account for growth in expenditure, particularly in the last two to three financial years.

NTFC would like to significantly diminish its use of fee for service providers to source OoHC placements. This is because higher cost care does not necessarily provide placements with more experienced or qualified carers or a higher standard of care. This direction also recognises that NTFC values placements where carers are not in an 'employment' relationship to the child.

There is a critical need to develop the residential care aspect of the care system in the NT to be able to cater for those children and young people unsuited to home based care placements or for children and young people requiring placement until an appropriate home based care option can be found.

Over time NTFC has developed creative residential care options that wrap around the needs of specific children and young people. This has included leasing rental

homes in the community in order to provide 24/7 care on a one-on-one basis. Some children have higher staff ratios with complementary security provisions in some instances to mitigate the level of risk the child presents to themselves and/or others. One-on-one care is highly expensive and does not afford young people with an opportunity to live in a setting with age-related peers. Secure Care will cater for the medium-term placement needs of some of this cohort of young people.

NTFC wants to reduce the number of young people residing in one-on-one placements. While some young people will require this level of intense care, a clear framework needs to be developed that articulates the rationale for this type of care, criteria for entry into this type of care, and pathways out of this mode of care.

NTFC needs to develop clear placement referral processes, placement entry and exit pathways to ensure that young people are residing in the least restrictive and intrusive placements possible that do not negate the need to ensure the risk of harm to the client and/or others is not compromised.

Evidence

Nationally, the demand for OoHC has continued to climb since the early 1990s. The number of children in care in the Northern Territory has also grown over time. In thirteen years, the number of children in OoHC has increased 5.5 times and nearly doubled within five years (2004 to 2009).

The NT has consistently had a high reliance upon foster care placements whereas use of relative care placements in the NT has been low compared to other Australian jurisdictions.

NTFC has evidenced a decreasing number of placements registered to care for infants up to one year of age. This is problematic for NTFC given that at least one third of children in care are aged between nought and four years of age.

The majority of registered carers are approved to care for children between one and 10 years of age. The number of registered carers decreases as the age of the children requiring care increases. The decline in the number of home based care options for children aged 10 years and over requires NTFC to consider recruitment strategies to target people willing to care for adolescents, together with complementary group home capacity to cater for this group of children.

There are too few carers registered to care for three or more children. This is problematic for NTFC who is evidencing a growing proportion of larger sibling group families with four or more children entering care. The low ratio of carers able to care for larger groups of siblings lends itself to the creation of group home care options that are specific to sibling groups. NTFC must also determine a schedule of financial support to carers that enable foster and relative carers to care for larger sibling groups, and cater for additional demand in their home. Family group home placements would be created in carers homes to generate additional placement capacity to provide care to large sibling groups.

An estimated 25 per cent of carers have been registered for more than two years. This suggests that the carer population has limited capacity to offer children with more complex needs and challenging behaviours with carers who have a higher level of caring experience.

Approximately one third of carers will care for children with disabilities, despite estimation that around two thirds of the children may have special needs. This has yet to be more accurately quantified.

The Way Forward

While the NT has made attempts to build capacity in the OoHC system, these efforts still fall short of bolstering sufficient capacity to meet current and projected growth demand. There is a need to build capacity and depth in the care system, through a mix of short and long-term strategies to enhance the system to a higher level of depth, maturity and capacity to achieve a better balance between the supply of quality placements and placement demand in the long-term future.

Continuous quality improvement is implicit in each of the priority areas and is a theme that should underpin all the work undertaken to improve the NT OoHC system.

Three key focus areas have been identified as providing a broad framework for moving forward. These are:

1. OoHC Service Management
Structure, budget and resources, quality and performance and risk management.
2. OoHC Service Capacity
Placement options and diversity of what is delivered in placements and the skills of persons delivering care.
3. OoHC Service Delivery
Policy and procedural development.

The following examples indicate how future changes can be built on recent developments both nationally and internationally.

Home Based Care

NTFC policy and practice would support children and young people unable to be reunified with their family of origin to grow up in a permanent care arrangement. Victoria is one jurisdiction that is well developed in their Permanent Care and Adoption programs: www.cyf.vic.gov.au/data/assets/pdf_file/0020/55262/pathway-permanent-care-parents-2007.pdf which offers a platform upon which NTFC can develop its own permanent care options for children and young people.

Future models of financial remuneration to home based placements would reflect the true costs of caring for children in care. The costs of care would be transparent with clear guidelines that articulate what the caring allowances are intended to cover. There will be clear processes to assess and approve extraordinary payments.

Variation in the range of current placement types will be reduced. Payments will be equitable and comparable payments made to comparable placement types.

Payments for children in care will be centralised to streamline processes and reduce the use of professional time to make administrative payments.

Increased carer retention would impact upon the capacity of the care system to deliver more placements better experienced to care for children with more intense needs. Complementary investments in up-skilling carers with training opportunities, including certificate level qualifications would also increase depth in the placement pool best placed to meet the needs of children entering care. There are opportunities to create 'career' pathways for carers to value add to their hands on and formal training experiences on an ongoing basis. This lends itself to considering the creation of professional foster carers in the NT Out of Home Care system.

NTFC are exploring the option to implement a regime comparable to the Payment for Skills scheme used in the United Kingdom whereby carers undertake more training and receive more intense levels of support and receive remuneration in accordance with the levels of training that they have received.

www.plymouth.gov.uk/homepage/socialcareandhealth/childrensocialcare/adoptionandfostering/fostering/paymentforskills.html

There would be further development and resourcing of youth outreach support models for high risk young people under care and protection orders who elect not to reside in allocated placements, like the Youth At Risk team based in Alice Springs. This would serve to ensure that young people on care and protection orders not residing in out of home care placements continue to receive a more intense level of intervention.

Residential Care

In November 2005, NTFC introduced the Specialist Care Program with the aim of providing therapeutic/intensive care for young people with high needs, who had experienced multiple placement breakdowns and/or exhibited extremely difficult behaviours. NTFC wishes to return to the origins of this model and recruit more primary carers to care for children with more complex needs within their family home. These carers would receive intense levels of placement support to assist them to support the child to reduce the intensity of their behaviour over time.

Western Australia is currently implementing a three tier residential care system characterised by increasing intensity of services. The development of intensive therapeutic assessment residential care houses offer potential for adaptation in the Northern Territory. These homes occupy no more than four residents and ensure that the provision of physical care is complemented with the delivery of therapeutic services. For further information see the following web-site:

www.community.wa.gov.au/NR/rdonlyres/BA031FFC-9DF3-4523-B79E0E83361EE9B6/0/OutOfHomeCareServicesFrameworkFinalJuly09.pdf

The Department of Child Safety Indigenous Safe House option is worthy for consideration as a model for residential care in the NT

www.childsafety.qld.gov.au/funding/documents/2009safe-house-information-paper.pdf refers. NT regional areas with Indigenous Safe Houses considered suitable are Alice Springs and Katherine.

Partnerships

The South Australian Rapid Response model offers potential to develop whole of government services for children and young people in care to meet their needs and wellbeing. The National Framework for Protecting Australia's Children requires other government providers to play a greater role in the child protection continuum, including out of home care.

NTFC is keen to determine the level of interest of other providers to deliver OoHC services in the Northern Territory. This would be complementary to working closely with existing service providers to engage in an ongoing service development relationship to boost capacity to develop greater diversity and capacity in the existing non-government sector.

Recommendations

53. That in relation to OoHC management:

- a) NTFC work to maximise partnerships within the OoHC system network to deliver common OoHC services for example consortiums to deliver carer training;
- b) NT Government considers the provision of additional funding to assist NTFC to align internal funding allocations to increasing placement demand and client need; and
- c) NT Government considers substantially increasing allowances payable to volunteer carers to:
 - i. better reflect the costs of caring;
 - ii. increase capacity to recruit and retain carers;
 - iii. move toward greater equity and transparency in allowances paid;
 - iv. enable the centralisation of payments;
 - v. streamline the administrative function; and
 - vi. reduce time spent on paperwork processing by professional staff.

54. That in relation to OoHC capacity:

- a) NTFC invests in strategies that prevent the need for a child to enter out of home care and these prevention strategies are built as a core component of the NTFC OoHC service system through the development of policy and service models;
- b) NTFC work to source relative care options to ensure children and young people have had their relative care options fully exhausted;
- c) NT Government considers the provision of additional resources to up-skill the carer 'workforce' and increase the depth of what placements can offer children and young people while in care;
- d) NT Government considers the provision of additional resources to expand the range of residential care placement options;
- e) NT Government considers the provision of additional resources to increase the capacity of the OoHC system to respond to the needs of young people not suited to home based or residential care placement;
- f) NT Government considers the provision of additional resources to enhance therapeutic capacity in the care and protection system to meet a child's needs and reduce the likelihood that their needs will escalate to require more intense placement options;
- g) NTFC develop new policy and legislative frameworks to increase the transition of children into permanent home based care arrangements; and
- h) NTFC lead the development of whole of government responses to children and young people in care.

55. That in relation to OoHC delivery:

- a) NT Government considers the provision of additional resources to increase the capacity and depth of the NT OoHC service provider field;
- b) NTFC examine options to outsource delivery of identified OoHC services to the non-government sector; and
- c) NT Government considers the provision of additional resources to increase recruitment of paraprofessional staff whose roles and responsibilities would maximise efficiencies in the use of professional officers carrying statutory delegations.

References

- AEDI National Support Centre (2009), *National AEDI Implementation: Community Preparation and Implementation Guide*
www.rch.org.au/aedi/resources.cfm?doc_id=13486, 26/03/10
- Australian Capital Territory Government: Department of Disability, Housing and Community Services (2010), *Child and Family Centres*, viewed March 2010,
www.dhcs.act.gov.au/childandfamilycentres, 26/03/10
- Australian Institute of Health and Welfare (2010), *Child Protection Australia 2008-09*
- Australian Institute of Health and Welfare(AIHW) and the University of New South Wales (2009), 'Australia's mothers and babies 2007', *Perinatal Statistics Series*, Number 23. Australian Institute of Health and Welfare National Perinatal Studies Unit, Sydney
- Australian Law Reform Commission, (2008) *For Your Information: Australian Privacy Law and Practice*, www.austlii.edu.au/au/other/alrc/publications/reports/108/, 26/03/10
- Best Beginnings, WA
www.community.wa.gov.au/DCP/Resources/Best_Beginnings.htm
- Boddy, J, Statham, J, Smith, M, Ghate, D, Wigfall, V, Haur, H (2009), *International Perspectives on Parenting Support Non-English Language Sources*, Department for Children, Schools and Families, London
- Cavanagh, G (SM)., (2009), *Inquest into the death of KF*,
www.nt.gov.au/justice/courtsupp/coroner/documents/A00852006Forbes.pdf, 26/03/10
- Cavanagh, G (SM), (2010), *Inquest into the death of DLM*,
www.nt.gov.au/justice/courtsupp/coroner/documents/D01092007Melvillesuppressed_000.pdf, 25/03/10
- Centre of Excellence for Child and Family Welfare, www.cwav.asn.au/Default.aspx
- Centre for Community Child Health (2000), *A Review of the Early Childhood Literature*; www.aifs.gov.au/cafca/ppp/docs/CCCH_early_childhood.pdf, 26/03/10
- Centre for Community Child Health (2004), *Parenting Information Project Volume One: Main Report*,
http://fahcsia.gov.au/sa/families/progserv/Pages/early_childhood_pip.aspx, 26/03/10
- Centre for Community Child Health (2006), Policy Brief No 1, *Early childhood and the life course*.
www.rch.org.au/emplibrary/ccch/PB1_Earlyhood_lifecourse.pdf#xml=http://www.rch.org.au/cgi-bin/tehis/webinator/search4/pdfhi.txt?query=early+childhood+and+the+life+course&pr=rchmelb_ext&prox=page&rorder=500&rprox=500&rdfreq=500&rwfreq=500&rlead=500&sufs=2&order=r&cq=&id=4bab60d3e6, 26/03/10
- Charles Darwin University (2009), *Let's Start: Exploring Together, An early intervention program for the Northern Territory children and families, Final evaluation report*. Charles Darwin University, Darwin.

Children and Young People's Department (2009), *Guide to Integrated Working*. Metropolitan Borough of Wirral, Wirral.

Communities for Children program

www.fahcsia.gov.au/sa/families/progserv/communitieschildren/Pages/default.aspx

Council of Australian Governments (2009), 'Appendix A: Current initiatives and reforms', *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020*. Commonwealth of Australia, Canberra.

Council of Australian Governments (2009), *Protecting Children is Everyone's Business: National Framework for Protecting Australia's Children 2009-2020: Implementing the first three-year action plan, 2009-12*, Commonwealth of Australia, Canberra.

Council of Australian Governments (2008), *Agenda Paper: National Child Protection Framework*, unpublished

Council of Australian Governments (2008), *National Indigenous Reform Agreement (Closing the Gap)*. Commonwealth of Australia, Canberra

Department for Child Protection (2009), *Annual Report*. Department for Child Protection, Government of Western Australia, Perth.

Department for Child Protection, (2009), *Aboriginal Services, Framework*, www.community.wa.gov.au/DCP/Publications/PoliciesAndStrategicPlans/, 25/03/10

Department for Child Protection, (2009), *Family Support Services and Practice Framework*, www.community.wa.gov.au/DCP/Publications/PoliciesAndStrategicPlans/, 25/03/10

Department for Child Protection, (2009), *Responsible Parenting Service and Practice Framework*, www.community.wa.gov.au/DCP/Publications/PoliciesAndStrategicPlans/, 25/03/10

Department for Child Protection, (2009), *Working together for a better future for at risk children and families: A guide on information sharing for government and non-government agencies*, www.community.wa.gov.au/DCP/Publications/FactSheetsAndGuides/Information_Sharing.htm, 25/03/10

Department for Communities, (2009), *Discussion Paper: Integrated Service Development – A framework for children and family services*, www.communities.wa.gov.au/childrenandfamilies/childcare/Documents/Integrated%20Service%20Cover%20090402.NoPrint.pdf, 25/03/10

Department of Child Safety, (2008), *Child Protection Queensland; 2007-08 Performance Report*, www.childsafety.qld.gov.au/publications/documents/performance-report-2007-2008.pdf, 25/03/10

Department of Community Services, (2008), *NSW Department of Community Services Submission to Special Commission of Inquiry*, www.lawlink.nsw.gov.au/cpsinquiry, 25/03/10

Department of Community Services, (2007), *Technical Report 2: Caseloads in child and family services.*, New South Wales Government

Department of Families, Housing, Community Services and Indigenous Affairs, *Information Sharing to assist families and children in the child protection system:*

Chapter 5 – Barriers to effective information sharing,
www.fahcsia.gov.au/sa/familis/pubs/Documents/information_sharing/report-ch5.html,
22/02/10

Department of Families, Housing, Community Services and Indigenous Affairs,
(2010), *National Standards for Out of Home Care: Consultation Paper*,
www.cnet.ngo.net.au/content/view/46356/229/, 26/03/10

Department of Health and Families, (2009), *Annual Report 2008-09*,
www.health.nt.gov.au/Publications/Corporate_Publications/Annual_Report_2008_-_2009/index.aspx

Department of Health and Families, Aboriginal Cultural Security,
www.health.nt.gov.au/Aboriginal_Health/Publications/index.aspx, 22/03/10

Department of Human Services, (2007), *'Executive Summary', Strategic Framework for Family Services*. Office for Children, Victorian Department of Human Services, Melbourne.

Department of Human Services: Children, Youth and Families (2009), *How to make a referral or report*, viewed March 2010. www.cyf.vic.gov.au/family-services/how-to-make-a-referral-or-report, 26/03/10

Department of Human Services, (2007), *every child every chance – Cumulative Harm: a conceptual overview*, Victorian Government and the Commonwealth of Australia

Department of Human Services, (2007), *every child every chance: Specialist Practice Guide Cumulative Harm*, Victorian Government and the Commonwealth of Australia

Every Child Matters program in the UK at www.dcsf.gov.uk/everychildmatters/

Families NSW
www.families.nsw.gov.au/your_family/children_3_to_8/triple_p.html

Flexible Learning Centre, (2009), *Every Young person Every Chance: Regional Strategy Philosophy –SWPBS Operating Principles Staff Allocation*, (unpublished)

Association of Children's Welfare Agencies and Centre for Community Welfare Training, (2008), *Submission to the Special Inquiry into Child Protection Services in NSW*

Freitag, R., Park, K., Hanusa, E., (2009), *Hand in Hand: How One of the National's Largest Child Welfare Agencies Transformed Itself for Better Outcomes for Children*, Children's Research Centre

Guterman, N (2009), *Hope for Change: Taking Stock of the Emerging Home Visitation Field*, School of Social Service Administration, University of Chicago

Higgins, DJ., Bromfield, LM. and Richardson, N., (2006), *Child abuse prevention: what works? The effectiveness of home visiting programs for preventing child maltreatment*, National Child Protection Clearinghouse, Research Brief No 2 2006

Holzer, P., (2007), *Defining the Public Health Model for the child welfare services context*, National Child Protection Clearinghouse, Resource Sheet No 11, 2007

Holzer, P, Bromfield, L and Richardson, N (2006), *Child Abuse Prevention: what works? The effectiveness of parent education programs for preventing child maltreatment*. National Child Protection Clearing House, Research Brief, No 1, 2006

Horner, R, (undated), *The Role of Wraparound within School-wide Positive Behavior Support*,

www.pbis.org/common/pbisresources/presentations/rhroleofwraparoundinpbis0308.ppt, 25/04/10

Jean I. Layzer, Barbara D. Goodson, Lawrence Bernstein, Cristofer Price, 2001, *National Evaluation of Family Support Programs, Volume A: The Meta-Analysis*, Abt Associates Inc, Cambridge Massachusetts

KPMG, (2009), *Evaluation Framework – Child and Family Services Reforms*, www.cyf.vic.gov.au/?a=308579, 26/03/10

Layzer, J I, Goodson, B D, Bernstein, L and Price, C (2001), *National Evaluation of Family Support Programs, Volume A: The Meta-Analysis*, Abt Associates Inc, Cambridge Massachusetts

Moran, P, Gbate, D and van der Merwe, A (2004), *What works in Parenting Support? A review of the International Evidence*. Department for Education and Skills, London

National Child Welfare Resource Center for Family-Centered Practice (2001), 'Family-Centered Child Welfare', *Best Practice Next Practice Vol. 2 No. 1 Spring 2001*. Learning Systems Group, Washington DC

New South Wales Government: Department of Community Services, *Prevention and Early Intervention Literature Review* www.community.nsw.gov.au/docswr/assets/main/documents/eip_literature_review.pdf, 26/03/10

New South Wales Law Reform Commission, (2008), *Consultation Paper 3 Privacy Legislation in New South Wales* www.lawlink.nsw.gov.au/lawlink/lrc/lrc.nsf/pages/LRC_cp3toc, 26/03/10

Parenting Support Toolkit, Victoria www.health.vic.gov.au/drugservices/pubs/parenting-support.htm

Parenting WA Strategic Framework www.communities.wa.gov.au/childrenandfamilies/parentingwa/Pages/AboutUs-StrategicFramework.aspx

PeakCare: Child Protection Partnership Forum (2008), viewed March 2010, www.peakcare.com.au, 26/03/10

Policy Brief No 17 2009, *Integrating Services for Young Children and their Families*, www.rch.org.au/ccch/policybriefs.cfm, 26/03/10

Productivity Commission, (2010), *Report on Government Services 2010*, www.pc.gov.au/gsp/reports/rogs/2010, 26/03/10

Productivity Commission, (2010), *Report on Government Services 2010*, www.pc.gov.au/gsp/reports/rogs/2004, 26/03/10

Queensland Council of Social Services, (200?), *Fairness Within Prosperity – 6 Child Protection* www.qcross.org.au/upload/5004_6.%20Child%20Protection.pdf, 26/03/10

Queensland Government: Child Safety (200?), *Child Safety Practice Manual – General procedures: v. Case management*, www.childsafety.qld.gov.au/practice-manual/index.html, 26/03/10

Queensland Government, (2003), *Queensland Government Submission to the Crime and Misconduct Commission Inquiry into the Abuse of Children in Foster Care in Queensland*, www.childsafety.qld.gov.au/fostercare/documents/cmc-submission-2003.pdf, 25/03/10

- Sammut, J. and O'Brien, T (2009), *Fatally Flawed: The Child Protection Crisis in Australia*. Centre for Independent Studies, St Leonards
- Schorr, L., Marchand, V., (2007), *Pathway to the Prevention of Child Abuse and Neglect*, Harvard University
- Scott, D., (2006) Keynote Address and paper presented at the 10th Australasian Child Abuse and Neglect Conference Wellington NZ, February 2006
- Silburn, SR., Zubrick, SR., De Maio, JA., Shepherd, C., Griffin, JA., Mitrou, FG., Dalby, RB., Hayward, C., Pearson, G., *The Western Australian Aboriginal Child Health Survey; Vol 4 Strengthening the Capacity of Aboriginal Children, Families and Communities*. Chapter 8. Perth: Curtin University of Technology and Telethon Institute for Child Health Research, 2006
- Social Inclusion Task Force (2007), *Reaching Out: Think Family – analysis and themes from the Families at Risk Review*. Cabinet Office, London
- South Australia Government (2008), *Information Sharing: Guidelines for promoting the safety and wellbeing of children, young people, and their families*. South Australia Government, Adelaide
- St Lukes (2008), '1.5 Child FIRST model: Agreed Principles', *North Central Victorian Family Services Alliance Child FIRST Operations Manual*, viewed March 2010, <http://stlukes.org.au>, 26/03/10
- Strong Families, WA
www.strongfamilies.wa.gov.au/, 26/03/10
- Social Policy Research Centre Consortium (2009) – *Brighter Futures Early Intervention Program May 2009 Interim Evaluation Report for the NSW Department of Community Services May 2009*, Social Policy Research Centre, University of New South Wales
- Tasmania Government: Department of Health and Human Services (2009), 'Gateway Services', *Future Communities*, viewed March 2010, [www.dhhs.tas.gov.au/ data/assets/pdf_file/0020/36038/Gateway Fact Sheet 2008-11-17 2.pdf](http://www.dhhs.tas.gov.au/data/assets/pdf_file/0020/36038/Gateway_Fact_Sheet_2008-11-17_2.pdf), 26/03/10
- Telethon Institute for Child Health Research (2009), *Western Australian Aboriginal Child Health Survey; Vol 4 Strengthening the Capacity of Aboriginal Children, Families and Communities, Chapter 8: Ensure programmes build capability in families and communities with Aboriginal Children – recommended actions*. www.ichr.uwa.edu.au/files/user17/Volume4%20Chapter8.pdf, 26/03/10
- Thomas, S (2007), *The Victorian Family Support Innovation Projects: Final Evaluation Overview Report*. Monash University
- Tilbury, Dr C (2010), *Addressing the Over-Representation of Aboriginal and Torres Strait Islander Children and Families in Queensland's Child Protection System* [http://qcross.org.au/upload/4175 Combined%20Voices%20Policy%20Monograph%20Addressing%20Over-representation.pdf](http://qcross.org.au/upload/4175_Combined%20Voices%20Policy%20Monograph%20Addressing%20Over-representation.pdf), 26/03/10
- Tomison, A M; Stanley, J (2001). *Strategic Directions in Child Protection: Informing policy and Practice*. Unpublished report for the South Australian Department of Human Services, Brief No 2

Tomison, AM (2002), *Preventing child abuse: Changes to family support in the 21st century*, Child Abuse Prevention Issues No 17, National Child Protection Clearinghouse, Australian Institute of Family Studies

Tomison, A M, (2004), *Current issues in child protection policy and practice: Informing the NT Department of Health and Community Services child protection review*, National Child Protection Clearinghouse, Australian Institute of Family Studies

Victoria Government (2008), *A strategic framework for Family Services*, www.cyf.vic.gov.au/_data/assets/pdf_file/0006/43782/ecec_family_services_implementation_plan.pdf, 26/03/10

Victorian Government, *Victorian Budget 2009-10: Budget Paper No 3 Service Delivery*, www.budget.vic.gov.au/CA25755B0004CE3B/pages/service-delivery, 26/03/10

Victoria Government: Department of Human Services: Children, Youth and Families (2004), *Putting Children First... the next steps*, www.cyf.vic.gov.au/policy-planning-funding/references/putting_children_first, 26/03/10.

Victoria Government: Ombudsman (2009), *Own motion investigation into the Department of Human Services Child Protection Program*. www.ombudsman.vic.gov.au/resources/documents/Investigation_into_the_Department_of_Human_Services_Child_Protection_Program.pdf, 26/03/10

Victorian Child and Adolescent Mental Health Services
www.health.vic.gov.au/mentalhealth/camhs/index.htm

Victorian Child Death Review Committee (2006), *Child Death Group Analysis: Effective responses to chronic neglect*. Office of the Child Safety Commissioner, Melbourne.

Vimpani, G., Patton, G., and Hayes, A., (2002), *Children's Health and Development: New Research Directions for Australia*, Research Report No 8, 2002, www.aifs.gov.au/institute/pubs/resreport8/2.html, 26/03/10

Walker, R and Shepherd, C., (2008) *Strengthening Aboriginal family functioning; What works and why*, Australian Family Relationships Clearing House, Briefing No 7, 2008 www.aifs.gov.au/afrc/pubs/briefing/briefing7.html, 26/03/10

Western Australia Government: Department for Child Protection (200?), *Child Protection Roles*, viewed March 2010, www.community.wa.gov.au/DCP/Jobs/Child+Protection+Roles.htm, 26/03/10

Winworth, G and Healy, C (2009), *The Victorian Community Linkages Project: Increasing collaboration between State and Commonwealth service systems to improve the safety and wellbeing of vulnerable children in Frankston-Mornington Peninsula and Wodonga*. Australian Catholic University, Dickson.

Woods, J., (2008) *Report of the Special Commission of Inquiry into Child Protection Services in NSW*, www.lawlink.nsw.gov.au/cpsinquiry, 26/03/10



Attachments

Submission to the
Inquiry into the Child Protection System in
the Northern Territory

Attachments

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Overview of NT Child Protection Reforms

1. Caring for Our Children – Reform Agenda

In December 2003 then Minister for Community Services Jane Aagaard announced a comprehensive child protection reform package *Framework for Building a Better Child Protection System*.

This was a five-year agenda aiming to reform child protection and to develop a more comprehensive range of approaches to protecting children and supporting families.

The three elements of the reform package were:

- one size doesn't fit all: different responses for different families;
- a team effort: child protection is everyone's business, and everyone has a role;
- more resources to get the job done.

Running parallel to these initiatives was a review of the *Community Welfare Act 1983* and a review of the then FACS Service System.

These initiatives were all linked under the banner of 'Caring for our Children' reform agenda; Cabinet approved funding totalling \$53.8 million over five years commencing in 2003/04 to support these reforms.

2. Inquiry into Child Sexual Abuse in Aboriginal Communities

On 15 May 2006 ABC's Lateline featured NT prosecutor Dr Nanette Rogers in a story highlighting the extent of violence and child abuse in Aboriginal communities in Central Australia. The story attracted significant media attention nationally and was followed up by Lateline with the story of suspected paedophile trading petrol for sex with young girls in Mutitjulu.

On 22 June 2006 the Chief Minister announced an inquiry into child sexual abuse in Aboriginal communities to find better ways to protect Aboriginal children from sexual abuse. The Inquiry was co-chaired by former Northern Territory Public Prosecutor Rex Wild QC and Chair of AMSANT and noted Aboriginal Health Leader, Ms Pat Anderson.

The Inquiry was convened under the *Inquiries Act* by the Department of Chief Minister and was independent from FACS.

The Inquiry provided a report to Government titled *Little Children are Sacred* and detailed 97 recommendations. The report was considered by Cabinet and publicly released by the Chief Minister on 15 June 2007.

3. NT Emergency Response

On 21 June 2007 the former Australian Government announced the Northern Territory Emergency Response (NTER).

The NTER was supported by legislative amendments by the Australian Government, some of the strategies which began to roll out almost immediately included compulsory child health checks and other administrative measures. Administrative measures introduced through the *Northern Territory Emergency Response Act 2007* included alcohol bans, audit of computers for prohibited materials, acquisition of land and property, business management in communities, bail and sentencing laws, and measures in relation to community stores.

NTER measures applied to 'prescribed areas' as defined in the *Northern Territory Emergency Response Act* and included; Aboriginal land, town camps, Aboriginal community living areas and other areas declared by the Commonwealth Minister to be a prescribed area.

4. Closing the Gap – Generational Plan to Reduce Indigenous Disadvantage

On 20 August 2007 the NT Government announced the *Closing the Gap of Indigenous Disadvantage*, a package of measures to be implemented over 5 years with a budget allocation of \$286 million.

The plan extends beyond the 97 recommendations of *Little Children are Sacred* to tackle legislative reform, governance, employment and economic development, remote area policing, health, housing, communication and engagement.

Closing the Gap allocated \$61.89 million to NTFC for the period 2007 to 2012 to implement child protection, family violence and sexual assault initiatives. A further \$0.5 million was allocated over the same period for additional Alcohol and Other Drug intervention and \$3.6 million for early childhood development programs.

NT Government agencies worked in collaboration with the Australian Government to align investment in initiatives arising from the NTER and Closing the Gap to reduce duplication and maximise outcomes for clients.

5. High Risk Audit

On 19 July 2007, the then Minister for Family and Community Services, Ms Delia Lawrie announced an independent audit of clients at risk within the Community Services portfolio.

The audit was pre-empted by the death of two individuals for whom the Department held a level of responsibility; one a 12 year old girl in the care of the Minister and the other a relative carer (uncle) for a 17 year old boy.

The requirements for the audit as identified by the Minister included 'A risk assessment of all potentially at risk clients across the Territory' and would 'look at clients across the agency's divisions of Alcohol and Other Drugs, Family and Children's Services, Aged and Disability and Mental Health.'¹

The central focus of the audit was to assess risk management strategies for client care in Community Services to determine if they reflect professional practice and models of care.

The High Risk Audit identified 30 recommendations, 8 recommendations identified cross-program issues with the remaining recommendations focussed on individual programs. DHF committed and is continuing to implementing all 30 recommendations.

¹ *Independent Audit for Family and Community Services*, Media Release, Northern Territory Government, Delia Lawrie, Minister for Family and Community Services, 19 July 2007.

Coronial Recommendations

Three coronial investigations were undertaken in 2009 relating to the deaths of children known to Family and Children’s Services (Forbes, Johnston and Melville).

On 4 June 2009 the Coroner delivered a decision regarding the suicide of a young Indigenous woman in Central Australia (Forbes), and on 19 January 2010 he highlighted systemic failings by the Department in the delivery of care and protection services to children in the care of the Chief Executive (Johnston and Melville).

The Department of Health and Families has committed to implementing all operational recommendations.

Recommendations – Forbes coronial	Time frame for meeting recommendation
<p>1. I recommend that the Director General for the Department of Health introduce an Adolescent Health Service within NT Department of Health.</p>	<p>DHF is currently developing an Adolescent Health Service, driven by Acute Care to deliver coordinated and targeted services to meet the complex and diverse range of health needs for adolescents. A new position is being created whose role is to develop the Adolescent Health Service through documentation and implementation of an integrated Adolescent Health Service Framework. This role should be recruited to by May 2010. The creation of an Integrated Health Service Framework is intended to make the most of new opportunities, build on existing services and infrastructure and leverage related initiatives that are planned or underway. The other aspect is to identify and fill services gaps in the NT for adolescent health. The objective is to ensure that adolescents living in the NT have appropriate and culturally secure services available to them to meet their needs and that there are sustainable linkages developed between different service offerings and providers.</p>

Recommendations – Johnston coronial	Time frame for meeting recommendation
<p>1. It is recommended, in relation to systems (including computer and hard copy files systems), staff recruitment, training and support that adequate resources are given to fix these concerns.</p>	<p>Commence and continue staged roll-out of:</p> <ul style="list-style-type: none"> • system enhancements • staged training of staff <p>September 2010 – July 2011.</p>
<p>2. It is also recommended that the MOU between FACS and the Police be formally signed off.</p>	<p>MOU to be signed by March 2010.</p>

Recommendations – Melville Coronial	Time frame for meeting recommendation
Recommendations proposing legislative changes	
<p>1. The <i>Care and Protection of Children Act 2008</i> be amended to include a requirement that a child under the care of the CEO and who is residing in the Territory must be visited by a person authorised by the CEO at least once every two months.</p>	<p>These amendments are likely to be impacted by new National Standards for Children in Care that will be finalised by the end of 2010.</p>
<p>2. Regulations should be promulgated under section 78(3) of the <i>Care and Protection of Children Act 2008</i> which specify certain basic standards of care that must be provided to a child at the placement arrangement.</p>	<p>Any legislative changes will be made in concert with the new standards and findings supported by the NT Government following the Inquiry into the NT's Child Protection System.</p>
<p>3. Section 70 of the <i>Care and Protection of Children Act 2008</i> be amended to include that a care plan must refer to the basic standards of care specified in the Regulations. Consequential amendments should be made to section 76 of the Act.</p>	
<p>4. Section 74 of the <i>Care and Protection of Children Act 2008</i> should be amended to require the person conducting the six monthly review of the care plan to assess whether the carer is meeting the basic standards of care specified in the Regulations.</p>	
<p>5. Section 12 of the <i>Care and Protection of Children Act 2008</i> should be amended to include a sub-section specifying that a person with whom an Aboriginal child is placed be required to meet the basic standards of care specified in the Regulations.</p>	
<p>6. Consideration should be given to amending the <i>Care and Protection of Children Act 2008</i> to permit a regular court review of protection orders made under Subdivision 3 of Division 4 of Part 2.3 of the Act.</p>	
<p>7. Part 5.1 of the <i>Care and Protection of Children Act 2008</i> should be amended to provide for a regular two yearly review of administration of the Act in so far as it relates to protected children and to confer more specific powers on the Children's Commissioner to enable him or her to conduct such a review.</p>	
<p>8. Section 15 of the <i>Care and Protection of Children Act 2008</i> should be amended to include a definition of 'cumulative harm' to a child.</p>	

Recommendations – Melville Coronial (continued)	
Recommendations proposing policy and operational changes	
9. Professional staff at FACS should receive specific training concerning issues of identifying and dealing with issues of cumulative harm to children in the care of the CEO.	Based on adequate resource allocation, implementation completed by July 2011 .
10. FACS should develop a written handover system when one caseworker takes over a new case. Such a system should include a short succinct summary identifying any risk factors or areas of concern pertaining to the child in care.	Implemented by June 2010 .
11. FACS should enhance its computerised information system to ensure that caseworkers can easily identify 'red flag' issues or issues of concern in respect of each child in care.	Commence and continue staged roll-out of: 1. system enhancements 2. training of staff September 2010 – July 2011 .
12. FACS notify the NT Police of the name and address of a carer with whom the CEO has entered a placement arrangement, and develop a protocol for the police to notify FACS in relation to any matters of interest relating to that carer or that address.	Based on adequate resource allocation, implementation completed by July 2011 .
13. The carer application forms be amended to include information about all the children that has ever been in the care of an applicant for care.	Contingent on adequate resource allocation, implementation completed by June 2011 .
14. FACS provides sufficient administrative support in terms of administrative personnel and equipment for caseworkers to enable caseworkers to focus on their core responsibilities of protecting children in care.	Appointment of additional FTEs if resources allocated by July 2011 .

High Risk Audit Recommendations Update

Note: The recommendations contained in the tables below are abbreviated and not written in full.

Recommendation	Actions
NT FAMILIES AND CHILDREN'S SERVICES	
1. A review of the current tools and processes should be undertaken.	The Intake Event (where worker's input data) has been implemented. Decision-making tools reviewed for implementation June 2010.
2. Develop a strategy for young people with high needs and challenging behaviours.	An Information Sharing Policy has been implemented. Youth Services Branch and Youth Support Centres established.
3. Develop a small-scale 'secure care' facility.	Funding was announced in the 2009/2010 Budget. This project has commenced. Design drafted – Tier I and Tier II. Sites located – Darwin and Alice Springs.
4. Review policies around transferring cases between regions.	Policy review completed and updated.
5. Improve the compliance rates relating to carers ie. registration.	A NTFC Quality Framework has been developed and implemented with monthly random monitoring of compliance to legislation and policy. Monthly senior management meetings to monitor compliance. New CCIS reporting tool available to track registration compliance. Additional staff appointed to meet demand.
6. Implement a plan to reduce reliance on care providers not assessed, licensed or trained.	Two new emergency care options based in Darwin have been developed. A new residential care option commenced operation in Alice Springs. A training position has been established to providing training to carers. Internal placement practice enhanced to ensure alternate care options are always the option of last resort.

Recommendation	Actions
7. Review the risk management of high risk clients.	<p>Implementation of the Client Summary level in CCIS.</p> <p>New policy and procedures have been developed for critical incidents.</p> <p>Implementation of the Shared Client Case Management Framework.</p>
8. Investigate a risk-based foster family classification system.	<p>Guidelines for the intensity of support to placements have been developed.</p> <p>All carer assessment templates currently under re-development to identify and document 'red flags' issues.</p>
9. Having identified a child with special health needs intensive monitoring should occur.	<p>Policy and procedures have been reviewed.</p> <p>New procedures to assess the intensity of support needs is in final draft.</p> <p>Guidelines for Intensity of Support to placement specifically identify children with special health needs.</p>
10. Develop timely and efficient process of case transfer.	<p>Incorporated into revised policy and procedures.</p>
11. When a child is assessed as 'conditionally safe from harm while supports are available' system of monitoring needs to continue.	<p>A review of the policy and procedures has been completed and implemented.</p> <p>A Practice Reflection Forum has been established to review complex and/or long-term cases.</p>
AGED AND DISABILITY SERVICES	
12. Revise service agreements with NGOs in accordance with the <i>Northern Territory Disability Standards</i> . Include the requirement to conduct risk assessments for all clients.	<p>All service agreement now have risk management reporting requirements.</p>
13. Update and standardise policies and procedures.	<p>The completed Practice Manual was officially launched in September 2009.</p>
14. Assign a status for case allocation.	<p>The guideline is included in the Practice Manual.</p>

Recommendation	Actions
15. A Needs and Risk Assessment be completed and an Individual Service Plan be conducted for all cases classified as being 'Medium' or 'Complex'. A case manager to be assigned.	The guideline is included in the Practice Manual.
16. A risk assessment tool be developed for the program.	This tool has been developed and implemented on 1 October 2007.
17. Risk assessments to be conducted by staff who have direct client contact.	This is contained in the Practice Manual and includes a central intake mechanism and assessment of all clients.
18. Implement a strategy expand services to clients in remote areas.	Not complete – a strategy is being implemented that sees a more efficient use of existing respite and supported accommodation resources.
ALCOHOL AND OTHER DRUGS PROGRAM	
19. AODP consider development of adjunct approaches to the treatment of young people with serious substance abuse issues, for example, a model based on the Multi-Systemic Therapy approach.	<p>The Multi-Systemic Therapy (MST) model was considered but is not being implemented as the NT does not have the critical mass of practitioners and our remote context precludes this as an efficient way of providing therapeutic services. Elements of the MST approach to complex clients is being used.</p> <p>The development of the Shared Client Case Management Framework has improved the way young people with high risks are case managed across programs.</p>
MENTAL HEALTH SERVICES	
20. Review the policy on risk assessment as well as the use of the Risk Assessment Tracking Tool.	<p>Policies and procedures have been reviewed.</p> <p>The electronic client information system now includes the Risk Assessment Tracking Tool.</p>
21. Update the Risk Assessment Tracking Tool to include case review time frames.	The Risk Assessment Tracking Tool has been reviewed and updated.
22. Investigate the reasons for the low usage rate of the client database alert system.	<p>A cross-program information sharing client alert mechanism has been implemented.</p> <p>Training on use of the Alert System in CCIS was carried out across the NT in February 2009.</p> <p>The Risk Assessment Tracking Tool has also been reviewed and updated.</p>

Recommendation	Actions
CROSS-PROGRAM ISSUES	
<p>23. Develops an annual risk management plan that specifically identifies risks to clients and others.</p>	<p>The Department of Health and Families' revised Risk Management Policy and Guidelines were approved in June 2009.</p> <p>Divisional and Program/Branch risk management plans form part of the Departmental Business Planning Process 2009/2010.</p>
<p>24. Develop a 'flagging' system in the CCIS where workers in one Program are alerted that the client (and/or an immediate family member) is being served by another Program within the Division.</p>	<p>The Community Services Information Sharing Policy has been finalised, endorsed and implemented.</p> <p>Changes have been made to CCIS to enable case workers to identify cross program clients.</p> <p>Provision of Alert function for a notification to NTFC client where they have had contact with an NT hospital.</p>
<p>25. Develop and implement a <i>Complex Needs Coordination</i> strategy including prescriptive guidelines for cross-program coordination in cases where high risk is identified and multiple Program case involvement.</p>	<p>Consultation occurred to develop a Complex Needs Coordination Strategy, including guidelines and implementation, and incorporating a response to the issue of 'flagging' shared clients (Recommendation 24 above).</p> <p>Senior staff from each program now operates as lead practitioners to work across programs in the facilitation of shared client case management plans.</p>
<p>26. Develop a mechanism to identify and class each client in terms of risk status; funded NGOs rated in terms of its capacity to manage clients at specified risk levels; review service plans; and internal auditing processes to ensure NGOs comply with funding conditions.</p>	<p>The development of a comprehensive NGO quality improvement strategy is being managed through the Government Relations team in the Office of the CE.</p> <p>A DHF Grants Policy is being developed that will underpin new Grant Terms and Conditions (ie. the Service Agreement), and a monitoring framework. A risk assessment process for all funded services/NGOs will also be introduced.</p>
<p>27. Identify the practice areas where risk to clients is compromised and develop a plan to address the problems of compliance along with appropriate goals, timeframes and review processes.</p>	<p>A Quality Framework was developed for Community Services in early 2008, which with the Departmental restructure in July 2008, became a framework basis for program based approaches to quality.</p> <p>The Community Services Program Network was established as an internal DHF committee to facilitate ongoing, strategic consideration and management of cross-program and division issues affecting the community services programs.</p>

Recommendation	Actions
<p>28. Develop strategies to ensure that processes of policy standardisation within Programs.</p>	<p>The policy and practice manuals of each program have been revised with oversight from the Manager Quality Improvement.</p> <p>A cross-program risk tool was developed for inclusion in the Shared Client Case Management Framework.</p>
<p>29. That the relevant recommendations pertaining to record management in the two internal reviews apply to all four Programs.</p>	<p>An NTFC Records Management Working Group has been established to continue the development of new policies and revised procedures and tools for record keeping.</p> <p>Rollout of NTFC Fieldbooks to trial work unit sites.</p> <p>NTFC accepted quote to make amendments to CCIS to improve capacity to record information for related clients.</p> <p>The Aged and Disability Practice Manual was launched in September 2009 and this includes the new procedures for records management.</p>
<p>30. Each of the Community Services Programs has a comprehensive workforce strategy in place to address recruitment needs.</p>	<p>Core capabilities for child protection workers in the administrative and professional field have been drafted and discussed with the Office of the Commissioner for Public Employment.</p> <p>NTFC has formed a Recruitment and Retention Working Group who are working on new strategies for use in that division.</p> <p>An Allied Health Workforce Plan has been developed and aims to focus recruitment and retention efforts.</p> <p>AODP provides accredited Alcohol and Other drugs training at the certificate III, IV and diploma level and this is a requirement of service agreements with NGOs.</p>

Funded initiatives in the NT that support vulnerable children and families

ATTACHMENT D

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
<p>Universal Programs rated Priority A (A = model has demonstrated capacity and outcomes that are making children and families safer and meeting a service gap)</p>			
<p>DET Early Childhood Policy and Regulations</p>	<p>Integrated Child and Family Centres Program: establish 5 Indigenous Child and Family Centres; development of culturally appropriate and inclusive integrated early learning curriculum based on the Early Years Learning Framework, increased parental engagement in children's development programs, improved childcare service, data sharing/common assessment framework.</p>	<p>Maningrida, Gunbalanya, Ngukurr, Yuendumu, Palmerston</p>	<p>Increased proportion of Indigenous children attending the Children and Family Centres who have had all age-appropriate health checks and vaccinations; increased proportion of Indigenous three and four year olds participating in quality early childhood education and development and child care services; increased proportion of Indigenous children attending the Children and Family Centres who go on to attend school regularly; increased proportion of Indigenous children and families accessing a range of services offered at or through Children and Family Centres, including but not limited to childcare, early learning, child and maternal health, and parent and family support services; increased proportion of pregnant Indigenous women with an antenatal contact in the first trimester of pregnancy in each year; increased proportion of Indigenous teenagers accessing sexual and reproductive health programs and services; reduced proportion of Indigenous babies born with low birth weight each year; reduced mortality rate of Indigenous infants each year; reduced proportion of Indigenous women who use substances (tobacco, alcohol, illicit drugs) during pregnancy each year; reduced proportion of hospital admissions of Indigenous children 0-4 years. Increased engagement of parents and 0-3 year olds in parenting and early learning programs.</p>
<p>DET Early Childhood Policy and Regulations</p>	<p>Families as First Teachers – a trial program that involves parents and the whole community in a child's education before they start school. It initially focuses on play and interaction with parents followed by a focus on healthy habits and literacy skills for children up to 4 years of age, the second part aims to increase involvement of Indigenous school staff in the learning and teaching of English literacy and numeracy Indigenous Parent Support Services / Location al Supported Playgroups</p>	<p>20 Territory Growth Towns</p>	<p>Increased proportion of Indigenous children attending the Children and Family Centres who have had all age-appropriate health checks and vaccinations; increased proportion of Indigenous three and four year olds participating in quality early childhood education and development and child care services; increased proportion of Indigenous children attending the Children and Family Centres who go on to attend school regularly; increased proportion of Indigenous children and families accessing a range of services offered at or through Children and Family Centres, including but not limited to childcare, early learning, child and maternal health, and parent and family support services; increased proportion of pregnant Indigenous women with an antenatal contact in the first trimester of pregnancy in each year; increased proportion of Indigenous teenagers accessing sexual and reproductive health programs and services; reduced proportion of Indigenous babies born with low birth weight each year; reduced mortality rate of Indigenous infants each year; reduced proportion of Indigenous women who use substances (tobacco, alcohol, illicit drugs) during pregnancy each year; reduced proportion of hospital admissions of Indigenous children 0-4 years. Increased engagement of parents and 0-3 year olds in parenting and early learning programs.</p>
<p>Department of Health and Families - NT Families and Children Division</p>	<p>Safe Kids Strong Futures – a training program informing community-based workers on how to respond to child protection issues and concerns within a culturally relevant context. Developed specifically for use by remote Aboriginal community-based workers and other community members who work in urban, rural and remote communities of the Northern Territory.</p>	<p>30 remote communities across the NT</p>	<p>Increased community awareness of child protection mandatory reporting requirements and the service system in place to support families.</p>
<p>Department of Health and Families (NTFC) with NAPCAN Incorporated (National Association Prevention Child Abuse and Neglect)</p>	<p>NAPCAN NT provides the following range of activities:</p> <ul style="list-style-type: none"> • Child Abuse Prevention Activities • National Child Protection Week Grants • Child Abuse Prevention Partnership Activities • Coordination and promotion of Children's Week, including administration of Children's Week Grants 	<p>NT wide</p>	<p>Increased community partnerships in activities and programs that aim to reduce the risk of child abuse and neglect and increase protective factors for children within their communities.</p>

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Department of Health and Families - Centre for Disease Control (CDC) - Sexual Health & Blood Borne Virus Unit	Supporting remote health services to deliver comprehensive sexual health programs	Darwin, Alice Springs, Tennant Creek, Katherine, Nhulunbuy	Improving remote health sexual health service delivery
Department of Health and Families - Centre for Disease Control (CDC) - Sexual Health & Blood Borne Virus Unit	Sexuality education to NT Aboriginal adolescents	NT wide	Multiple. For young people- increasing awareness of high rates of STIs in NT, encourage safe sex practices, testing and treatment
Department of Health and Families - Centre for Disease Control (CDC) - Safety & Injury Unit	Palmerston Safe Communities - Palmerston Region Safe Communities Committee works in partnership with Council, NTG, businesses and the community to reduce and prevent injuries, accidents and crime.	Palmerston	Set up community network to look at issues such as drowning, poisoning, motor vehicle accidents.
Department of Health and Families - Centre for Disease Control (CDC) - KIDSAFE NT	Kidsafe is a national organisation which speaks up for our children. It aims to reduce the number of children being killed or maimed from injuries. Kidsafe has branches in every state and territory, and is recognised as a leader in community based and professional activity related to child safety.	Rapid Creek Office	Reduce the incidence of child accidents through Giving kids a good start in life. Increase awareness of child safety issues within the Aboriginal community
Department of Health and Families - Centre for Disease Control (CDC) - Community paediatrics	Delivery of clinical paediatric services to remote communities.		
Department of Health and Families - Centre for Disease Control (CDC) - Rheumatic Heart Disease	Provision of Secondary Prophylaxis for the preventions and control of rheumatic heart disease (RHD)	NT wide	To reduce the prevalence of RHD through early and appropriate detection, notification and follow-up. To reduce the gap between Indigenous and non-Indigenous life expectancy.
Department of Health and Families - Remote Health Branch	Families as First Teachers	Wadeye	
Department of Health and Families - Remote Health Branch	Healthy Under 5's check - The Healthy Under 5 Kids Program (HU5K) incorporates a series of age specific child health checks of Aboriginal children by staff in remote health centres. Child health checks help facilitate prevention, early detection intervention and management for common and treatable conditions that cause morbidity and early mortality with referral for more serious or chronic conditions.	All remote health centres	Monitor growth of children; Provide advice to parents relating to growth and development
Department of Health and Families - Remote Health Branch	School screening (trial)	All remote health centres	Monitor growth of children; Provide advice to parents relating to growth and development
Department of Health and Families - Remote Health Branch	Sexually Transmitted Infections screening	All remote health centres	Monitor sexual health of children; Provide advice to children relating to sexual practices and lifestyle
Department of Health and Families - Remote Health Branch	Strong Women Strong Babies, Strong Culture - a program that promotes improvement in the health of Aboriginal women and their babies.	Nguiu, Oenpelli, Wadeye,	Provide advice to parents relating to growth and development
Department of Health and Families - Remote Health Branch	Healthy School Aged Kids program - aims to improve the health, wellbeing and learning outcomes of school-age children living in remote communities in the NT through health and education staff working together with children, families and the community.	Oenpelli	Provide advice to parents relating to growth and development; Provide treatment pin

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Department of Health and Families - Remote Health Branch	Two and Five Nutrition program - encourages increased consumption of fruit and vegetables and refers to the recommended minimum number of two serves of fruit and five serves of vegetables per day for adults.		Support approach
Department of Health and Families - Remote Health Branch	Integrated Child and Family Centres	Yuendumu, Oenpelli, Maningrida	Monitor child's growth and development. Provide advice to parents. Linkages with DET and NGO's
Department of Health and Families - Remote Health Branch	Acute primary health assessments	All remote health centres	Provide treatment and advice for presenting conditions
Department of Health and Families - Remote Health Branch	Mandatory reporting and Prevention of Child Sexual Abuse	Remote and community health centres; staff orientation & education forums	Practitioners aware of and execute mandatory reporting obligations
Department of Health and Families - Remote Health Branch	Antenatal programs	All remote health centres	Monitor progress of pregnancy; Provide advice to women (& partners where willing) relating to healthy parenting
Department of Health and Families - Remote Health Branch	Anti-suicide programs	All remote health centres	Provide advice to clients and carers regarding warning signs, mental illness
Department of Health and Families - Remote Health Branch	Supporting grandparents who support children	All remote health centres	Monitor and provide treatment for presenting conditions; refer prn
Department of Health and Families - Remote Health Branch	Tiwi Islands Sexual Health Program	All Tiwi health centres & community based	Monitor rate of STIs; Provide advice regarding safer sexual practices
Department of Health and Families - Remote Health Branch	Tiwi Islands Mental Health Program - community based mental health initiative provides assessment and support services for Indigenous people suffering a mental illness on the Tiwi islands. The program aims to meet the mental health needs of Aboriginal people and enhance their levels of social and emotional wellbeing utilising a network of local resources.	All remote health centres	Provide advice to clients and community regarding warning signs, mental illness
Department of Health and Families - Remote Health Branch	Young adult health checks	All remote health centres	Provide advice to clients and carers regarding high-risk activities
Department of Health and Families - Centre for Disease Control (CDC) - Rheumatic Heart Disease	Provide coordination for the follow-up of severe (Priority 1) patients	NT wide	To ensure that children with severe RHD are regularly followed up to maintain quality of life and to reduce the gap between Indigenous and non-Indigenous life expectancy
DET Early Childhood Policy and Regulations	Integrated Family Services consists of two major projects: Integrated Child and Family Centres and Families as First Teachers. Provide simpler access and better coordinated government services delivered by the three tiers of government for Indigenous people in identified communities. Provide a base for coordination of whole of government operations within a specified region. Establish an appropriate jurisdiction-wide coordination mechanism for remote service delivery that will cut through red tape and ensure that services are delivered as agreed.	20 Territory Growth Towns	Increased proportion of Indigenous children attending the Children and Family Centres who have had all age-appropriate health checks and vaccinations; increased proportion of Indigenous three and four year olds participating in quality early childhood education and development and child care services; increased proportion of Indigenous children attending the Children and Family Centres who go on to attend school regularly; increased proportion of Indigenous children and families accessing a range of services offered at or through Children and Family Centres, including but not limited to childcare, early learning, child and maternal health, and parent and family support services; increased proportion of pregnant Indigenous women with an antenatal contact in the first trimester of pregnancy in each year; increased proportion of Indigenous teenagers accessing sexual and reproductive health programs and services; reduced proportion of Indigenous babies born with low birth weight each year; reduced mortality rate of Indigenous infants each year; reduced proportion of Indigenous women who use substances (tobacco, alcohol, illicit drugs) during pregnancy each year; reduced proportion of hospital admissions of Indigenous children 0-4 years. Increased engagement of parents and 0-3 year olds in parenting and early learning programs.

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Universal Programs rated Priority B (B = funding delivers some outcomes directly to vulnerable children and families, meets a level of unmet need and enhances the service system)			
DET Early Childhood Policy and Regulations Quality Early Childhood Education and Care Programs and Services including NQA, current legislation and Universal Access	Universal Access to Preschool - ensuring all preschool children have access to 15 hours of preschool; implementation of EYLF; increased access including mobile preschools in small remote communities, preschools for children in town camps and homelands.	NT wide	Children have access to the support, care and education throughout early childhood that equips them for life and learning.
DET Early Childhood Policy and Regulations	Workforce Development: Work across government to develop an Early Childhood Workforce Development Plan to develop a high quality workforce.	NT wide	High quality services to improve learning and development outcomes for children birth to 8
Department of Health and Families (NTFC) with Darwin City Council	Fun Bus - Families and carers who may be isolated within the community have access to information and early childhood activities that encourage child development and social interaction between parents and children.	Darwin Urban - Bagot Community, Old McMillan's Road Park, The Water Gardens, Malak Caravan Park and Civic Park.	Playgroup activities for children under 5 years including the provision of support and information for isolated families.
Department of Health and Families (NTFC) with Darwin Toy Library Inc	Darwin Toy Library is a community based service that lends and provides information on a wide range of toys and equipment to support children's development and learning, with particular focus on low-income families and children with additional needs.	Darwin, Palmerston and surrounding areas	To provide a toy lending service which supports children's development and learning. Helping parents communicate with their children when playing. To offer information and guidance to service users on the use of equipment appropriate to their children's developmental needs and abilities. To provide customised information about toys and equipment being borrowed.
Department of Health and Families - Centre for Disease Control (CDC) - Sexual Health & Blood Borne Virus Unit	Service funding grants to NT NGOs.	Darwin, Katherine, A/S	Multiple. For young people - increasing awareness of high rates of STIs in NT; encourage safe sex practices; testing and treatment; and, decrease blood borne virus transmission.
Department of Health and Families - Centre for Disease Control (CDC) - Rheumatic Heart Disease	Identifying and notifying children with Acute Rheumatic Fever (ARF).	NT wide	To reduce the prevalence of RHD through early and appropriate detection, notification and follow-up. To reduce the gap between Indigenous and non-Indigenous life expectancy
Department of Health and Families - Centre for Disease Control (CDC) - Immunisation Program	Support health services to deliver timely childhood immunisations in line with NHMRC guidelines.	NT wide	Timely vaccine delivery for all vaccine preventable diseases.
Department of Health and Families - Centre for Disease Control (CDC) - Immunisation Program	Provide data entry and a recall system for childhood vaccines.	NT wide	Timely vaccine data input to ensure accurate recall lists & accuracy of vaccine delivery.
Department of Health and Families - Centre for Disease Control (CDC) - Immunisation Program	Provide vaccination services to school aged children in schools in HSAKS	NT wide	Timely vaccine delivery for all vaccine preventable diseases.
NT Police - Crime Prevention Division	Youth Engagement Section - Junior Police Rangers. Leadership and personal development. 30 children/year.	Darwin and Goanna Park and other locations in the Top End	Develop leadership skills in the young person.

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Universal Programs rated Priority C (C = funding delivers broad service system improvements and enhances community safety)			
NT Police - Crime Prevention Division	Blue Light Disco - an incorporated body - police provide a coordinator for NT.	NT wide including remote	Provide alcohol and drug free activities for youth.
NT Police - Crime Prevention Division	Police and Citizens Youth Club	Darwin	Providing proactive, positive activities for youth from all backgrounds.
Department of Housing, Local Government and Regional Services with Water Safety	Under 5 Water Safety Program 5 free water safety lessons	Primarily Darwin, Palmerston, Alice Springs, Katherine and occasionally Tennant Creek	Children under 5 are safer near water/pools and parents are able to resuscitate a child if there is an accident.
Department of Housing, Local Government and Regional Services with Water Safety	Water Safety Education General water safety education is delivered in a number of ways including: <ul style="list-style-type: none"> Water Safety Week in September each year; the 'Pipes and Drains' (P&D) campaign during the wet season; online lesson plans for early childhood, primary and middle schools; 'Newsplash', a monthly online newsletter targeted at school children, parents and teachers; ongoing school visits that include 'Boof the Barra', a well recognised NT water safety mascot; targeted media campaigns for identified issues; and attendance at NT community events such as the opening of community swimming pools, Teddy Bears Picnic, the Boat Show etc. 	Service base is Darwin and with a part-time staff member in Alice Springs. Delivery sites are the schools, primarily in Darwin and Alice Springs, with a rolling 3 year schedule of visits to the larger communities.	Children are more water safety wise. Education covers a broad range of situations eg swimming pools, pipes and drains, flooded waterways, marine safety, beach safety and croc safety etc
DET Early Childhood Policy and Regulations Quality Early Childhood Education and Care Programs and Services including NQA, current legislation and Universal Access	Transition to National Quality Framework Project - Audit of existing services against new standards, recommendations for upgrades, supporting the implementation of EYLF, communication and support	All ECEC and SAC services NT wide	A jointly governed uniform national quality system for long day care, family day care, outside school hours care and preschools under a national body, with joint governance arrangements. Provision of quality early childhood education and care and OSHC care services across seven quality areas, including the new Early Years Learning Framework (EYLF) that guides early childhood educators in developing quality early childhood programs as well as a five-point rating scale that describes the quality of services so that all parents, carers and the community can make informed decision about early childhood education and care arrangements.
DET Early Childhood Policy and Regulations Quality Early Childhood Education and Care Programs and Services including NQA, current legislation and Universal Access	Implementing the current NT legislation children's services under the NT regulatory regime.	NT wide	Children's services are compliant with legislation, providing safe environments for children, and supporting children and families wellbeing and development.
DET Early Childhood Policy and Regulations	The Australian Early Development Index (AEDI). The AEDI is a national progress measure of early childhood development.	NT wide	The AEDI provides data on early childhood health and development that can be used to build and strengthen communities for children and their families.
Department of Health and Families - NT Families and Children Division	Youth Activities and Support Services	NT wide	Young people transitioning successfully into adulthood
Department of Health and Families (NTFC) with BoysTown Inc	Parentline - telephone counselling, support and referral	Northern Territory	Provision and promotion of a Territory-wide Parenting Help Line that provides evidence-based and appropriate information, referral and support services to 'any family, any day (about) anything'.

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Department of Health and Families (NTFC) with Crisis Line Inc Trading as Lifeline Top End	Lifeline provides 24-hour confidential telephone counselling and referral services across the NT	NT wide	Northern Territory families are assisted to increase their capacity to manage their personal problems more effectively through access to a 24 hour information, counselling and referral telephone service.
Department of Health and Families - Centre for Disease Control (CDC) - Sexual Health & Blood Borne Virus Unit	Research	NT wide	Two current research underway. One is looking at service delivery in remote clinics and the other at sexual health decision making in aboriginal adolescents.
Department of Health and Families - Centre for Disease Control (CDC) - Sexual Health & Blood Borne Virus Unit	Health Promotion	NT wide	Multiple. For young people - increasing awareness of high rates of STIs in NT; encourage safe sex practices; testing; and treatment
Dept of Housing, Local Government and Regional Services with Territory Housing	Remote basic tenant support		Tenants have access to tenancy management services and support
Dept of Housing, Local Government and Regional Services - Interpreting and Translating Services NT	Aboriginal Interpreter Services (please note that while written documents may be translated into language all translations are provided verbally)	As required	High quality interpreting service in identified NT Aboriginal languages to clients from government and private sectors and for not-for-profit organisations
Department of Health and Families (NTFC) with Darwin Family Day Care Inc	Parenting Puzzle - Parents and carers of children aged 0-12 years are provided with appropriate support and development programs to assist them in their children's care and development.	Darwin urban area	Parenting Puzzle aims to increase the parenting skills and confidence of parents and carers of children aged 0-12 years through the provision of parenting information, advice, education and referral.

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Universal Programs - Priority unrated			
Dept of Housing, Local Government and Regional Services with Department of Health and Families	Youth Development Crisis Accommodation - Tennant Creek: Provide support funding for 12 residential beds for young people aged 11-24 years in Tennant Creek in order to enable these homeless young people to develop a functional connection to the social, economic and cultural life of their community.	Tennant Creek	Street to home initiatives for chronic homeless people (rough sleepers); Assistance for people leaving child protection services, correctional and health facilities, to access and maintain stable, affordable housing.
Dept of Housing, Local Government and Regional Services with Department of Health and Families	Palmerston Youth Crisis Accommodation: A service to provide crisis accommodation in the Palmerston area for young people to reunify young people with their families and to ensure young people are linked to other supports such as in education, training, alcohol and other drugs services, living skills and counselling.	Palmerston.	Street to home initiatives for chronic homeless people (rough sleepers); Assistance for people leaving child protection services, correctional and health facilities, to access and maintain stable, affordable housing.
Dept of Housing, Local Government and Regional Services with Department of Health and Families	High Risk Youth Program: Develop program specifications for a program to respond to the needs of high risk youth in Darwin and Alice Springs.	n/a	Improvements in service coordination and provision.
Dept of Housing, Local Government and Regional Services with Department of Health and Families	Domestic and Family Violence Support	NT wide	Support for private and public tenants to help sustain their tenancies, including through tenancy support, advocacy, case management, financial counselling and referral services.
Dept of Housing, Local Government and Regional Services with Territory Housing	Tenancy management	Territory office, homes	
Dept of Housing, Local Government and Regional Services with Territory Housing	Tenancy support program	Homes	
Dept of Housing, Local Government and Regional Services with Regional Development	Grant funding for Indigenous business, for example, Day Care facility		
Department of Health and Families - (Alcohol and Other Drugs) Clinical Teams - Top End and Central Australia	Clinical assessment, case management, Opiate Pharmacotherapy Program, Medicated and complex withdrawal, family and individual counselling, includes the Volatile Substance Abuse Clinicians described below.		
Department of Health and Families (NTFC) with Aboriginal Resource and Development Services Inc	Family Centre - The focus of the Family Resource Centre is: a) To facilitate access for Aboriginal and Islander people to mainstream services that enables them to address their health, housing, economic, legal and social needs in a culturally appropriate and supportive way, and b) To work towards maintaining positive and supportive linkages with home communities	Darwin	Aboriginal and Islander individuals and families receive support to link with housing/accommodation, legal, health and social support while residing in the Darwin region. Specialised services are also provided to Yolngu people through the utilisation of language and cultural knowledge base, in the above areas.
Department of Health and Families (NTFC) with Anglicare NT	Anglicare Financial Counselling provides information, options, support and advocacy to families and individuals living in the general Darwin area experiencing financial problems with a focus on people in receipt of low income	Darwin	People in financial distress or in danger of financial distress have access to information, advice, counselling or referral about the planning and management of financial resources (for example, in relation to household budgets).

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Department of Health and Families (NTFC) with Children's Services Support Program Central Australia Inc	Parenting Support - A community based parenting service to support effective parenting and promote positive relationships between children (0-5years) and their families.	Alice Springs	Support is provided so that families have the skills to manage their child's behaviour and are confident parenting their children, agencies working with children are able to support families parent their children and parenting information and resources are available to families and agencies.
Miwatj Health	Raypirri Rom - activities will include intervening in family violence and child neglect situations, educating young people on issues such as alcohol, substance abuse and relationships.	Yirkala and surrounding areas Gunyangara (Ski Beach)/ Galupa	Raypirri Rom assists vulnerable children, adults and families dealing with violence, abuse and/or dysfunction, through the effective use of approaches and solutions embedded in Yolngu culture.
Department of Health and Families (NTFC) with The Salvation Army (Northern Territory) Property Trust	Community Support Service Alice Springs - aims to assist (emotionally or financially) people in crisis or emergency.	Alice Springs	To reduce the hardship for individuals and families in need.
Department of Health and Families (NTFC) with Ngkarte Mikwekenhe Community Inc	The Irrkerlantye Learning Centre focuses on the Eastern Arrernte Community associated with the Ngkarte Mikwekenhe Community living in town camps, residences and outstations within 100kms of Alice Springs. The centre runs health, education and work programs designed to assist the participants.	Eastern Arrernte Community	To establish and maintain an intergenerational and culturally sensitive Community Development Centre for Eastern and Central Arrernte individuals and families and facilitate a process of community development for individuals and families who access the Centre.
Department of Health and Families (NTFC) with Nhulunbuy Toy Library Inc	Promote children's development through a toy lending and parent information service.	Nhulunbuy	
Department of Health and Families (NTFC) with Relationships Australia	Counselling, Service - Family and crisis counselling service for individuals, couples and families.	Alice Springs	To enhance relationships and family life in their diversity, through counselling, education and the formation of social policy.
Department of Health and Families (NTFC) with Relationships Australia	Therapeutic Intervention Services for Children, Darwin and Palmerston: <ul style="list-style-type: none"> • Provide therapeutic responses for children who have been traumatised by their homeless experience or by living in violent families • Alleviate the detrimental effects on children who experience homelessness and family violence • Link children and families into other appropriate support services and networks • Break the cycle of intergenerational homelessness and family violence 	Darwin and Palmerston	Children accompanying adults in SAAP services who may be traumatised or affected as a result of family violence and/or homelessness have access to therapeutic interventions.
Department of Health and Families (NTFC) with Somerville Community Services Inc	Somerville Family Services - provide Family Support Services comprising of counselling; information and referral; mediation; skills development and education to the most disadvantaged families and individuals residing in the Darwin and Palmerston community for periods of up to three months.	Darwin, Palmerston and adjacent rural areas	Individuals and families are empowered to participate in society at the highest level to which they aspire and are capable of achieving.
Department of Health and Families (NTFC) with Tangentyere Council Inc.	Ketye Program - started in October 2005 with a focus on improving parenting knowledge and skills and overall family wellbeing by addressing some of the gaps in service delivery to vulnerable families. Ketye provides parenting education, information and support to parents, and works with families with children aged 0-7 who are considered vulnerable and/or in crisis. A significant aspect of the Ketye Program is its link to Tangentyere Intensive Support Playgroup and facilitate access to a broad range of other services and agencies that enhance parents' skills, knowledge and learning.	Alice Springs Town Camps	The Ketye Program will build culturally strong parenting skills and support families by improving their knowledge, skills and capacity for parenting.

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Department of Health and Families (NTFC) with Tangentyere Council Inc.	Yarrenyty Arltere Learning Centre assists community members in the Yarrenyty-Arltere Housing Association to improve their social, family, health and economic wellbeing. This will be achieved by maintaining the Yarrenyty-Arltere Learning Centre as a resource and learning environment in a way that strengthens and respects culture.	Larapinta Valley	The Centre was established to address the serious alcohol and inhalant substance use, high levels of family violence and minimal engagement in education of the youth in the Larapinta Valley Town Camp. It aims to provide meaningful outcomes in health, education, service access, youth issues and community capacity building and cultural strength. The Centre works with individuals, families and whole of community from the Yarrenyty-Arltere Housing Association.
Department of Health and Families (NTFC) with Akeyulerre	Akeyulerre is a service developed by Aboriginal people to promote cultural interventions that are recognised as being integral to the wellbeing of the community. Wellbeing is a holistic phenomena, which includes social, emotional and cultural health as well as physical health	Alice Springs	Akeyulerre provides an avenue for families to re-engage with each other and their environment in a positive and healthy way.
Department of Health and Families (NTFC) with Somerville Community Services Inc	No Interest Loan Scheme (NILS) - Provide low income consumers with access to credit without the burden of high interest charges. The Scheme is based on the philosophy that all people should have access to essential household goods and access to credit to finance their purchases on fair and reasonable terms.	Clients must reside in the Darwin, Palmerston and outer Darwin areas with postcodes 0800 through to 0836	Low income families / individuals have established stable accommodation equipped with essential household goods.
Department of Health and Families (NTFC) with Danila Dilba	Parenting Support - Through the development and use of a culturally appropriate survey tool DDHS will consult with families living in town camps in the Darwin and Palmerston regions to determine their needs in regard to parenting and family support.	Town camps in Darwin and Palmerston, including Knuckey Lagoon, Railway Dam, Minmarama, Bagot, Kulaluk, and Palmerston Indigenous Village.	The parenting and family support needs of families living in town camps in the Darwin and Palmerston regions are identified and presented in a report to the Department of Health and Families (DHF) for use in future service development and planning.
Community Health Branch	Child Youth and Family Health Program: <ul style="list-style-type: none"> Child, Youth and Family Health Nurses HPSN 	Casuarina CCC; Palmerston CCCC; Nhulunbuy CHC; Katherine CHC; Tennant Creek CHC; Alice Springs CHC	Prevention, identification and early intervention for vulnerable groups, families and individuals in working to prevent domestic and family violence, abuse and family dysfunction
Community Health Branch	School Health Service	Anzac Hill (Centralian Middle); Alice Springs Middle; Casuarina Senior; Centralian Senior; Darwin Middle; Dripstone Middle; Henbury Avenue; Katherine High; Namarluk Special; Nightcliff Middle; Nhulunbuy High; Palmerston High; Sanderson Middle; Taminmin High; Tennant Creek High	Prevention, identification and early intervention for vulnerable groups, families and individuals in working to prevent domestic and family violence, abuse and family dysfunction
Department of Health and Families - Centre for Disease Control (CDC) - CDC General Surveillance	Monitor & surveillance in relation to all notifiable diseases in the NT, including diarrhoeal diseases, vaccine preventable diseases & outbreaks in the NT.	Darwin, A/S, T/C, Katherine, Nhulunbuy	Monitor notifiable diseases to prevent/& or limit outbreaks of disease
Department of Health and Families - Centre for Disease Control (CDC) - CDC General Surveillance	Support health services to monitor notifiable conditions in the NT. Support treatment and follow-up of clients with notifiable conditions and their contacts.	Darwin, A/S, T/C, Katherine, Nhulunbuy	Monitoring, Surveillance, screening, treatment, education
Department of Health and Families - Centre for Disease Control (CDC) - Environmental Health Program	No Germs on Me' Handwashing Campaign – aimed at reducing infectious diseases in Indigenous children under 5 years old.	Television Commercials screened on Imparja, which reaches the majority of remote Indigenous communities in the NT	

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Secondary Programs rated Priority A (A = model has demonstrated capacity and outcomes that are making children and families safer and meeting a service gap)			
Department of Justice - Community and Justice Policy (Remote Community Education and Alcohol Management Planning (RCEAMP) Project)	To inform Indigenous communities on alcohol misuse and alcohol related harm, justice and community safety, pornography and gambling issues in order that communities can develop and manage local community safety and / or alcohol management plans) to address these issues.	The project identifies up to 10 townships that will be given priority over the next 18 months to develop Alcohol Management Plans. Towns are prioritised on a readiness basis and so far include: Maningrida (North/ Western Arnhem Land), Borroloola (Gulf of Carpentaria), Gunbalanya (West Arnhem land), Nguuu (Tiwi islands), Elliot (Barkly region), and Groote Eylandt (off the eastern coast of Arnhem land)	To create and maintain a strong partnership relationship between government and Indigenous communities in addressing alcohol misuse and alcohol related harm, as well as community safety, pornography and gambling issues. To work with communities to develop education and awareness tools and programs, educating about alcohol and harm minimisation, gambling, pornography, community safety, the law and justice system and their impacts on individual and communities. To create an environment which will enable Indigenous communities to take a leadership role in developing solutions to address alcohol misuse and alcohol related harm, as well as community safety, pornography and gambling issues. To achieve local solutions to local problems through integrated and coordinated services. To contribute to capacity building of communities. To support local employment and workforce development.
NT Police - Crime Prevention Division	School Based Police provide positive police liaison in schools and investigate incidents that happen at school.	Darwin, Nhulunbuy, Katherine, Tennant Creek and Alice Springs and outreach service to remote	Identify issues that impact on young people; proactively preventing access to drugs; preventing violence in schools.
Department of Health and Families (NTFC) with NT Christian Schools Association	Families and Schools Together (FAST) - funding assist FAST to reach remote areas - The FAST program is a family support program which focuses on a collaborative, strengths based model of family group work. The program aims to empower, educate and support parents in helping their children to succeed at home, at school and in their communities. Each FAST group work program is conducted over an eight week period, facilitated by a team comprising two community based agency representatives, a teacher, a school representative and a parent from the school. FAST Works - 2 year follow up after each program.	NT wide	Through participation in the FAST program, family functioning is enhanced, families become more socially connected with their child's school and community, parents feel more empowered in their parenting role, and the target child's behaviour and school retention rate is improved.
Department of Health and Families (NTFC) with NT Christian Schools Association	Baby FAST and research - Targets young vulnerable indigenous parents and their children with the aim to improve outcomes for children, build social capital and reduce child abuse and neglect. A research project will identify and assess the needs of young vulnerable Indigenous parents living in Katherine and in specific communities in the Katherine region.	Darwin/Palmerston Katherine and a community near Katherine	Baby FAST programs will be facilitated in Darwin/Palmerston, Katherine and a community near Katherine. The programs will target young vulnerable parents and their children and aim to improve outcomes for children, build social capital and focus on building positive parenting strategies that emphasise keeping children physically, socially, emotionally and culturally safe. In addition, a research project will identify and assess the needs of young, vulnerable Indigenous parents living in Katherine and in the community near Katherine that is selected as a Baby FAST site.

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Secondary Programs rated Priority B (B = funding delivers some outcomes directly to vulnerable children and families, meets a level of unmet need and enhances the service system)			
Department of Health and Families - Centre for Disease Control (CDC) - Tuberculosis	Management and delivery of TB contact tracing and education	Darwin, Alice Springs, Tennant Creek, Katherine, Nhulunbuy	Screening, treatment, education.
Department of Health and Families - Centre for Disease Control (CDC) - Tuberculosis	Supporting remote health services to deliver TB services	Darwin, Alice Springs, Tennant Creek, Katherine, Nhulunbuy	Screening, treatment, education.
NT Police - Crime Prevention Division	Early Intervention Pilot Program - program targeting youth affected by alcohol	Whole of NT, coordinated from Darwin	Identify youth affected by alcohol either directly or indirectly and provide education/support in relation to binge drinking.
NT Police - Crime Prevention Division	Wongabilla Equestrian Centre	Darwin	Provides prevention and diversionary activities for youth at risk.
Department of Housing, Local Government and Regional Services with Department of Justice.	Assistance for people leaving correctional services: A key aim is to enable a smooth reintegration into community with a strong case management model which builds on the strengths of participants to assist people to overcome barriers to reintegration and reduce re-offending behaviour.	Darwin and Alice Springs	Assistance for people leaving child protection services, correctional and health facilities, to access and maintain stable, affordable housing.
Department of Housing, Local Government and Regional Services with Territory Housing	Training for front-line housing staff in mandatory reporting as per legislation.	Darwin, Alice Springs, Katherine, Tennant Creek	
Department of Health and Families (NTFC) with Melaleuca Refuge Centre TARS of the NT Inc	Melaleuca Family Support - Melaleuca supports refugee families to provide safe and supportive environments for children through the delivery of Families in Cultural Transition, The Tips and Ideas on Parenting Skills and Intensive family support for those refugee families who may be at risk of coming into contact with the Child Protection system.	Darwin	The parenting skills, knowledge and confidence of refugee parents, particularly in regard to parenting in Australia, are recognised and enhanced. Refugee families are supported to raise children in safe and supportive environments.
Secondary Programs rated Priority C(C = funding delivers broad service system improvements and enhances community safety)			
Department of Justice - Community and Justice Policy (Australian Classification Education program)	A community based education campaign targeting Indigenous people, particularly in remote communities to raise awareness of the classification system and the negative impact exposure to pornography can have on young people.	Some 17 remote communities across the Northern Territory including Darwin and Alice Springs as well as the Darwin and Alice Springs Correctional Facilities (prisons).	The key messages are: there is a film and literature classification system that operates in Australia; pornography is harmful to children; it is illegal for person under 18 years to have access to or to view any R18+ or X18+ rated film or printed material and that there are penalties; and R18+ and X18+ rated material is banned on prescribed communities (as declared by the Federal Minister for Family and Community Services).
Department of Housing, Local Government and Regional Services with Territory Housing	Remote intensive tenant support	Homes	Tenants have better understanding of their rights and responsibilities to sustain tenancy.

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Secondary Programs - Priority unrated			
Department of Housing, Local Government and Regional Services with Department of Health and Families	Young people leaving care program: Assist young people leaving the care system and those who have previously left care of NT Families and Children to gain independence by providing linkages to employment, education, housing and other support services in accordance with legislative requirements.	NT wide	Assistance for people leaving child protection services, correctional and health facilities, to access and maintain stable, affordable housing.
Department of Health and Families (NTFC) with Barkly Shire Council	Elliott Family Worker - will facilitate the development of linkages and strong working relationships between service providers and stakeholders so that responses to social problems are integrated and more effective and work directly with children and high-risk families under a case management framework through outreach support and linking them to appropriate services.	Elliott	The project will provide intervention and prevention services to families and children contributing to pre crisis intervention and post crisis support.

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Tertiary Programs rated Priority A (A = model has demonstrated capacity and outcomes that are making children and families safer and meeting a service gap)			
NT Police - Crime Prevention Division	Safety House.	Darwin, Katherine, Alice Springs	Provides safe locations for youth in vulnerable situations.
NT Police - Crime Prevention Division	Youth Diversion Unit provides an alternative to justice system for offending youth. When offending is identified youth are diverted to programs that are case managed by NGOs across the NT. NT Police is a referral point to programs and services. Also referral to Inter agency collaboration panel of families suitable for Family Responsibility Agreements.	Territory wide including remote	Keeping children out of the court system through restorative justice processes to meet the needs of the youth, victim and community.
NT Police - Crime Prevention Division	Peace at Home - coordinated service delivery for victims/families with domestic violence. Families are referred to support services.	Katherine region	Prevent repeat family violence incidents.
NT Police	Child Abuse Taskforce	NT wide	Strengthen the response to child harm and exploitation; response to child abuse and redress dysfunction in lifestyle and community.
Department of Health and Families (Alcohol and Other Drugs) - with Bush Mob Inc.	Provides a 5 bed residential rehabilitation program for clients aged 12 to 18 years old with identified volatile substance abuse issues by providing comprehensive case management, counselling and outreach services for clients in the residential rehabilitation service and in the community. Bushmob also operates as a safe house under the <i>Volatile Substance Abuse Prevention Act</i> .	Alice Springs	Treatment
Department of Health and Families (Alcohol and Other Drugs) - with Council for Aboriginal Alcohol Program Services (CAAPS)	Provides a residential rehabilitation treatment service for clients with substance misuse, including Volatile Substance Abuse (VSA), to achieve significant reduction in drug related harm in an environment that is supportive of culture, law and kinship ties.	Darwin	Treatment
Department of Health and Families (Alcohol and Other Drugs) - with Holyoake PO Box 1052 ALICE SPRINGS NT 0871	Provides a range of counselling interventions for children and families including but not limited to individual and group based interventions, Relapse Prevention (RP), Cognitive Behaviour Interview (CBI), Motivational Interview (MI).	Alice Springs	Treatment
Department of Health and Families (Alcohol and Other Drugs) - with MT Theo -Yuendumu Substance Misuse Aboriginal Corporation Yuendumu CMB VIA ALICE SPRINGS NT 0872	Provides a remote substance use service that provides rehabilitation and in-house interventions.	Yuendumu and surrounding communities.	Treatment
Department of Health and Families (Alcohol and Other Drugs) - with Roper Gulf Shire Council	A Volatile Substance Abuse (VSA) position that provides diversion, prevention and intervention services and activities for clients and their families affected by volatile substance abuse	Ngukurr	Diversion, prevention and referral to and support for post treatment.
Department of Health and Families (Alcohol and Other Drugs) - with West Arnhem Shire Council	A Volatile Substance Abuse (VSA) position that provides diversion, prevention and intervention services and activities for clients and their families affected by volatile substance abuse	Oenpelli	Diversion, prevention and referral to and support for post treatment.

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Department of Health and Families Alcohol and Other Drugs) - with Macdonnell Shire Council	A Volatile Substance Abuse (VSA) position that provides diversion, prevention and intervention services and activities for clients and their families affected by volatile substance abuse.	Kintore	Diversion, prevention and referral to and support for post treatment.
Department of Health and Families (Alcohol and Other Drugs) - with Ilpurla Aboriginal Corporation	Provide outstation program that provides rehabilitation to young people and adult men.	Ilpurla, Wallace Rockhole and surrounding communities.	Diversion, prevention and referral to and support for post treatment.
Department of Health and Families - NT Families and Children Division	Receipt and investigation of child protection notifications	NT wide	Children at risk of harm or neglect are identified and action taken to improve their safety.
Department of Health and Families - NT Families and Children Division	Provision of substitute (or out of home) care.	NT wide	Safe, stable lives for children and young people taken into the care of the CE as a result of child abuse or neglect.
Department of Health and Families - NT Families and Children Division	Provision of family and domestic violence responses.	NT wide	Reduced numbers of children harmed through domestic and family violence.
Department of Health and Families - NT Families and Children Division	Targeted Family Support Services - Indigenous NGO's with NTFC deliver: <ul style="list-style-type: none"> Information and referral, Family Assessment Response, and case management Case management of "high-needs, low risk families" Outposting of NTFC Child Protection workers within the TFSS (where possible) to work with the TFSS in assessing children and families, and Provision of brokerage funds for the TFSS to engage and assist "high-needs, low risk families" when necessary. 	Alice Springs; Darwin; Katherine	High need families receive culturally appropriate intensive family intervention.
Department of Health and Families - NT Families and Children Division	Mobile Outreach Service Plus - Provides therapeutic counselling services to children in remote communities who have experienced trauma as a result of child abuse and neglect and provide information, education, training, and capacity building to families and communities.		Reduced ongoing trauma for child victims of harm, abuse or neglect.
Department of Health and Families - NT Families and Children Division	The Sexual Assault Referral Centres (SARC) across the Territory provides a counselling service to both adults and children who may have experienced (recently or many years ago) any form of sexual assault.	Darwin; Alice Springs; Tennant Creek; Katherine	Reduced ongoing trauma for victims of sexual assault.

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Tertiary Programs rated Priority B (B = funding delivers some outcomes directly to vulnerable children and families, meets a level of unmet need and enhances the service system)			
Department of Justice - Court Support Services	Making of Court orders and imposition of sentences including orders under the <i>Youth Justice Act</i> and <i>Care and Protection of Children Act</i> . Court staff provide administrative support.	Magistrate's court	Providing timely justice, reducing recidivism.
Department of Justice - Correctional Services	Home Detention Assessments	Territory-wide (staff based in major centres, with probation and parole officers also located in a number of remote towns)	Offenders successfully complete home detention order. Assessment takes into account risks, including risks to children resident in or visiting the home subject of the order.
Department of Justice - Correctional Services	Juvenile detention	Don Dale – Darwin, ASJHC – Alice Springs	Juveniles successfully complete sentence.
Department of Health and Families - NT Families and Children Division	Crisis Family Accommodation Services	Darwin; Alice Springs; Katherine; Palmerston	Support to families who are homeless or at risk of homelessness.
Department of Health and Families (NTFC) with Create Foundation NT	Services and Programs to Children and Young People in Care in the NT – Support services to children and young people in and/or ex-care, and Development of, and participation in, activities that promote and support improvements in the OoHC system.	Northern Territory	CREATE NT connects and empowers children and young people in care and improves the care system through activities, programs, training and policy advice. CREATE NT aims to: <ul style="list-style-type: none"> • Ensure all children and young people in care are respected, listened to and active participants in decisions which affect their lives, • Provide all children and young people in care with opportunities to expand and enhance their life outcomes, • Empower all children and young people in care to be their best and reach their full potential, and • Effect systems change for the benefit of all children and young people in care into the future by building community capacity with key stakeholders.
Department of Health and Families - Centre for Disease Control (CDC) - Sexual Health & Blood Borne Virus Unit	Clinical management of sexual health needs of young people through Clinic 34 NT wide	Darwin, Alice Springs, Tennant Creek, Katherine, Nhulunbuy	Screening, treatment, education.
Department of Health and Families - Centre for Disease Control (CDC) - Trachoma	Assist with delivery of Healthy School Aged Kids screening which includes Trachoma screening.	NT wide	Screening, treatment, education.
Department of Health and Families - Centre for Disease Control (CDC) - Trachoma	Assist with community Trachoma screening and treatments	NT wide	Screening, treatment, education.
Department of Health and Families - Centre for Disease Control (CDC) - Rheumatic Heart Disease (RHD)	Coordination of follow-up and care of RHD Patients	NT wide	To reduce the prevalence of RHD through early and appropriate detection, notification and follow-up. To reduce the gap between Indigenous and non-Indigenous life expectancy.
Department of Health and Families - Centre for Disease Control (CDC) - Tuberculosis (TB)	Management and follow-up of TB cases and education	Darwin, Alice Springs, Tennant Creek, Katherine, Nhulunbuy	Treatment (including directly observed therapy) and education.

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Tertiary Programs rated Priority C (C = funding delivers broad service system improvements and enhances community safety)			
Department of Justice - Licensing, Regulation and Alcohol Strategy	School Liaison program: <ul style="list-style-type: none"> Focus on gathering intelligence on the supply of alcohol and tobacco to young and underage people. Investigate the use of altered or false ID by young underage people. 	Place based	Restricting young people's the access to alcohol and tobacco. Providing community education. Investigating legal proceedings against traders/suppliers.
Department of Justice - Court Support Services	Court Diversion Programs assist parents in addressing alcohol and drug problems and identify at risk children.	Magistrate's court	Improving health, reducing offending, improving quality of life.
Department of Health and Families (Alcohol and Other Drugs) - VSA Clinicians	Provide assessment, case management, counselling and support to people and their families affected by VSA.		Clinical assessment, case management, coordination and counselling.
Department of Health and Families - NT Families and Children Division	Youth Diversion Services.	Alice Springs; Papunya; Yuendumu; Tennant Creek; Borroloola; Tiwi; Galiwinku; Groote Eylandt; Gunbalanya; Darwin	Young people diverted from anti social behaviour and kept out of youth detention.

Organisation/agency name	Description of child protection project/activity	Delivery sites and location of service	Key outcomes
Tertiary Programs - Priority unrated			
Department of Health and Families (NTFC) with Bawinanga Aboriginal Corporation	Maningrida Child Safety Service - will work on improving the safety and wellbeing of children in Maningrida and surrounding homelands.	Maningrida	<p>The Maningrida Child Safety Service will work on improving the safety and wellbeing of children in Maningrida and surrounding homelands.</p> <p>The Maningrida Child Safety Service will include local strategies to:</p> <ul style="list-style-type: none"> • Build the capacity of the community to protect children; • Create a safe environment for children, young people, their families and service agencies to report child maltreatment to the appropriate authorities; • Work in conjunction with other services and initiatives in Maningrida that are aimed at supporting the community to build its capacity to protect children and provide services that enhance child, family and community health and wellbeing. • Assist children, their families and community to recover from the effects of child maltreatment. • Continue to support and work with visiting FACS officers. <p>The Service will use community knowledge, attitudes and understandings of child maltreatment issues and the effect on community members of child maltreatment investigation responses, in developing initiatives.</p>
Belyuen Community Government Council	<p>Women and Children Support Service - provides, in a culturally appropriate way, the following services:</p> <ul style="list-style-type: none"> • A range of Early Childhood Development Activities • Parenting support, information and education (as identified by parents and community members as needed by parents to adequately care for and protect their children). This component of the service to be provided by the service or sourced from service providers from outside the Belyuen community. 	Belyuen	To support children's development through the provision of a range of early childhood development activities, and facilitate parents and families access to parenting information, support and skill development related to the care of their children.
Department of Health and Families (NTFC) with Catholic Care NT	Family Support Service - Family focused support for parents and families who are at risk/vulnerable and/or involved with child protection services (is operating under Targeted Family Support).	Tennant Creek	<p>The key outcomes to be achieved are:</p> <ul style="list-style-type: none"> • Improved parental and family functioning • Improved family wellbeing • Enhancement and support of the parental role • Reduction in the conditions that lead to child neglect • Reduction in family violence.
Department of Health and Families (NTFC) with Catholic Care NT	Homestrengths Intensive Family Preservation Service - The provision of culturally appropriate intensive, short-term therapeutic and practical services to families where their child/children has been the subject of repeat child protection notifications, and/or investigations by NTFC and where the harm to their child/children may have been substantiated. Our Family Our Kids Program.	Darwin and Palmerston urban - through to Batchelor	<p>To support vulnerable and at risk families to care for, and take responsibility for their children, so that children remain with their families.</p> <p>To strengthen the capacity of families to provide safety for their children within the family and in their local communities. To facilitate and increase families access to community based and specialist services, and increase their participation in community life.</p>
Catholic Care NT	Katherine Family Link Counselling Service - provides professional counselling services in the areas of family violence, sexual assault and family skills. Counselling services can be provided to individuals, couples, families and/or groups.	Katherine region	Professional counselling in the areas of family violence, sexual assault, and family/parenting skills to individuals, couples, families and/or groups.
Department of Health and Families (NTFC) with Tangentyere Council Inc.	Safe Families Project - To prevent family breakdown as a result of family violence. It provides a mix of early intervention, crisis response and recovery for children, young people and families	Alice Springs town based youth crisis accommodation	Safe Families will provide a safe environment by providing culturally appropriate care for unaccompanied children aged between seven and fourteen years of age and where necessary identify appropriate carers from the child's family and community through culturally informed case management; and development of an Aboriginal workforce, with a career path in child and family support, accomplished through recruiting, training and supporting Aboriginal men and women with knowledge of local families, communities, cultures and languages as House staff.

Interdepartmental Child Protection Policy and Planning Working Group – Workshop Attendees

Name	Department/Agency
Lyn Allen	Housing Local Government and Regional Services – Office of Indigenous Policy
Julie Brimson	Housing Local Government and Regional Services – Policy and Legislation
Megan Thurling	Housing Local Government and Regional Services – Housing Operational Training
Nikki Walford	Health and Families – Community Health
Wendy Mackay	Health and Families – Remote Health
Louise Ogden	Health and Families – NT Families and Children – Youth Services
Jackie Ah Kit	Health and Families – Systems Performance and Aboriginal Policy
Leonie Warburton	Health and Families – NT Families and Children – Out of Home Care
Meredith Day	Health and Families – People and Services – Legal Services
James Broadfoot	Health and Families – Health Protection – Centre for Disease Control
Lee-anne Jarrett Sims	Health and Families – NT Families and Children – Child and Parenting Support Team
Fran O'Toole	Health and Families – NT Families and Children – Family and Individual Support Services
Natalie Bellew	Health and Families – NT Families and Children – Inquiry Team
Di Eades	Health and Families – NT Families and Children – Inquiry Team
Joanne Townsend	Health and Families – Health Protection – Alcohol and Other Drugs
Michelle Brown	Health and Families – NT Families and Children – Policy and System Support
Joanne Foley	Police Fire and Emergency Services – Major Crime Division
Colleen Gwynne	Police Fire and Emergency Services – Major Crime Division
Gary Robinson	Charles Darwin University – Principal Research Fellow – Childhood Intervention, Development, and Wellbeing
Fiona Arney	Menzies School of Health Research
Sven Silburn	Menzies School of Health Research
Averill Piers-Blundell	Education and Training – Early Childhood Policy and Priority Projects
Paul Rajan	Education and Training – Strategic Initiatives
Tess Bretag	Education and Training – Student Services
Leon Zagorskis	Education and Training – Wellbeing and Pathways
Anthony Burton	Chief Minister – Policy Coordination and Implementation
Marianne Conaty	Justice – Community and Justice Policy

Primary Health Care Reform in the NT: Partnering to Improve Outcomes

The Australian Government has historically experienced difficulty in meeting its funding obligations in the Aboriginal community care and Primary Health Care (PHC) sectors. Australian Government funding in these sectors has often been ad-hoc, one-off, and pilot or project-based. Critical family support services, such as night patrols and women's centres, are continually required to justify their existence, and must operate without funding certainty. Large Aboriginal communities, for example, Wadeye and Maningrida, although effectively small towns, are forced to access the most basic family services from major urban centres.

In the past, the Australian Government has supported various initiatives aimed at addressing significant service inequities in remote Aboriginal communities (eg. Primary Health Care Access Program, COAG trials, Medicare Reform). In response to the Little Children Are Sacred Report, the Australian Government significantly increased funding into the Aboriginal PHC and community care sector through the Northern Territory Emergency Response announced in 2007

A wide range of measures were subsequently implemented across a range of sectors. The major health-related component of the 2007 Australian Government Intervention was a child health check for all Aboriginal children aged 15 or less in the identified remote communities.

Since that time, DHF has worked with the Aboriginal Medical Services Alliance of the NT (AMSANT) and with the Department of Health and Ageing (DoHA), to ensure that the initial intervention resulted in effective, long-term and sustainable PHC services in remote areas. The three planning partners (AMSANT, DoHA and DHF) continue to work collaboratively at operational and strategic levels to maximise outcomes from the intervention.

Through discussion and negotiation, DHF, AMSANT and DoHA agreed that a more effective and sustainable PHC system in remote areas of the NT required significant additional Australian Government funding, and three inter-related phases of activity as follows:

- Phase 1: Undertaking the initial Child Health Checks;
- Phase 2: Providing follow-up treatment and care for health problems identified in the Child Health Checks; and
- Phase 3: Systematically investing in additional comprehensive PHC services across the NT.

Originally known as 'Phase 3', the Australian Government has now re-named this phase of the AGI as the Expanding Health Services Delivery Initiative (EHSDI).

In September 2007, the Chief Executive of DHF and the Secretary of DoHA signed a Memorandum of Understanding (MOU) 'Enhancing Primary Health Care in the Northern Territory'. The MOU formally committed the Australian Government to an additional \$100 million over two years to "improve the quality, accessibility and efficiency of primary health care and related health services for remote communities."

Flexible service investment plans specifying core services, service delivery models, staffing needs and investment priorities were finalised for 2008/2009. The plans take existing population levels, services, staffing and infrastructure into account in order to target the additional funding to service gaps.

Current Universal Services

- Families website.
- Parentline – telephone counselling.
- Schools and child care services are critical universal services spread throughout the NT. As well as enhancing the wellbeing, safety and development of children and young people they play a role in monitoring the care environments that children are living in. School and child care staff can be the first to detect care and protection issues demonstrated by lack of adequate clothing, lack of adequate food, physical injuries or extreme behaviours. Poor school attendance impacts not only on educational outcomes for Aboriginal children in the NT, but also limits access to key health and wellbeing information and services.
- Primary Health Care (PHC) services are provided through community health centres in urban locations, and through remote health centres in communities. PHC services therefore provide an important role in providing family support to keep children safe, and to help prevent maltreatment or neglect.
- DHF programs with important roles in child protection and family support include:

Program Area	Relevant Services
Mental Health Services	Specialist mental health assessments forensic mental health assessments.
Maternal, Child, Family and Youth Health Services	<ul style="list-style-type: none"> • Outreach midwifery support • Post-natal home visits • Parenting and family support • Health and development assessment • Strong Women, Strong Babies and Strong Culture program • Child Health Nurses • Healthy Under Fives Program (follows on from antenatal care and includes a risk assessment for health and social, family and safety issues) • Healthy School Age Kids • Work in Partnership with parents, families and carers in a case management system in the home and clinic • Child Health and Developmental Assessments • Family Health Assessments • Child and Family Immunisations/Vaccinations • Chronic Disease Health Promotion • Palliative Care • Primary Health Care – home and clinic • Secondary School Health Promotions • Home Births

Program Area	Relevant Services
Communicable Diseases	<ul style="list-style-type: none"> • Sexual health/safe sex education • STO screening and tracking • STI data collection and analysis
Chronic Diseases	<ul style="list-style-type: none"> • Women's health educators, men's programs, women's health screening
Alcohol and Other Drugs	<ul style="list-style-type: none"> • Alcohol education and awareness raising AOD use assessments
Disability Services	<ul style="list-style-type: none"> • Disability assessments and services for maltreatment or neglect victims • Disability assessments and services for perpetrators

Examples of Current Secondary Services

Specialist and medically based treatment services are provided by the AODP in Darwin and in Alice Springs through Tobacco Alcohol and Other Drugs Services (TADS) and Alcohol and Other Drugs Services Central Australia (ADSCA) respectively. These services deliver the opiate pharmacotherapy program (OPP), medicated withdrawal services and the clinical assessment and case management functions of the *Volatile Substance Abuse Prevention Act* (VSAPA).

Both ADSCA and TADS have direct contact with NTFC and child protection through:

- a) A high proportion of adult clients involved in treatment who are also parents of young children. In many instances both parents or carers will be involved in the OPP most usually for a sustained period of time; and
- b) Over 50 referrals for assessment and compulsory treatment each year to the *Volatile Substance Abuse Prevention Act* for children under 18 years.

Parents Engaged in Treatment

A high proportion of clients involved in the OPP in both TADS and ADSCA are also parents. TADS will often be providing treatment and counselling to both parents or carers at the same time and may be having daily contact with children at dosing times.

Both TADS and ADSCA are positioned to provide individual assessments and counselling and family counselling for families, parents and young people and could participate in case conferencing and case support for families affected by substance abuse. This opportunity has yet to be fully exploited by NTFC.

Community Youth Development Units

Community Youth Development Units (CYDUs) are community-based organisations that are designed to assist in the implementation and coordination of youth development programs provided by various government agencies and community based organisations. The services provided by the CYDUs vary depending on the location, management and funding provided. Programs provided include access to a range of services such as education, sport, recreation, job training, life skills, counselling, mentoring, substance abuse, adventure, employment and community service activities.

The Tennant Creek CYDU is often referred to as good example of an effective and holistic support service for young people. The Tennant Creek CYDU aims to promote and develop healthy and meaningful lifestyle choices amongst young people at risk. This is being achieved through the following objectives:

- provision of opportunities and access to programs that encourage positive behaviour change;
- focus on family and community involvement;
- facilitation of youth access to relevant services;
- development of a core leadership group;
- advocate on behalf of youth needs;
- development of work partnerships with peak bodies, government departments, community groups including other youth agencies.

An expansion of the CYDU network to other locations including remote communities incorporating services with NGOs could provide a holistic case management service to young offenders. Organisations such as CatholicCare NT, Relationships Australia, Bush Mob and Mission Australia already provide drug and alcohol treatment and other support programs to remote communities and as such provide opportunities that could be built upon.

Alternative Education Programs

Alternative Education programs may provide useful prevention alternatives for disengaged youth at risk of offending. The NT Department of Education and Training is in the process of developing expanded Alternative Education Programs for young people in Darwin and Alice Springs. Re engaging young people in education provides them with improved opportunities into adulthood and may prevent a range of antisocial or offending behaviours.

Programs like 'Youth +' run by the Edmund Rice Foundation in Queensland offers flexible learning arrangements and mentoring aimed at enhancing learning outcomes for young Australians, especially those who are marginalised. The Youth + program was announced in September 2009, so financials are unavailable at this stage (Edmund Rice Education Australia, 2009).

Another example of such a program is the Toogoolawa School, built for secondary school students by Queensland-based millionaire property developer John Fitzgerald at Ormeau, south of Brisbane, in 1998. A primary school has since been opened for the increasing numbers of younger students being excluded from the mainstream system. This school receives federal and state grants in excess of \$100,000 which supplement donations and the 'enormous funds' injected into Toogoolawa by the benefactor Mr Fitzgerald (Toogoolawa Schools Limited, 2008).

Family Support Centres

There is an opportunity to build on the Family Responsibility Program and Family Support Centres (FSCs) already established in Darwin and Alice Springs. The success of the FSCs has already led to proposals for establishing a Palmerston FSC.

A sample of 15 young people involved with Police between January and June 2009 comparing pre-FSC contact with no contact with the FSC shows that there was a 62 per cent reduction in Police involvements.

The Western Australian Responsible Parenting Service (RPS) often referred to as *ParentSupport*, the model used to develop the NT Family Support Centres, has eight sites in the Perth metropolitan area and six remote sites. Each team consists of a Team Leader who also has responsibility for several other programs, a Senior Caseworker, a Caseworker and a Parent Visitor. There are some regional variations for example some offices have more parent visitors.

Costings from WA including accommodation expenses, contracts and services, employee expenses, grants and subsidies and operating expenses show total cost for the program of \$7,270,632. It is likely that an extension of the Northern Territory Family Responsibility Program and Family Support Centres would require this level of funding.

Integrated Service Model and Case Management

In the short-term co-location of staff from key agencies such as DET and Police would improve the operation of the Darwin and Alice Springs FSCs. The previous co location of a Police Officer in the FSC was regarded as extremely beneficial. The daily collaboration of Police and FSC staff contributed to a significant decrease in Police contact with a cohort of highly visible Palmerston youth. If other involved agencies second appropriate staff to the

FSCs it would also support a collaborative approach and provide a broader understanding of the service models in place across agencies.

In the medium to long-term there is a need to expand service system across the NT (currently only available in Darwin and Alice Springs). Specific resources for positions are required to facilitate coordination and integration both locally and NT-wide (currently managed at a local level by FSC managers).

There needs to be further clarification of 'Lead Agency' – ie. the capacity of participating government agencies to provide direct services to clients. If the FSCs are to be the major resource providing this service then both numbers of staff at each centre and the range of service provision modes need to be expanded. However, DET is currently preparing options to expand their capacity to engage in this role.

The FSCs are based on the central premise that a strengths based collaborative approach is the best way to manage families in need. The *Youth Justice Act* enshrines the philosophy and to date it has been a very successful format. There is no doubt it could be improved and the FSC managers and staff are actively engaged in relationship building with a range of government and non-government organisations.

The main ongoing benefit from an integrated service model would be if there could be co-location of appropriate staff to ensure the provision of a multi-disciplinary approach to the management of young people and their families.

There is an option to expand Family Responsibility Agreements to include young people under the age of 10 years. The *Youth Justice Act* sets a minimum age limit of 10 years for Family Responsibility Orders (FROs); however there is no legislative impediment to including young people under 10 years on FRAs. Expanding the program to include the younger cohort would have significant resourcing implications that would need to be addressed to ensure the ability to respond to an influx in referrals. Resourcing issues could be partly addressed through expanding the role of Lead Agencies and the capacity of other government departments to manage FRAs. However, a monitoring process would need to be put in place to ensure programmatic consistency and additional resources would also be required in the FSCs.

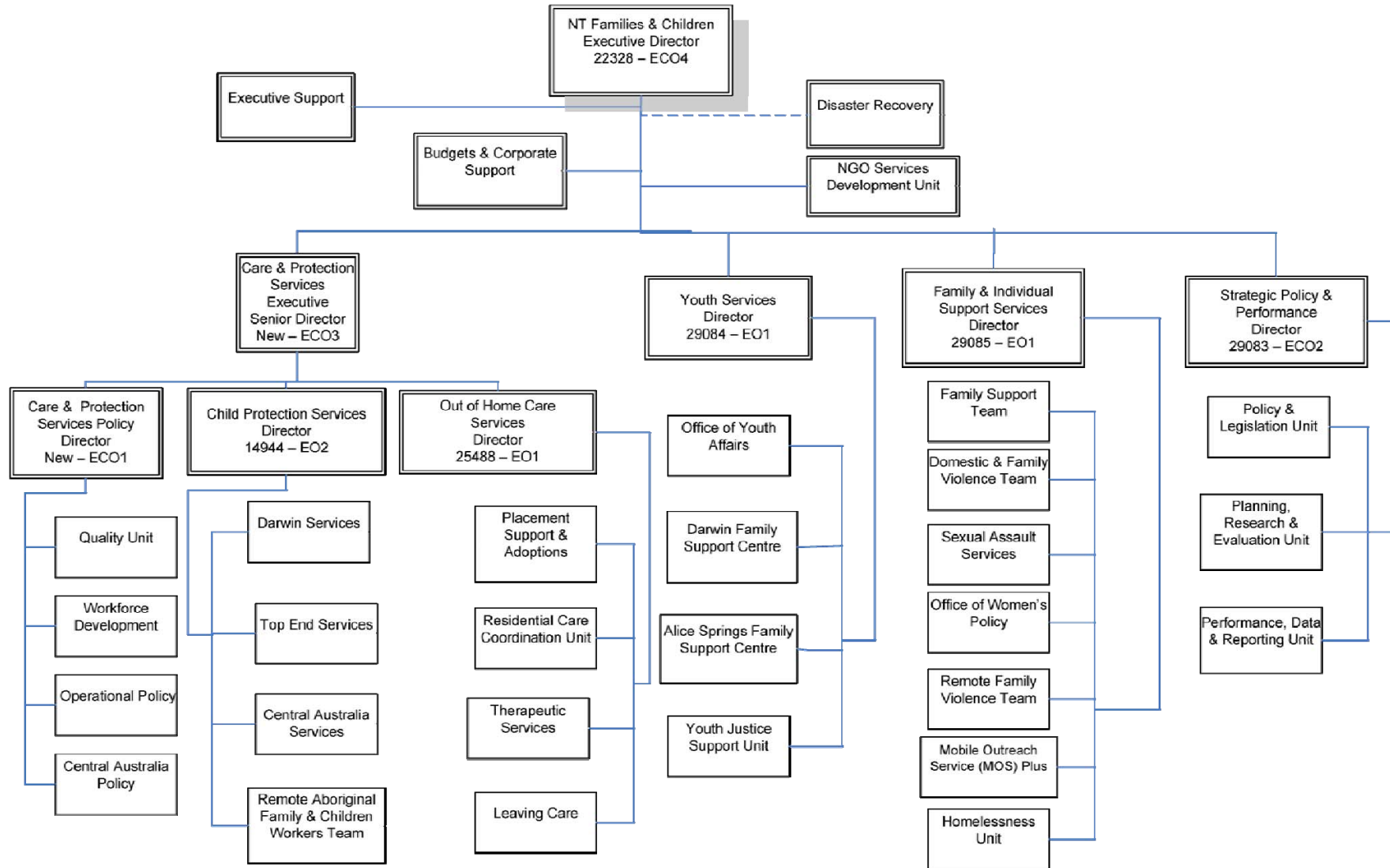
Another option is to extend the FRAs to include a child protection trigger. The Family Responsibility Program has recently been expanded to include not only young people exhibiting antisocial and offending behaviour, but behavioural problems where there is a lack of capacity to supervise within the family. A further expansion of the program to include a child protection trigger would involve a referral from Child Protection at the intake stage of the process. Issues relating to this approach will need to be carefully considered and managed, including the need to employ additional staff with specific skills in working with a younger cohort of children with the focus on child protection rather than antisocial and/or offending behaviour.

A referral to an FRA may also include a voluntary referral to Centrelink and the income management process. Combining a voluntary process like FRAs with a compulsory program like income management is problematic and it is preferred that the programs are kept separate unless the family are placed on a compulsory FRO.

Integrated Service Concept



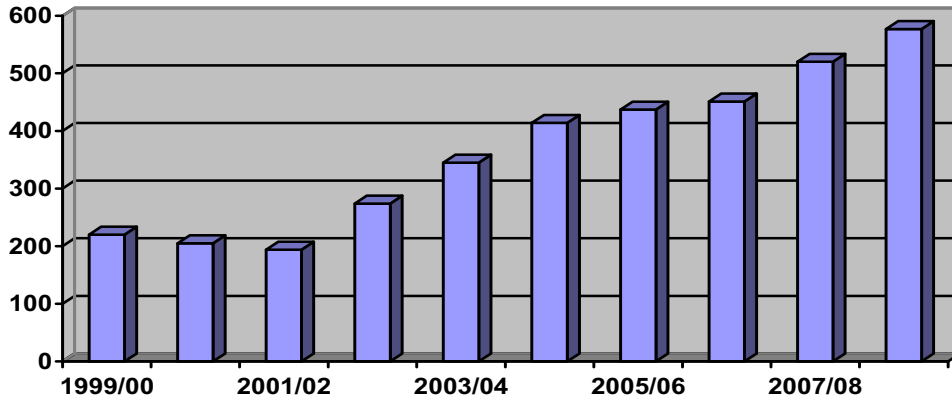
NT Families and Children Organisational Chart – March 2010



Note: Child Protection Services (Darwin, Top End and Central Australia) conduct child protection investigations and family support as well as case management responsibilities for all children in Out of Home Care.

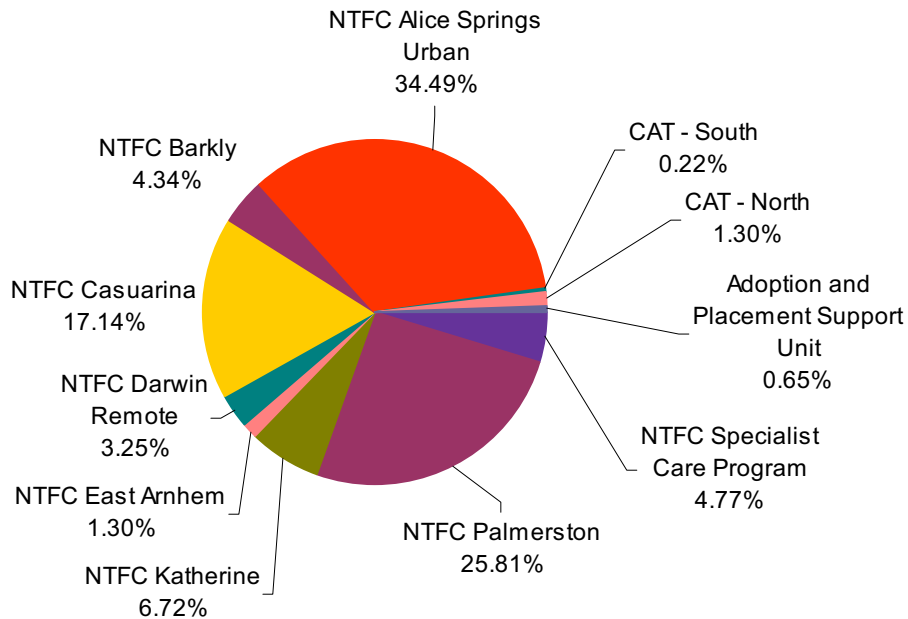
Growth in Demand for NT Out Of Home Care Services

Graph 1: Children on Care and Protection Orders 1999/00 to 2008/09



2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
220	205	194	274	345	414	437	451	520	577

Graph 2: Children in Out of Home Care at 30 June 2009



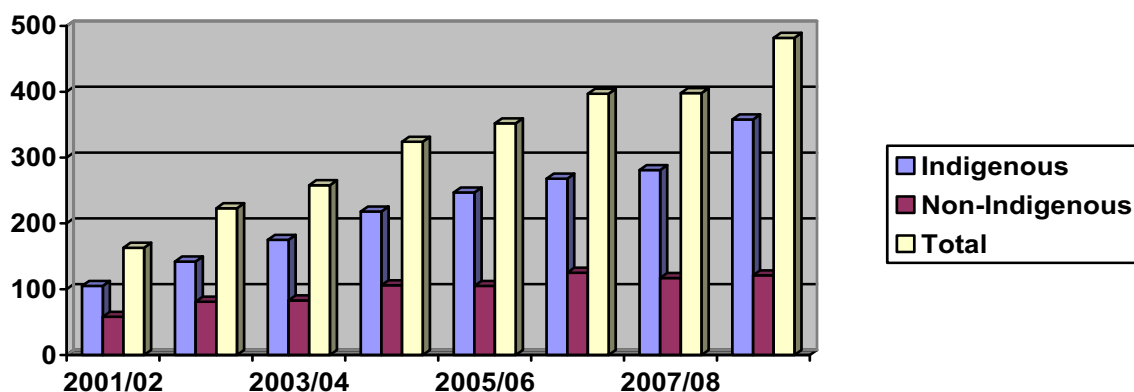
Data Source: CCIRS 30 June 2009.

This report counts the number of open cases with an Out of Home Care Placement and a Care and Protection Order at 30 June 2009, as well as the applicable living arrangement.

The report counts cases, not persons. If a person had more than one case open on 30 June for that year, then each case for the person is counted.

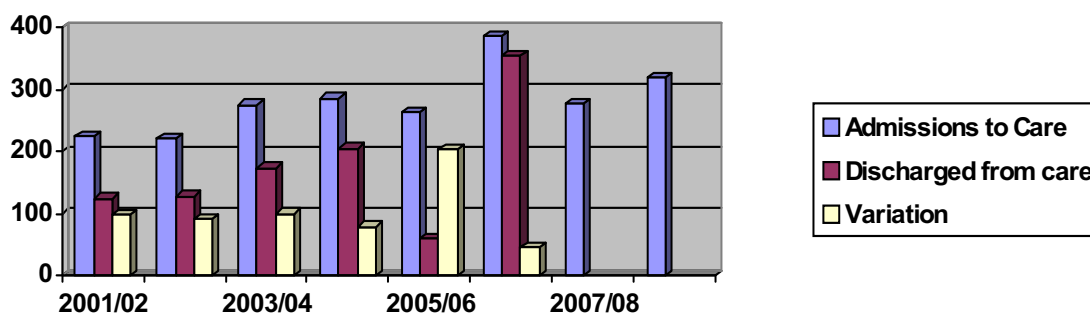
Note: this is a count of open cases, not 'active' cases. An 'open' case does not imply that services were still being provided in respect of that case at that time. However, at the aggregated level, the report is one indicator of growth in services over time.

Graph 3: Children in Out of Home Care at 30 June 2001/02 to 2008/09



	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
Indigenous	105	142	175	218	247	268	281	358
Non-Indigenous	58	81	83	106	105	125	117	121
Not recorded						4	-	3
TOTAL	163	223	258	324	352	397	398	482

Graph 4: Children Admitted and Discharged from Care 2001/02 to 2008/09



	2001/02	2002/03	2003/04	2004/05	2005/06	2006/07	2007/08	2008/09
Admissions to Care	224	221	275	285	263	384	276	318
Discharged from care	125	129	174	205	60	353	na	na

na = not available



Appendices

Submission to the
Inquiry into the Child Protection System in
the Northern Territory

Appendices

Documents

1. Summary of national key issues and trends in Australian child protection systems
2. Recommendations from the Little Children are Sacred Report

Graphs

3. Child Protection Reports from 2004/05 to 2008/09 by Timeliness of Investigation
4. Indigenous Children in Care from 2004/05 to 2008/09 by Carer Type

Flowcharts

5. Child Protection Intake Process
6. Child Protection Investigation Process
7. Assessment and Registration of Foster Carers

Summary of national key issues and trends in Australian child protection systems

Although there are different child protection legislative frameworks and operational arrangements across Australia, all jurisdictions are providing very similar models of intervention and are facing similar challenges which are driving reform agendas.

The *National Framework for Protecting Australia's Children 2009-2020* sets out a national approach to child protection and includes information on current initiatives and reforms in all Australian jurisdictions.

Common Key Issues affecting all jurisdictions:

- Increasing numbers of child abuse and neglect reports
- Total reports comprise a relatively small number of children who require a child protection response, and where there is a child protection response relatively few are substantiated
- Emotional abuse (includes witnessing DV) and neglect are the most commonly substantiated maltreatment types
- The majority of reported families are 'in need' and likely to be re-referred if no preventive action is taken
- Aboriginal and Torres Strait Islander children are overrepresented in all areas of child protection in all jurisdictions
- There is a need to strengthen family support responses
- Difficulties recruiting and retaining staff to undertake statutory work
- Nationally, the number of children on care and protection orders has more than doubled and increasingly children who enter the child protection system at a young age remain on orders until they are 18 years of age
- Children entering care are often delayed in all areas of development which is often compounded by instability in care
- Inability to recruit general foster carers
- Increasing use of kinship care and the need to support these carers

Major reform themes:

- Integrated service system, eg differential response to divert families to more appropriate services
- Quality services eg increased use of non-court based dispute resolution and decision making, such as family group conferencing
- Development of Aboriginal services and/or formalised processes for consultation to inform decision making regarding Aboriginal children
- Quality out of home care eg permanency planning embodied in legislation and policy
- Whole of government approach and refocus on early intervention, primary and secondary services that strengthen families and communities
- Evidence-informed policy and practice, eg adoption of tools to standardise and guide assessment and decision making

RECENT INQUIRIES INTO CHILD PROTECTION SYSTEMS IN AUSTRALIA

There have been a number of formal inquiries into child protection systems in most Australian jurisdictions over the past decade and all jurisdictions have embarked on major reforms. Information about the two most recent inquiries follows.

VICTORIAN OMBUDSMAN INQUIRY

Report released November 2009, made 42 recommendations. The Inquiry was initiated by Ombudsman on basis of the number and type of complaints received.

Major issues identified

- Increasing number of reports, accelerated following introduction of new Act in 2007
- Regional variation in relation to threshold for response, actual response and quality of response due to capacity
- Non compliance with statutory requirements, practice standards and performance measures including:
 - timeliness of response to reports
 - sighting of child
 - large numbers of cases unallocated (at least 22.6%, regional variation up to 59%);
 - low level of reports investigated (25%);
 - criminal history checks for carers not completed
 - case plans not completed
- No integration into practice of Act's requirement to pay attention to cumulative harm
- Compliance with statutory requirements and practice standards does not necessarily equate to an effective response to a child protection report
- Inadequate information technology impacting on efficiency and functionality – electronic files not examined due to lack of training and skill in using system, cumbersome record keeping practices
- Workforce issues including:
 - Recruitment and retention of workers
 - Resources required for court process out of proportion to numbers of cases that result in legal intervention
 - Inadequate training in use of electronic clients data system, information sharing and privacy principles and practice
 - Compliance with department's supervision standard variable – a fundamental internal quality assurance mechanism for service provision
- Legal process encourages disputation and diverts from best interests of child being primary consideration
- Overlap between child protection, mental health, disability, drug and alcohol and domestic violence sectors – requires cross sector collaboration and could provide scope for sharing responsibility.
- Structure of department has inherent conflicts of interest – ie develops legislative and policy framework, funds child protection service system, funds and regulates external

service providers – assertion that the latter impacts on capacity of funded services advocating for clients

- Transparency and accountability limited:
 - intermittent media scrutiny of child deaths
 - internal quality assurance mechanism of Principal Practitioner case review – good system but results not shared or made public
 - Child Safety Commissioner is independent review function but has limited powers
 - Department should increase range of information reported publicly eg numbers of unallocated cases.

Major recommendations

- Establish arrangements for the ongoing independent scrutiny of the department's decision-making regarding reports with particular attention to:
 - how the urgency of reports is categorised
 - the consistency of thresholds applied across the regions
 - the appropriateness of the thresholds applied by the department in its decision making
- Report on unallocated client case numbers in annual reports and review its current data reporting practices
- Review the fitness for purpose of the electronic client information system
- Review current arrangements to ensure community service organisations are able to appropriately advocate for the best interests of children and present their professional opinions on matters under consideration.
- Conduct a review of the department's handling of reports concerning domestic violence issues and concerning children who are exposed to known sex offenders
- Conduct a review of the department's handling of reports
- Conduct an audit of compliance with the Criminal Records Check Practice Advice for all open cases involving a kinship placement
- Review current arrangements for the management of privacy complaints and document formal processes
- Attorney General to initiate an examination of different models of child protection legislative arrangements that reduce the degree of disputation and encourage focus on the best interests of children

The Department of Human Services accepted the recommendations of the report and announced initiatives to address the issues including increasing staffing for early intervention and tertiary services, including specialist positions; enhanced training and development of regional audit and monitoring system to improve regional operations, services and consistency in decision making.

The Victorian Government also committed to reviewing options for overhauling court processes in relation to child protection matters to reduce court time and bring in less adversarial processes.

SPECIAL COMMISSION OF INQUIRY INTO THE PROVISION OF CHILD PROTECTION SERVICES IN NEW SOUTH WALES (WOOD INQUIRY)

Report released November 2008, made 111 recommendations.

Major issues identified

- Too many reports are made to Central Intake which do not warrant the exercise of the department considerable statutory powers. Too much effort and cost is expended in managing these reports, as a result reported children receive little in the way of subsequent assistance, while others who do require attention from the department may have their cases prematurely closed because of competing demands/insufficient resources. (Only 13% of reports received in 2007/08 resulted in a home visit.)
- Large numbers of children are repeatedly reported, often within short periods, so that the same children keep reappearing in reports. (In 2006/07 the top 20 per cent of frequently reported children accounted for more than half the total number of reports.)
- Mandatory reporters receive insufficient information from the department about its response to their reports. As a result, they keep reporting, often to little effect and it is less likely that they will work in partnership with the department to assist the child. If informed the department was not in a position to take up the case, they may provide more assistance themselves.
- Insufficient prevention, early intervention and targeted services provided by state agencies and NGOs for children at risk and their families.
- Capacity in some NGOs and Aboriginal organisations is not sufficiently developed to enable them to properly partner the department and other state agencies in working towards the safety and well-being of the children
- There are barriers to NGOs and other state agencies working together in the interests of children. Some can be cured by legislation, such as information exchange, but generally a change in attitude and approach including greater acceptance of working in collaboration, is needed.
- Aboriginal communities remain over represented and culturally appropriate interventions for Aboriginal children are not widespread.
- Increasing numbers of children in out-of-home care for longer periods of time and with increasingly complex needs at a cost per child which continues to rise.
- There is a decreasing pool of foster carers and there is a need for a greater number and range of different placement options for children.
- Children entering, and in, out-of-home care generally do not receive, as a matter of priority, the medical, dental and allied health assessments and treatments they should receive.
- Children leaving care do they receive the assistance they need.
- The department's information technology does not adequately support workers to assess and intervene in children's lives, and its complexities and shortcomings are a source of frustration and delay to its staff.
- The department has sound, comprehensive and evidence based policies and procedures, but they are not consistently implemented, with the result that quality practice in various offices remains challenging.
- Recruiting and retaining a skilled, diverse workforce to provide services in all parts of the State is an issue.

Major recommendations

- Amendments to legislation to raise threshold for reporting (to “serious” harm)
- Regional Intake and Referral Services operated by NGOs, with out posted child protection workers, to be established to accept referrals that do not meet statutory threshold, determine nature of assistance required and make referrals
- Health, Police, Disability and Juvenile Justice departments should use a common assessment framework to identify and respond to needs of children and should create regional units to screen potential reports and if they don’t meet threshold refer to Regional Intake and Referral Service.
- Key agencies should identify their most frequent reported clients and provide an integrated case management response to these families
- The department to provide key reporting agencies ie Police, Health, and Education, with quarterly aggregated data about reports made by the agency and its staff and make the data public.
- The department to provide feedback to reporters re the outcome of their initial assessment and contact details of allocated office if report is proceeded for action by the department.
- There is a need to develop the capacity of Aboriginal organisations to ensure their greater participation in the system and also a need to adopt methods of reducing Aboriginal representation in the child protection system.
- Improve accessibility of prevention and early intervention services through co-location(hubs) with outreach capacity.
- Workforce strategy to enable NGOs to employ additional skilled staff.
- Improve information sharing between agencies including NGOs.
- Transfer responsibility for out-of-home care to NGOs over 3-5 years. The department should only retain case management of children with complex needs or at high risk of immediate serious harm.
- Children in care to receive comprehensive health and development checks and if of school age have education plans prepared and reviewed regularly
- Departments of Health and Education to appoint OOHC coordinators for each region
- A common case management framework for children in OOHC across all OOHC providers, should be developed.
- The department and/or NGOs should receive sufficient funding to service OOHC populations at an average ratio of one caseworker to 12 children.
- The department should train and appoint to each Region, specialist caseworkers to work with young people.
- The department should fund a training package to assist carers in preparing young people for leaving care and an information package for care leavers about the assistance available through State and Commonwealth sources after they leave care.

The NSW Government response to the Inquiry, *Keep Them Safe: a shared approach to child wellbeing 2009-2014* was released on 3 March 2009. *Keep Them Safe* is a five-year action plan that aims to build a stronger, more effective child protection system in NSW.

Recommendations from the Little Children are Sacred Report

APPENDIX 2

<p>Recommendation 5 Operational responsibility – Whole of Government</p>	<p>NTG Response</p>	<p>NTFC Action</p>	<p>Status</p>
<p>That the government develop a whole-of-government approach in respect of child sexual abuse. Protocols should be developed as a matter of urgency to enhance information sharing between agencies and the development of a coordinated approach in which all agencies acknowledge a responsibility for child protection. The approach might build on the work of the Strategic Management Group and Child Abuse Taskforce but needs to extend well beyond those initiatives.</p>	<p>The Northern Territory Government has finalised and implemented a cross-agency agreement with protocols between the Department of Health and Community Services, NT Police, Department of Employment, Education and Training, and Department of Justice to improve cross-agency case management and coordination around child abuse response and prevention.</p> <p>The Northern Territory Government will review information sharing structures and remove any impediments preventing agencies responding effectively to child sexual abuse by December 2007 – including through legislative amendments if necessary.</p>	<ul style="list-style-type: none"> • A Memorandum of Understandings (MOU) has been established between the Department of Health, Department of Education and Training and NT Police to improve cross-agency information exchange centred around the operations of the Child Abuse Taskforce (CAT). • Additionally, MOUs have been established at a national level to enhance information sharing between NTFC and agencies such as Centrelink and Medicare. An Interdepartmental Child Protection Policy and Planning Working Group has been established by NTFC to further develop a whole-of-government approach to child abuse, including protocols for information sharing and action. • Following the Bath High Risk Audit processes were also put in place to improve coordinated case management practices across Divisions within the Department of Health and Families. 	<p>Ongoing.</p>

Recommendations from the Little Children are Sacred Report

APPENDIX 2

Recommendation 6 Operational Responsibility – Whole of Government	NTG Response	NTFC Action	Status
<p>That all Northern Territory Government agencies adopt policies, procedures or guidelines that promote child safety (e.g. reporting child abuse, appropriate recruitment and selection practices of staff and volunteers who work with children, including screening processes wherever appropriate) and further that agencies ensure that compliance with such policies, procedures and guidelines are a requirement of all funding agreements they enter into with non-government organisations.</p>	<p>All agencies will assess their existing policies, procedures and guidelines that impact on child safety and address gaps by December 2007. The Children’s Commissioner will have an ongoing role in identifying and highlighting additional gaps.</p> <p>All agencies will immediately incorporate appropriate clauses to ensure child safety in all new and renewed funding agreements with non-government organisations.</p>	<ul style="list-style-type: none"> • DHF is in the process of completing a Services Management Manual for all Service Development Officers which contains policies and procedures across DHF. • Organisations will comply with relevant Northern Territory legislation regarding mandatory reporting requirements. • Organisations will ensure that all people who work or volunteer in child-related employment have a valid Working with Children Clearance on commencement of the requirements, as per the <i>Care and Protection of Children Act 2007</i>. • Regulations for Working with Children clearances are in draft and expected to be implemented by mid 2010. 	<p>Ongoing.</p>

Recommendations from the Little Children are Sacred Report

APPENDIX 2

Recommendation 7 Operational responsibility – Whole of Government	NTG Response	NTFC Action	Status
<p>That a senior executive be designated in each Northern Territory Government agency which has any contact with or responsibility for children to coordinate that Department’s response to ongoing child protection issues in conjunction with Family and Community Services and Police, and to facilitate inter agency collaboration and communication on child protection related issues. A suggested designation for such officers could be “Director of Child Safety”, and this group of officers to report to the Deputy Chief Executive in the Department of Chief Minister.</p>	<p>Relevant Northern Territory government agencies have nominated a senior officer with the responsibility for the coordination of child protection issues.</p>	<ul style="list-style-type: none"> • An Interdepartmental Child Protection Policy and Planning (ICPPP) Working Group has been established by NTFC to further develop whole-of-government approach to child abuse, including protocols for information sharing and action. • The ICPPP Working Group is established to support the protection of children in the Northern Territory from harm and exploitation through inter-agency/department collaboration, and the development of joined-up solutions to emergent and strategic issues that contribute to the harm and exploitation of children. • Representation consists of Department of Health, Department of Education and Training, Department of Local Government and Housing, Department of Justice, the Office of the Children’s Commissioner, NT Police, Department of the Chief Minister, and Menzies School of Health Research. • Additionally, the establishment of the Child Abuse Taskforce has facilitated improved levels of communication, co-ordination and information sharing between agencies regarding issues of child harm. See also response to recommendation 16. 	<p>Ongoing.</p>

Recommendations from the Little Children are Sacred Report

APPENDIX 2

<p>Recommendation 8 Operational responsibility – NTFC in conjunction with NT Police Fire and Emergency Services</p>	<p>NTG Response</p>	<p>NTFC Action</p>	<p>Status</p>
<p>That employment screening be mandatory for all employed persons and volunteers working with children as described in the draft Care and Protection of Children Bill 2007.</p>	<p>Following introduction of the Care and Protection of Children Act in the Legislative Assembly in August 2007 (Recommendation 13), NT Police will immediately establish a mandated system for the screening of all employed persons and volunteers working with children, with the first screenings to commence July 2008.</p>	<p>Following the introduction of the legislation in August 2007, the NT Police Fire and Emergency Services (NTPFES) agency has established SAFE NT to undertake employment screening of all employed persons and volunteers.</p> <p>Regulations have been drafted relating to Working With Children Clearances (WWCC) and are currently with Parliamentary Council. Once these regulations are approved, this will allow the commencement of Section 187 of the <i>Care and Protection of Children Act 2007</i> - Obligations for Child related employment.</p>	<p>Ongoing.</p>

Recommendations from the Little Children are Sacred Report

APPENDIX 2

<p>Recommendation 9 Operational responsibility – Whole of Government</p>	<p>NTG Response</p>	<p>NTFC Action</p>	<p>Status</p>
<p>That the position of Commissioner for Children and Young People be established, with duties and responsibilities as described in the draft Care and Protection of Children Bill 2007. The Inquiry further recommends that::</p> <ul style="list-style-type: none"> • The Commissioner should have a broad role not limited to individual complaints handling with the power to conduct inquiries into any issues affecting children and young people in the Northern Territory, but with an emphasis on child protection and child abuse prevention. • The Commissioner to have specific responsibility for the wellbeing of Aboriginal children. 	<p>The Office of the Children’s Commissioner will commence January 2008 following introduction of the Care and Protection of Children Act in the Legislative Assembly in August 2007 (Recommendation 13), with the following Terms of Reference:</p> <ul style="list-style-type: none"> • Investigate complaints about services provided by a service provider to a “protected child”, • Monitor the ways in which service providers respond to reports of suspected and actual harm or exploitation, • Monitor the administration of the Act in so far as it relates to protected children, • Monitor implementation of any government decision arising from the Inquiry into the Protection of Aboriginal Children from Sexual Abuse, • Report to the Minister on any matter mentioned above, or as requested by the Minister. 	<p>Part 56 of the Act pertaining to the Office of the Children’s Commissioner was commenced in May 2008 and the first Commissioner commenced in the position on 23 June 2008.</p>	<p>Completed.</p>

Recommendations from the Little Children are Sacred Report

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Recommendation 10 Operational responsibility – Whole of Government	NTG Response	NTFC Action	Status
<p>That the child death review process as described in the draft Care and Protection of Children Bill 2007 be established. In addition, the Inquiry recommends that the Child Death Review and Prevention Committee’s terms of reference be extended to also enable case specific reviews of serious child abuse cases (where the child has survived) for the purposes of improving policy and practice and to make recommendations to government as necessary. That the Committee be adequately resourced to perform these functions.</p>	<p>The Child Death Review Process will commence April 2008 following introduction of the Care and Protection of Children Act in the Legislative Assembly in August 2007 (Recommendation 13).</p> <p>The Northern Territory Government will request the Children’s Commissioner undertake an evaluation of current review processes of serious child abuse cases to provide advice on any necessary improvements by July 2008.</p>	<p>The relevant section of the Act was officially commenced in May 2008. The secretariat functions for the Committee were allocated to the Office of the Children’s Commissioner and the Minister appointed the Commissioner as the Convenor of the Committee.</p>	<p>Completed.</p>

Recommendations from the Little Children are Sacred Report

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Recommendation 11 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>That FACS maintain a role in responding to cases of extra familial sexual abuse, develops and evaluates therapeutic support plans for the child, family (and community where necessary).</p>	<p>The expansion of the Sexual Assault Referral Centres (Recommendation 21) will provide for the development of therapeutic support plans for the child, family and community in cases of extra familial sexual abuse. The new Therapeutic and Behaviour Support Service (Recommendation 25) will provide for the development of long-term support programs for victims and their families.</p>	<p>Through this expanded service, and in co-operation with the Mobile Outreach Services to remote areas, these services respond to the needs of children, their families and communities through the provision of therapeutic services, information and education in regard to child sexual assault and its prevention, including extra familial sexual abuse.</p>	<p>Ongoing.</p>

Recommendations from the Little Children are Sacred Report

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Recommendation 12 Operational responsibility – Whole of Government	NTG Response	NTFC Action	Status
<p>That FACS be a division in its own right within the Department of Health and Community Services with its own Assistant Secretary.</p>	<p>The new Care and Protection of Children Act will increase the profile of Family and Children’s services within the Department of Health and Community Services. The Northern Territory Government will review the profile of Family and Children Services following 12 months of operation of the new Care and Protection of Children Act and with advice from the Children’s Commissioner.</p>	<p>The NT Families and Children division commenced as a distinct division of the Department of Health and Families on 1 July 2008.</p>	<p>Completed.</p>

Recommendations from the Little Children are Sacred Report

APPENDIX 2

<p>Recommendation 13 Operational responsibility – Whole of Government</p>	<p>NTG Response</p>	<p>NTFC Action</p>	<p>Status</p>
<p>That there be further government investment (and continued real growth beyond the current child protection reform program) to enable significant planned reform of the statutory child protection system.</p>	<p>The Northern Territory Government will introduce the Child Care and Protection Act in the Legislative Assembly in August 2007. In addition to the establishment of the Children’s Commissioner (Recommendation 9) and mandated employment screening (Recommendation 8), the Act will also implement key reform elements for the statutory child protection system, including:</p> <ul style="list-style-type: none"> • Introduction of new Children’s Services regulations, • Development of a program for Young People Leaving Care, 	<p>The Northern Territory Government has introduced the <i>Care and Protection of Children Act 2007</i> which will implement key reform elements of the statutory child protection system. Other initiatives of significance include:</p> <ul style="list-style-type: none"> • Introduction of Working With Children Clearances, • Family Group Conferencing, • Implementation of Targeted Family Support Services, • Implementation of the Structured Decision Making process for the Central Intake Team, and • Implementation of the Strengths and Needs assessment tool for child protection officers. 	<p>Ongoing.</p>

Recommendations from the Little Children are Sacred Report

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Recommendation 14 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>That a separate branch be established within FACS (now NTFC) with a specific focus on the provision of parenting and family support services designed to prevent the occurrence of child abuse and neglect.</p>	<p>The Department of Health and Community Services (now DHF) has established the Policy and Service Development Branch within Family and Children’s Services. This Branch will focus on setting the policy framework for the FACS program, developing and supporting family violence and family support services and coordinating community education programs.</p>	<ul style="list-style-type: none"> • Family and Individual Support Services (FISS) provide leadership on policy and service development in the areas of parenting and family support, sexual assault, family violence and women’s policy. • Among other things FISS is developing a Child and Parenting Support Plan which will provide a framework for NTFC’s involvement and support in child development, parenting and family wellbeing. • The Plan is particularly focusing on universal, prevention and early intervention approaches to supporting families and promoting positive outcomes for children. Development of the Plan will involve consultations with key stakeholders and will align with NT and national frameworks. 	<p>Completed</p>

Recommendations from the Little Children are Sacred Report

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Recommendation 15 Operational responsibility – NTFC	NTG response	NTFC Action	Status
<p>That the Department of Health and Community Services (now DHF) urgently implement the FACS Child Protection Reform Agenda and the 2006 FACS Child Protection Workforce Strategy.</p>	<p>The Northern Territory Government reaffirms its immediate commitment to the implementation of the FACS Child Protection Reform Agenda and the 2006 Child Protection Workforce Strategy.</p>	<ul style="list-style-type: none"> • The 2003 ‘Caring for Our Children’ child protection reform agenda recognised that one size doesn’t fit all, and different responses were needed for different families. The introduction of new legislation and the establishment of different responses to vulnerable children and families are two key elements of the reform agenda. • NTFC’s Differential Response Framework (DRF) was implemented in 2008 to introduce alternative responses to vulnerable children and families. A major new initiative under the DRF is the establishment of Targeted Family Support Services (TFSS) which have been established in Darwin, Alice Springs and Katherine. • The 2006 Child Protection Workforce Strategy has been implemented including the introduction of a Market Allowance for operational positions and the UK recruitment campaign. 	<p>Ongoing.</p>

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<p>Recommendation 16 Operational responsibility – NTFC</p>	<p>NTG Response</p>	<p>NTFC Action</p>	<p>Status</p>
<p>That FACS and Police undertake greater liaison with family or clan groups when conducting investigations, including the conduct of post-case debriefings, and utilising trained community brokers where appropriate.</p>	<p>NT Police and Family and Children’s Services (now NTFC) child protection investigators will finalise and implement protocols by December 2007 to support increased liaison with family or clan groups wherever possible, providing this does not compromise the investigation.</p> <p>The creation of a network of Aboriginal Child Protection and Care Services (Recommendation 20) will be complementary to the work of Police and FACS and assist in facilitating engagement with families and clan groups during investigations and subsequent follow up work.</p>	<ul style="list-style-type: none"> • The Child Abuse Taskforce (CAT) is a joint initiative between NT Families and Children (NTFC), the NT Police and the Australian Federal Police (AFP), that investigates allegations of multiple and complex child sexual assault. • The establishment of CAT has facilitated improved levels of communication, co-ordination and information sharing between agencies regarding issues of child harm. • NTFC have a team of three Aboriginal Community Resource Workers and a team leader who work alongside CAT to initiate community development strategies on communities, aimed at raising the level of safety for children on those communities. This team is currently working with seven remote communities and one urban community. <p>(Also see responses to Recommendation 20 and 45.)</p>	<p>Ongoing.</p>

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<p>Recommendation 17 Operational responsibility – Department of Health and Families</p>	<p>NTG Response</p>	<p>NTFC Action</p>	<p>Status</p>
<p>That DCHS lead the development of enhanced information sharing between FACS, health (hospitals and health centres, including Aboriginal medical services) and community services (mental health, alcohol and other drugs, aged care and disability), Police and Education in support of more effective coordinated case management practices</p>	<p>The NTG has finalised and implemented a cross-agency agreement with protocols (Recommendation 5) to improve cross-agency case management and coordination around child abuse response and prevention</p> <p>The NTG will review current information sharing structures and remove any impediments preventing agencies responding effectively to child sexual abuse by December 2007 – including through legislative amendments if necessary.</p>	<p>As outlined under the response to Recommendation 5, information agreements have been put in place across both Northern Territory and Australian Government agencies to enhance information sharing.</p>	<p>Ongoing.</p>

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Recommendation 18 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>That FACS explore the possibility of providing feedback on the progress and outcome of investigations to key service providers and notifiers, with a view to increasing communication and effective partnerships between FACS, Police and professional notifiers in particular.</p>	<p>The NTG will review the current information sharing structures and remove any impediments preventing agencies responding effectively to child sexual abuse by December 2007 – including through legislative amendments if necessary. This includes provision of confidential feedback to key service providers and notifiers.</p>	<ul style="list-style-type: none"> • NTFC has enhanced internal processes, including changes to the Community Care Information System, to ensure more effective feedback to notifiers. • The establishment of CAT has facilitated improved levels of communication, co-ordination and information sharing between agencies regarding issues of child harm. 	<p>Ongoing.</p>

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<p>Recommendation 19 Operational responsibility – NTFC</p>	<p>NTG Response</p>	<p>NTFC Action</p>	<p>Response</p>
<p>That the number of child protection workers be increased and there be enhanced training and support for workers, including implementation of the following initiatives:</p> <ul style="list-style-type: none"> A. use of imaginative incentives to encourage staff recruitment and retention (and in particular the recruitment and retention of Aboriginal staff), given the national competition for skilled staff and the crisis in FACS staffing B. enhanced FACS training programs, combined with more ongoing professional development, support and supervision C. FACS staff must have access to cultural experts who can provide them with cultural advice generally and in relation to specific matters 	<p>Since 2002, the NTG has increased the number of child protection workers by 71 (a 50% increase). The Government will continue to build on this growth by introducing an additional 10 workers over the next 5 years.</p> <p>FACS staff will work in partnerships with the staff employed in the new Aboriginal Child Protection and Care Services (Recommendation 20) to continue the process of building a statutory child protection system in the NT that is culturally sensitive and locally relevant.</p> <p>The NTG reaffirms its immediate commitment to implementation of the 2006 FACS Child Protection Workforce Strategy and the FACS training framework which include increased training and support for workers – including cultural training – and retention and other recruitment strategies.</p>	<ul style="list-style-type: none"> • NTFC has implemented a range of strategies aimed at recruitment, retention and development of its workforce. • A Supervision Framework will aid in leadership, mentoring and managing performance and a Capability Framework will help with specific knowledge, skill and behavioural competencies. • NTFC works in partnership with the Targeted Family Support Services, including the provision of outposted workers. • NTFC provides core, specialist, opportunistic and leadership training for its staff. A rigorous review of learning strategies and methodologies is currently being undertaken. • Some of the imaginative initiatives implemented are a Market Allowance, a Remote Aboriginal Family & Community Workers Team, Mobile Child Protection Team and Outreach Service and UK Recruitment Campaign. <p>See also responses to Recommendation 20 and 45.</p>	<p>Ongoing.</p>

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Recommendation 20 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>That there be a more strategic, planned investment in local community workforces through:</p> <p>a) more Aboriginal personnel (e.g. Aboriginal Community Workers, Aboriginal Health Workers to be trained and located in remote communities and towns for family, support, community development and to act as local brokers. These positions to be provided with continuing and adequate professional support and mentoring, and to be integrated with health and family support programs delivered on a drive in/drive out or fly in/fly out basis as applicable.</p> <p>b) Establishment and support for a network of community volunteers to work in communities to help make children safe – similar to Strong Families program where community members are trained in assist in the prevention of domestic and family violence. It is noted that such a network of volunteers will require ongoing management, coordination and regular training.</p>	<p>As an important element of strengthening the Child Protection System the NTG will establish a network of Aboriginal Child Protection and Care Services to:</p> <p>-operate in partnership with FACS in responding to families where child abuse and neglect is occurring or there is a high risk of abuse occurring</p> <p>- Provide advice on investigating child abuse and neglect and on caring for children in ways that respect cultural authority.</p> <p>This initiative includes:</p> <ul style="list-style-type: none"> - 2 new services in Darwin and Katherine - Expansion of existing Alice Springs service <p>Training of Aboriginal staff to work in the services</p>	<p>Targeted Family Support Service (TFSS) in Katherine and Darwin and Alice Springs have been funded.</p> <p>The Remote Aboriginal and Family Community Worker (RAFCW) program has been established within the operations of NTFC. The RAFCW program currently employs 13.5 staff. Team leaders in: Alice Springs; Darwin and 0.5 position in Tennant Creek.</p> <p>Case workers are located in: Borroloola; Daly River; Ntaria; Oenpelli; Galiwinku; Nguiu; Ti Tree</p> <p>The RAFCW program covers 13 Aboriginal communities.</p> <p>The training provided to the RAFCW's has been:</p> <ul style="list-style-type: none"> • RAFCW Induction training • RAFCW Data forms training • NTFC Working with Children with Sexualised Behaviours • NTFC-OATSIH Strong Kids, Strong Futures Workshop • Senior First Aid (external) • Alukra Young Women's Community Health Education Program (train-the-trainer) (external) 	<p>Ongoing.</p>

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Recommendation 21 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>That urgent action be taken to expand and upgrade the facilities occupied by Sexual Assault Referral Centres (SARC) in all locations, with an increase in staffing and capacity to respond to sexual assault cases across the Territory.</p>	<p>The NTG will double the capacity of the Sexual Assault Referral Centres (SARC) to provide best practice crisis support and therapy to victims of sexual abuse, including:</p> <ul style="list-style-type: none"> - expanding the Darwin, Alice Springs and Tennant Creek SARC's - establishing a SARC in Katherine - providing 12 additional sexual assault workers. Including some Aboriginal workers - coordinating integrated responses to counselling, medical intervention and immediate therapy - ongoing advice and support to Family and Children's Services, health centres and Police - community education and professional consultation services 	<ul style="list-style-type: none"> • SARC has new premises in Darwin, Alice Springs, Katherine and Tennant Creek. • New premises have enabled increase in staffing for SARC. Additional staffing include a Darwin Medical Coordinator, additional positions for counsellor and Medical Coordinator in Alice Springs, and an additional counsellor and Aboriginal sexual assault worker in Tennant Creek. • A Mobile Outreach Service (MOS) to provide therapeutic counselling, information and education to children in remote communities and town camps was funded by the Australian Government, for a 4 year period, and has operated as a part of SARC over the past 15 months. Additional Australian Government funding has recently been confirmed for the expansion of MOS for the provision of therapeutic services to children in remote areas who have experienced trauma from a range of child abuse and neglect experiences and not just solely sexual abuse. • SARC will receive three years of funding to enable forensic medical services to be taken to communities and regional centres so that children can be seen by the SARC Doctor for forensic examinations without travel to Darwin or Alice Springs. • SARC and MOS have provided services in 59 communities across the Northern Territory. 	<p>Ongoing.</p>

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Recommendation 23 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>That victim and community support programs be developed in remote Aboriginal communities as well as urban settings that:</p> <ol style="list-style-type: none"> a. reduce the risk of a child subsequently acting out sexually b. prevent re-victimisation and/or the likelihood of the child subsequently offending at a later time c. provide case coordination for those children who require ongoing support 	<p>The NTG will expand the capacity of the Out-of-Home Care system to meet growing costs, and also increase the care options available for children and young adults.</p> <p>In addition, the NTG will provide support to victims, their families and communities through:</p> <ul style="list-style-type: none"> - expansion of Sexual Assault Referral Centres (Recommendation 22) - introduction of a Therapeutic and Behaviour Support Services Team that will provide support to children at risk of acting out sexually and preventing re-victimisation and potential for subsequent offending (Recommendation 25) - establishment of integrated Aboriginal Family Violence and Support Services in communities (Recommendation 75) 	<ul style="list-style-type: none"> • The Mobile Outreach Service, as a part of SARC, has responded to the needs of children, their families and communities through the provision of therapeutic services, information and education in regard to child sexual assault and its prevention. • The Family Support Bilateral Agreement with the Australian Government has enabled the establishment of safe places in remote communities. • 20 safe places have been established in 15 remote communities. This consists of 11 Women’s Safe Places and 9 Cooling Off Places. There are also two urban safe places auspiced by women’s shelters in Alice Springs and Darwin. • The workers in the safe places are recruited from the local community and currently employed by the Department of Health and Families. • The remote safe places began opening in January 2009. The Anurugu men’s facility will be the final safe place to be opened which will happen in August 2010. • The Safe Place initiative is entering the third phase of implementation which involves the embedding of the safe place into the local community so that it is well connected within the community and viewed as a hub to range of programs relating to healthy families and relationships as well as taking a leadership role in facilitating positive community responses to family violence. <p>Also see response to Recommendation 25.</p>	<p>Ongoing.</p>

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Recommendation 24 Operational responsibility – DHF and NTFC	NTG Response	NTFC Action	Status
<p>That appropriate guidelines and training on the management of sexual health of children and young people be provided to government and non-government primary health care providers and relevant FACS staff on a regular basis.</p>	<p>The DHF has a formal protocol for primary health care practitioners and will continue regular training for government and non-government primary health care providers and FACS staff on the management of sexual health of children and young people.</p>	<ul style="list-style-type: none"> • Formal guidelines for health practitioners have been developed by Remote Health in response to the changes regarding mandatory reporting of sexual offences. • NTFC is currently updating the 'Reporting Child Abuse and Neglect: It's Everybody's Responsibility' information resource for professionals. 	<p>Ongoing.</p>

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Recommendation 25 Operational responsibility – DHF, NTFC	NTG Response	NTFC Action	Status
<p>That, in respect of mental health services, consideration be given to putting in place comprehensive child and adolescent mental health services with a focus on the provision of increased services for young people with a mental illness whose behaviour is indicative of significant trauma and distress resulting from their abuse</p>	<p>The NTG will establish:</p> <ul style="list-style-type: none"> - Therapeutic and Behaviour Support Services Teams to provide treatment and behaviour management support for children and young people traumatised by abuse and neglect - A six bed residential care unit for highly traumatised and at risk young people by July 2008 <p>The NTG will continue to pursue sustainable mental health services for all members of the community over the longer term.</p>	<ul style="list-style-type: none"> • The NTFC Therapeutic Services Team (Darwin) commenced operation in August 2009. The Darwin service has 3 professional staff, comprising of 1 Manager/Clinician and 2 Clinicians. • A Central Australian service is currently being established. • The Therapeutic Services Team provides support to children at risk of acting out sexually and preventing re-victimisation and potential for subsequent offending. Any child who is under the care of the CEO due to sexual abuse issues is provided with a case plan that details the need for specific support to provide coordination for those children who require ongoing support which includes a referral to TST. • There are children and young people currently in care with individual needs where the placement option of best fit for them is in a residential care setting. The needs of some of these young people have been so intense that co-location with their peers would not be in the best interests of the safety of the child nor staff. • NTFC developed residential care placements tailored to meet the needs of these young people. Once stable, these young people will be stepped down into shared residential care placements. 	<p>Ongoing.</p>

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Recommendation 26 Operational responsibility – NTFC/NT Police	NTG Response	NTFC Action	Status
<p>That NTFC and Police work to better integrate the Child Abuse Taskforce with the local joint Police/NTFC responses and further develop local coordinated, culturally appropriate multi-agency responses (such as the Peace at Home program) which can improve the statutory and therapeutic response for children families and communities.</p>	<p>The NTG has finalised and implemented a cross-agency agreement with protocols (Rec. 5) which provides the basis for better integrating the work of the Child Abuse Taskforce with local Police /NTFC efforts.</p> <p>The NTG will continue to develop multi-agency responses to a wide range of issues in particular child abuse and family violence.</p>	<ul style="list-style-type: none"> • NTFC has continued to work proactively with the NT Police Service and other agencies to build integrated and culturally secure responses to child sexual abuse. 	<p>Ongoing.</p>

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Recommendation 27 Operational responsibility – NTFC/NT Police	NTG Response	NTFC Action	Status
<p>Establish a permanent Child Abuse Taskforce that is adequately resourced.</p>	<p>The NTG will immediately formalise and expand the joint Police/NTFC Child Abuse Taskforce which focuses on sexual abuse cases across the Territory. The Taskforce will incorporate</p> <ul style="list-style-type: none"> - 24 Police and 23 NTFC staff, including specialist child interviewers. - Two teams based in Darwin and Alice Springs with transport capacity to reach all Territory communities. 	<ul style="list-style-type: none"> • The Child Abuse Taskforce has been further expanded. See response to Recommendation 16. • Additionally, the Police staff establishment of CAT North is 13 NT Police and nine Federal Police Agents, and the NTFC component is six Child Protection Workers. CAT South has five NT Police and two Child Protection Officers. CAT South has recently been allocated two Federal Police Agent positions, which are yet to be filled. • In addition, NTFC have a team of three Aboriginal Community Resource Workers and a team leader who work alongside CAT to initiate community development strategies on communities, aimed at raising the level of safety for children on those communities. This team is currently working with seven remote communities and one urban community. 	<p>Completed.</p>

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Recommendation 31 Operational responsibility – NTFC/NT Police	NTG Response	NTFC Action	Status
<p>That all police receive ongoing training and education on child abuse, including indicators, procedures for reporting and support to persons affected by such abuse. Police and prosecutors involved in the investigation of alleged sexual abuse to receive training similar to that recommended in the Asche Report (1999) and that no later than from 1 July 2008, child interviews in such cases be carried out only by those members or other authorised person who have received training in the conduct of such interviews.</p>	<p>Effective immediately, child victims in major child sexual abuse cases will be interviewed only by interviewers with a certificate in appropriate interviewing techniques.</p> <p>The NTG will offer an intensive training program on specialist child interviewing techniques to 50 Police and NTFC employees per annum with a view to making the certificate compulsory for all child interviewers by 2010.</p>	<ul style="list-style-type: none"> • All NTFC and Police members of the Child Abuse Taskforce who conduct interviews with victims of child sexual assault have completed the Child Forensic Interviewing Course (CFI). There have been a number of Police (both NT Police and AFP) who are not members of CAT that have also been CFI trained, thus enhancing the Police capacity to conduct CFIs at a regional level. • CFI courses are being conducted twice a year with there being 14 participants in each course. NTFC are allocated two positions on each course with NT Pol and AFP making up the other twelve positions. • The Interdepartmental Child Protection Policy and Planning Working Group is developing a cross-agency approach to training and education on child abuse. 	<p>Ongoing.</p>

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Recommendation 44 Operational responsibility – DHF/NTFC	NTG Response	NTFC Action	Status
<p>That Primary Health Care provider roles in protecting children from harm be strengthened by:</p> <p>a) providing protocols, tools, training and support, including the development of multi-disciplinary training course for PHC providers: “Child Protection: principles and practice for PHC practitioners”.</p> <p>b) Use of PHC centres as service hubs as part of the integrated health and welfare responses in remote communities.</p>	<p>NTFC will continue to develop and implement protocols, tools, training and support for Primary Health Care Providers to strengthen the protection of children as part of its community education role.</p> <p>As part of CTG, the NTG has a policy of developing and supporting multi-purpose facilities on remote communities. The suitability of the Primary Health Care centres as service ‘hubs’ will be assessed as part of the appropriate process.</p>	<ul style="list-style-type: none"> • NTFC continues to work closely with primary health care providers to support the protection of children. • The development of Primary Health Centres as service ‘hubs’ is currently in the very early development phase. 	<p>Ongoing.</p>

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Recommendation 45 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>That, as soon as possible, the government, in consultation with Aboriginal communities and organisations, develop, implement and support programs and services that address the underlying effects of both recent and “intergenerational” trauma suffered in Aboriginal communities and enhance the general emotional and mental wellbeing of all members of those communities.</p>	<p>The NTG will approach the effects of trauma in Aboriginal communities through a number of means, including</p> <ul style="list-style-type: none"> - Establishment of Aboriginal Child Protection and Care Services. (Rec 20). - Expansion of the SARC (Rec 21). - Introduction of therapeutic and behavioural support services (Rec 25). - Formalising and expanding the joint CAT (Rec 27). - Establishment of integrated Aboriginal Family Violence and Support Services in communities (Rec. 75). 	<ul style="list-style-type: none"> • <i>Establishment of Aboriginal Child Protection and Care Services.</i> <p>See response to Recommendation 20.</p> <ul style="list-style-type: none"> • Targeted Family Support Services (TFSS) promote the safety, stability, development and well being of vulnerable children and their families. They provide a range of services including: information, active engagement, assessment, case management, counselling and in-home support. They are a targeted response to prevent families entering or re-entering the CP system. They will work in close partnership with Family and Children’s Services (NTFC), the DHCS program responsible for child protection in the Northern Territory. TFSS’s have been established in Alice Springs, Katherine and Darwin.. • <i>Expansion of the SARC.</i> <p>See response to Recommendation 23.</p> <p>Additionally, the Mobile Outreach Service has expanded its scope from sexual trauma to other forms of trauma suffered by children.</p> <ul style="list-style-type: none"> • <i>Introduction of therapeutic and behavioural support services.</i> <p>See response to Recommendation 25.</p> <ul style="list-style-type: none"> • <i>Formalising and expanding the joint CAT.</i> <p>See responses to Recommendations 16 and 27.</p> <ul style="list-style-type: none"> • <i>Establishment of integrated Aboriginal Family Violence and Support Services in communities.</i> <p>See response to Recommendation 23.</p>	<p>Ongoing</p>

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Recommendation 46 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>In order to prevent harm and reduce the trauma associated with abuse, it is vital there be significant investment in the development of family support (child and family welfare) infrastructure including:</p> <ul style="list-style-type: none"> • Funding by both the Northern Territory and Australian Governments to create much needed family support infrastructure (services and programs) targeted to support vulnerable and/or maltreated Aboriginal children and their families in urban and remote settings. This must be a long-term investment – short term or pilot funding should be avoided unless it addressing very specific, time limited problems or situations • That efforts be made to support community-based non-government organisations to provide recover and support services following child sexual abuse in Aboriginal communities across the Territory • That the Aboriginal Medical Service Alliance Northern Territory health services and other Aboriginal-controlled agencies be supported to establish family support programs for Aboriginal children and families in urban and remote settings • The establishment of multi-purpose family centres or hubs in remote communities and regional centres to provide an integrated holistic approach to working with families. These will be a focal point for the provision of a range of local and visiting programs and services including prevention programs, child and family services, specialist services (eg: SARC) and public education programs. They will also be a focal point for reporting and action, strengthening and incorporating positive aspects of culture, to assist local workforce development and provide make and female workers “gender security”. 	<p>The Northern Territory Government will provide additional support for families through:</p> <p>Establishment of Aboriginal Child Protection and Care Services (Recommendation 20),</p> <p>Development and implementation of integrated early childhood and family services in regional and Indigenous communities (Recommendation 42),</p> <p>Establishment of integrated Aboriginal Family Violence and Support Services in communities (Recommendation 75).</p> <p>As part of the Closing the Gap, the Northern Territory Government has a policy of developing and supporting multi-purpose facilities on remote communities.</p>	<p>Refer to Recommendations 20 and 75.</p>	<p>Ongoing.</p>

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Recommendation 47 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>That, as soon as possible, the government, in consultation with Aboriginal communities and organisations, develop and support youth centres and programs in Aboriginal communities that are independently run, staffed by qualified male and female youth workers and adequately resourced to provide a range of services to Aboriginal youth.</p>	<p>The Northern Territory Government (DLGHS, DEET and DHCS) will initially increase support and funding for sport and recreational programs on remote communities to promote physical activity and engage young people in healthy behaviour and organised activity.</p> <p>In addition, the Northern Territory Government will develop initiatives around youth support centres in priority communities in conjunction with the Local Government reform process.</p>	<p>NTFC funds a number of youth diversion and youth services throughout the Northern Territory. The consolidation of a number of youth programs in the Youth Services Branch has supported coordination of youth activities in the Northern Territory.</p>	<p>Ongoing.</p>

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Recommendation 48 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
That the government support community efforts to establish men’s and women’s groups (and centres) – where there is a focus on developing community education and community-led responses to child sexual abuse, family breakdown and other social issues.	The Northern Territory Government has a policy of maximising use of infrastructure with a focus on multi-purpose facilities, providing space for any community efforts around men’s and women’s groups and centres.	NTFC has participated in the “Men’s Shed” program being implemented in a number of communities throughout the Northern Territory.	Ongoing.

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Recommendation 49 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>That the government actively pursue the provision of new services, and better resource existing services, for the counselling, healing, education, treatment and short term crisis accommodation of Aboriginal men in regional town centres and remote communities.</p>	<p>The Northern Territory Government will review current support and accommodation services for Aboriginal men by June 2008, and commence an improvement program as required.</p>	<p>Nine men’s “cooling off places” have been established in remote Aboriginal communities to:</p> <p>Provide crisis accommodation for men; and</p> <p>Serve as a hub for family violence education and prevention.</p> <p>Eight services have been opened; the final service was opened in September 2009.</p> <p>Also refer to Recommendations 76 and 77.</p>	<p>Ongoing.</p>

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Recommendation 57 Operational responsibility – NTFC, DET	NTG Response	NTFC Action	Status
<p>That the government drives a fundamental shift in family and community attitudes and action on child sexual abuse by:</p> <ol style="list-style-type: none"> developing appropriate resource information on sexual abuse and conducting regular media campaigns that explain sexual abuse as described in Recommendation 94 expanding delivery of mandatory reporting training to professionals including school staff high profile Aboriginal men and women to provide positive, proactive leadership on the prevention of sexual abuse and the setting of appropriate community norms for sexual behaviour expansion of parenting education and parenting skills training for young people (the next generation of parents) and those already caring from children engaging in dialogue with communities to discuss the particular education that might be needed in a specific community and how that education can best occur recognising the appropriateness of messages being in language and delivered through a number of mediums ensure sexual health and personal safety programs are in all schools as part of the curriculum 	<p>The NTG will implement a number of initiatives that will drive a shift in family and community attitudes on child sexual abuse, including:</p> <ul style="list-style-type: none"> - a widespread and sustained community education campaign on child sexual abuse (Rec.94) - implementation of a child protection unit to support schools in mandatory reporting and teaching Aboriginal children protective behaviours (Rec 52.) - providing opportunities to discuss child abuse through anti-violence forums (Rec. 59) and the introduction of Aboriginal and Family Violence Support Services in remote communities (Rec. 75) - the development of integrated Early Childhood and Family Services in remote communities (Rec. 42) - continued use of the Aboriginal Translator service for the delivery of messages to remote communities 	<p>See response to Recommendation 23.</p> <ul style="list-style-type: none"> • An integrated response model has been implemented that involves SARC counselling and medical services working with Police, Child Protective Services and Primary health Care service providers to ensure a quality, effective and efficient response is made that reduces trauma to the child. • The Mobile Outreach Service now ensures that a follow up service can be provided to children in remote communities who attend for an acute event. • Regular meetings are held between the agencies to ensure integrated responses are appropriate and timely joint training is held to maximise understanding of agencies roles and specific issues. • Police Soft Interview Suites for children who have experienced trauma have been included within the new SARC offices in Darwin and Alice Springs to enhance the integrated response. • NTFC continues to fund a number of community education activities that cover the issues of child sexual abuse. A major community education project targeting remote communities titled “Safe Kids, Strong Futures’ has been rolled out across the Northern Territory in partnership with the Office of Aboriginal and Torres Strait Islander Health (OATSIH). 	<p>Ongoing</p>

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Recommendation 58 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>That the government establish an Advice Hotline (perhaps extending the role of the existing 1800 Central Reporting Number) to provide advice to both community members and professional service providers about the options available to them if they are concerned about possible child sexual abuse. The Advice Hotline must be culturally accessible for Aboriginal people and adequately resourced to ensure the advisory service does not affect the timely and appropriate responses to child protection reports.</p>	<p>The DHF has a child protection reporting and advice hotline that already provides advice to people who are concerned about a child. The hotline will be promoted through the community education campaign (Rec.94). The capacity of the intake team who operate the hotline will be expanded as part of the increased numbers of Child Protection Workers (Rec. 19).</p>	<ul style="list-style-type: none"> • The Central Intake Service has continued to be expanded by NTFC, to provide a point for notification of child harm and for advice. • A review is currently being conducted of NTFC's community engagement strategy. This is a key activity as outlined in NTFC's` Business Plan 2009-2010. 	<p>Ongoing.</p>

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<p>Recommendation 59 Operational responsibility – NTFC, DHF, DOJ</p>	<p>NTG Response</p>	<p>NTFC Action</p>	<p>Status</p>
<p>That the government actively support Aboriginal men to engage in discussions about and address, child sexual abuse and other violence in communities</p>	<p>The NTG will establish Indigenous Men’s and Women’s Anti-violence Forums in regional centres as an element of the establishment of integrated Aboriginal Family Violence and Support Services in remote communities (Rec. 75). These forums will include:</p> <ul style="list-style-type: none"> - development of 8 facilitated regional forums in four regions for Indigenous men and women on an annual basis - provision of an annual Territory-wide representational meeting in Darwin with the Chief Minister and Minister for Family and Community Services - Provision of annual small grants to groups to undertake activities in support of the child sexual abuse prevention agenda 	<ul style="list-style-type: none"> • A series of Indigenous men’s forums funded by DHCS and DOJ were run by Charlie King from November 2007 to April 2008. DoJ further funded a whole-of-Territory men’s forum convened by Mr King in Darwin during May 2008. • A social marketing campaign to address family violence has been implemented following consultation with Aboriginal men. 	<p>Ongoing.</p>

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<p>Recommendation 75 Operational responsibility – NTFC</p>	<p>NTG Response</p>	<p>NTFC Action</p>	<p>Status</p>
<p>That the government actively encourage, support and resource the development of community based and community-owned Aboriginal family violence intervention and treatment programs and any other programs that meet the needs of children and are designed to respond to the particular conditions and cultural dynamics of each community and commit to ongoing resourcing of such programs.</p>	<p>The Northern Territory Government (Department of Health and Community Services), in conjunction with the Australian Government, will establish integrated Aboriginal Family Violence and Support Services in remote communities, including family support programs and safe places in remote communities and employing professional and local community workers.</p> <p>The Australian Government recently announced funding to establish additional safe places in communities to provide emergency accommodation and support workers to assist families seeking refuge and accessing other support services.</p> <p>The Northern Territory Government (Department of Justice) will also expand on an n Indigenous Family Violence in the Community Based Program currently delivered in Central Australian Communities, to provide effective intervention in family violence. The program is:</p> <p>Delivered by local Indigenous facilitators who are seen by their community as suitable and respected people, and</p> <p>Involve family violence offenders and victims participating in alternative court sentencing options other than imprisonment.</p>	<p>20 safe places have been established in 15 remote communities. This consists of 11 Women’s Safe Places and 9 Cooling Off Places. There are also two urban safe places auspiced by women’s shelters in Alice Springs and Darwin.</p> <p>The workers in the safe places are recruited from the local community and currently employed by the Department of Health and Families.</p> <p>The remote safe places began opening in January 2009. The Anurugu men’s facility will be the final safe place to be opened which will happen in August 2010.</p> <p>The Safe Place initiative is entering the third phase of implementation which involves the embedding of the safe place into the local community so that it is well connected within the community and viewed as a hub to range of programs relating to healthy families and relationships as well as taking a leadership role in facilitating positive community responses to family violence.</p> <p>The Safe Places work closely with Police, night patrols and clinics as well as provide regular activities and community education programs related to strengthening community safety and families.</p>	<p>Ongoing.</p>

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Recommendation 76 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>That the government, in conjunction with communities, develop violence management strategies for each Territory community, with a core services model to be developed based around the existing services and infrastructure available to run night patrols, safe houses and other related services available to Territory communities.</p>	<p>The development of family violence management strategies is a key component of Recommendation 75.</p>	<p>The Safe Places initiative is a place of respite and support for adults and children escaping violence. Safe Places are more than a crisis accommodation service; their primary function within the community is to serve as a hub for family violence education and intervention as well as family and individual wellbeing.</p> <p>See Recommendation 75.</p> <p>These Safe Places are available to the community 24/7 through the use of a full time and casual workforce.</p>	<p>Ongoing.</p>

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Recommendation 77 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>That, following on from Recommendation 76, a plan be developed to:</p> <ul style="list-style-type: none"> • Access the quality of current family violence approaches and safe place approaches in the Territory • Increase the number of communities with safe house/places for women and children fleeing violence <p>The overarching Agreement between the Australian and Northern Territory Governments may be an avenue for funding the construction of safe places.</p>	<p>The roll out of programs under Recommendation 75 will involve a community by community assessment of existing services and infrastructure to inform the most suitable mix of services for that community.</p>	<p>Currently 20 Safe Places have been implemented across the Territory.</p>	<p>Ongoing.</p>

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Recommendation 79 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>That each city, town, region and community through an appropriate body develops a local child safety and protection plan to address indicators of high risk in the area of child sexual abuse, prevention of child abuse generally and sexual abuse specifically. Such plans could be incorporated into community plans developed by local Boards established by the new local government shires and monitored through the Shire Plan, or alternatively in remote communities these plans might be prepared by the local community justice group</p>	<p>The NTG will review the benefit of local child safety and protection plans and if necessary, develop a model by June 2008 for the development of plans for communities with severe ongoing child safety issues.</p>	<ul style="list-style-type: none"> • A 'Linked up for Safe Children' project is being developed in NTFC in four pilot communities to support communities to undertake local planning and coordination to improve child safety and protection in their local area. • This strategy is documented in the Department of Health and Families Corporate Plan 2009-2012. 	<p>Ongoing.</p>

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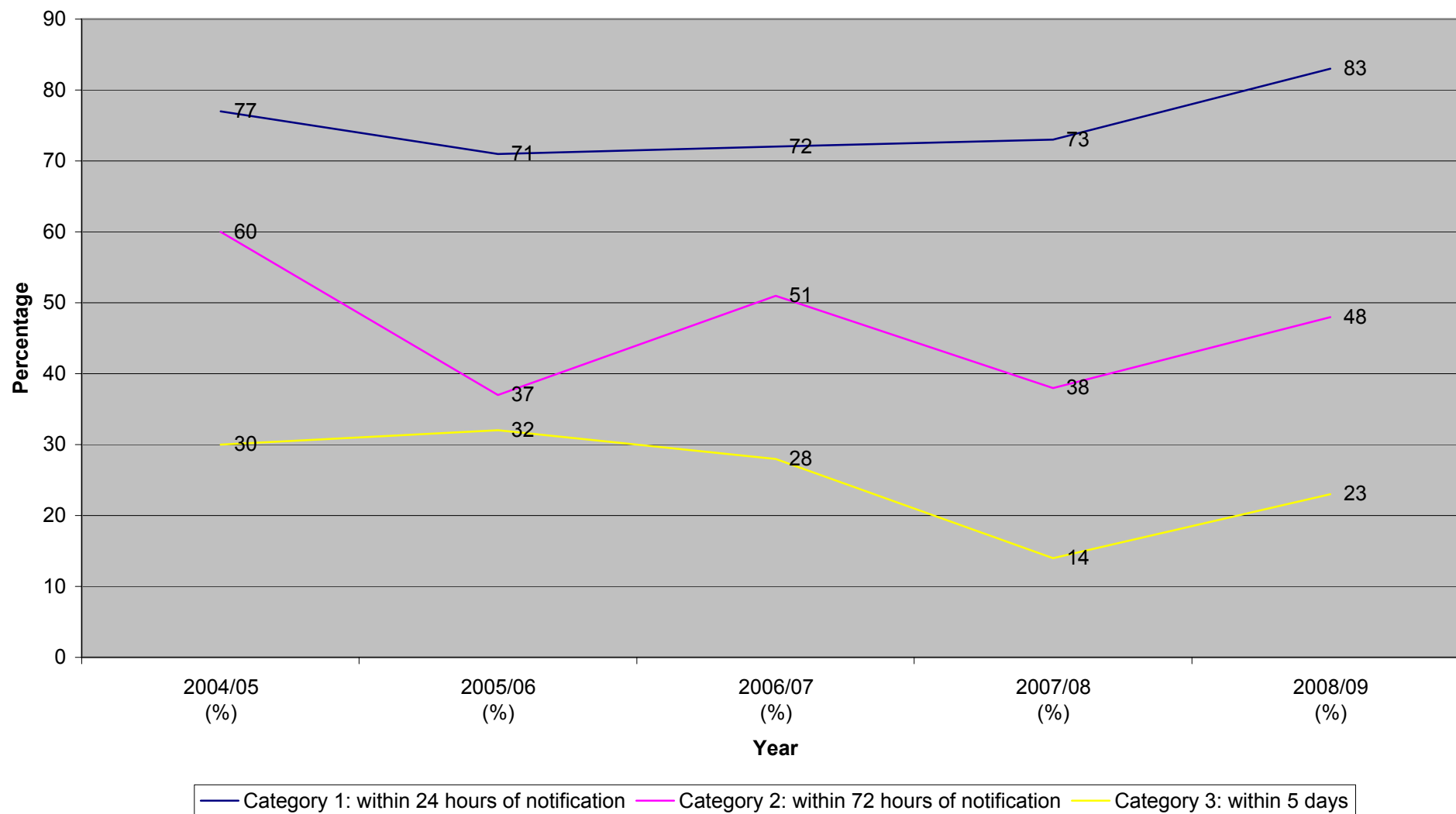
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Recommendation 94 Operational responsibility – NTFC	NTG Response	NTFC Action	Status
<p>That a public awareness campaign for Aboriginal people be introduced forthwith to build on the goodwill, rapport, and awareness of the problem of child sexual abuse which now exists in Aboriginal communities, and that this campaign:</p> <ul style="list-style-type: none"> a) include public contact, meetings and dialogue with communities and service providers with the government to be represented by a suitably senior officer or officers. b) Acquaint leaders of communities and as far as possible, all members of those communities with the key elements of mainstream law in relation to such issues as the age of consent, traditional or promised brides, rights of the parties within marriage, individual rights of men, women and children generally, rights of parents and /or guardians to discipline children, and of the recommendations contained in this report and the proposed implementation of it. c) Be conducted with advice being sought from community leaders as to the most effective and culturally appropriate manner in which to convey the messages, utilising local languages wherever possible. 	<p>The NTG will undertake a wide-spread and sustained education campaign across the NT that will provide Territorians with information about the legal position and community standards in relation to child sexual abuse using radio, television, print and discussion forums</p>	<p>The 'Safe Kids Strong Futures' community education program is being rolled out across the NT.</p>	<p>Ongoing.</p>

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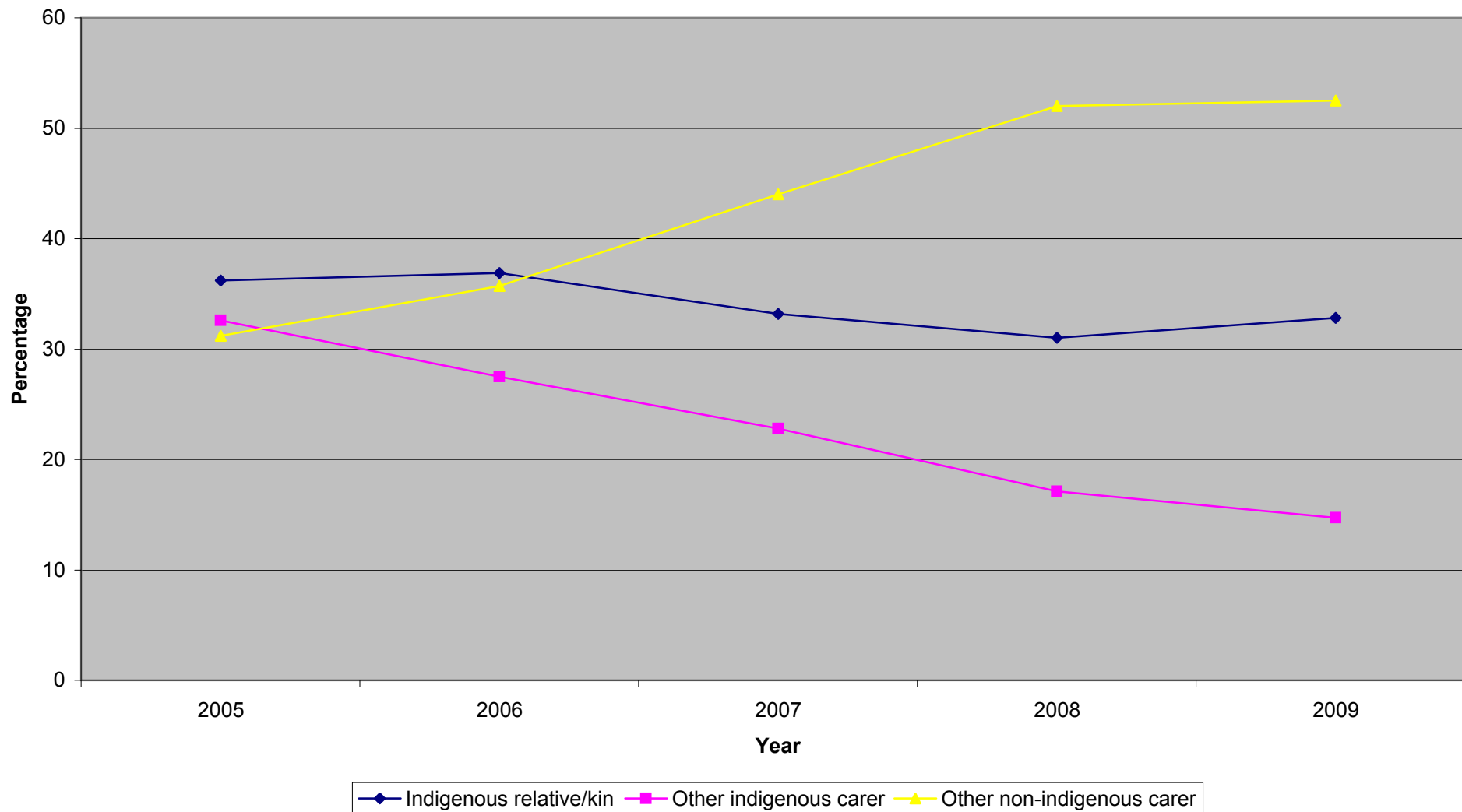
Recommendation 95 Operational responsibility – NTFC	NTG Response	NTFC Action	Status.
<p>That the government promote a vigorous campaign to educate and alert the general public to the tragedies and traumas experienced by the victims of sexual assault, particularly children, the means of identifying such cases and the necessity to report such cases.</p>	<p>The NTG will undertake a wide-spread and sustained campaign across the NT about child sexual abuse (Rec. 94). The campaign will incorporate messages about the experiences of victims of sexual assault.</p>	<p>There has not been an NT wide campaign however the Mobile Outreach service and SARC respond to requests for information and education on the issue of child sexual abuse. This is provided to community groups and other professional groups. A significant amount of time is spent on these activities and they are tailored to meet the specific needs of each group/community.</p>	<p>Ongoing.</p>

Child Protection Reports from 2004/05 to 2008/09 by Timeliness of Investigation



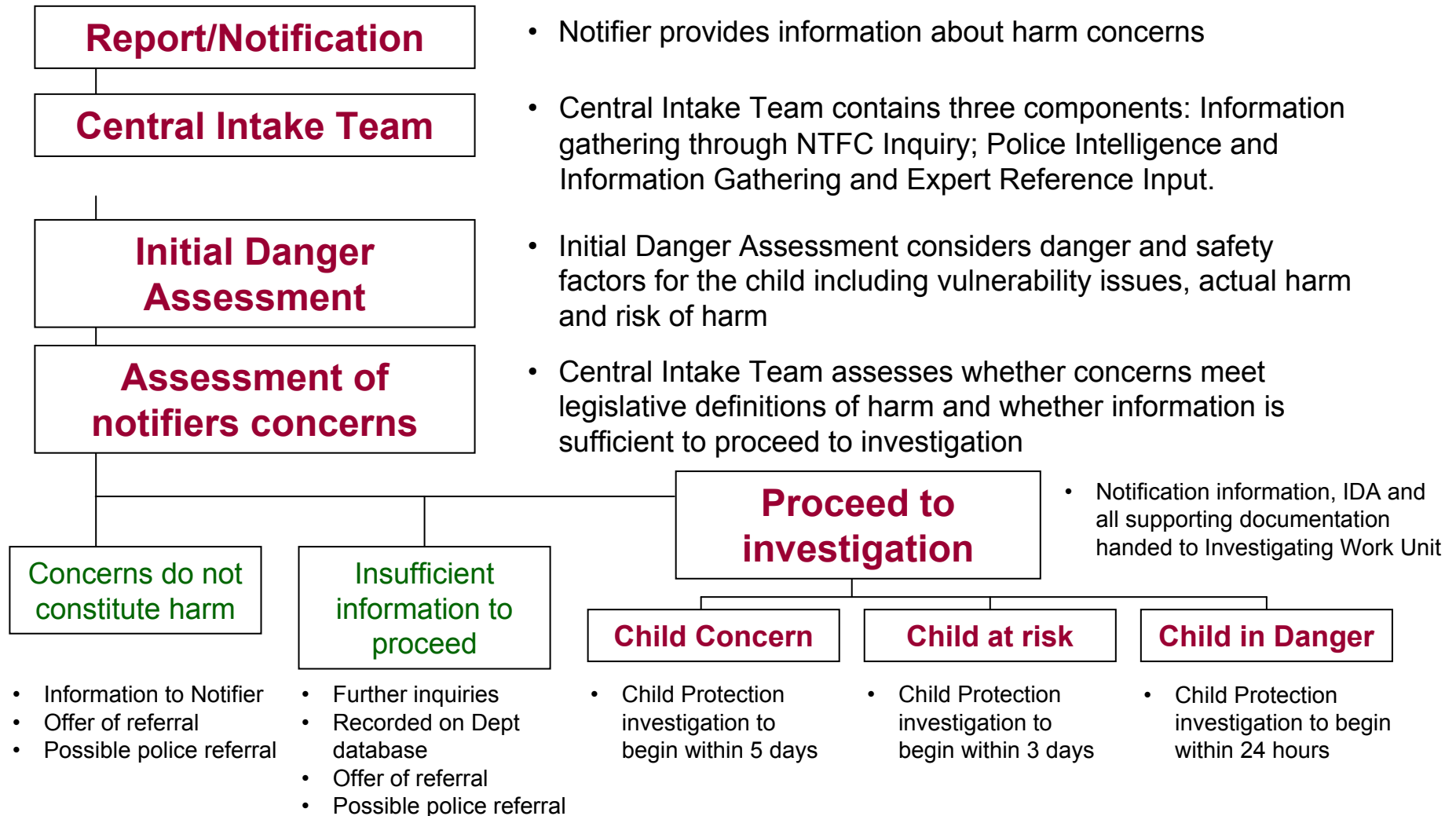
Source: DHF Annual Reports 2004/05 to 2008/09, Output Performance Reporting, Timeliness: Investigations of Reports Commenced. Graph produced for the DHF Submission to the Inquiry into Child Protection Services in the NT.

Indigenous Children in Care 2004-05 to 2008-09 by Carer Type



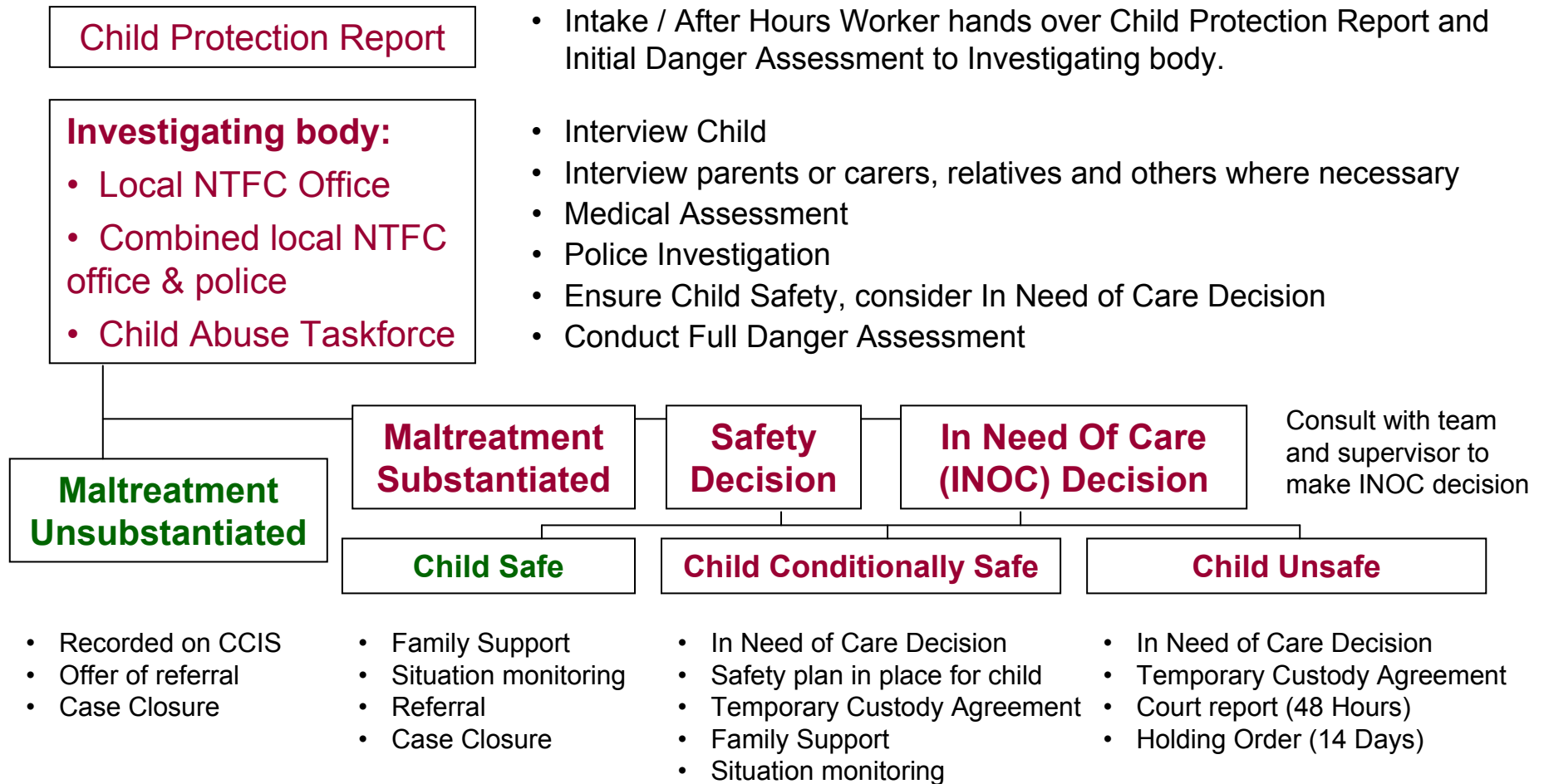
Source: Report on Government Services 2010, Table 15A.165. Graph produced for the DHF Submission to the Inquiry into Child Protection Services in the NT.

Child Protection Intake Process



As at 22 March 2010

Child Protection Investigation Process



As at 22 March 2010

ASSESSMENT AND REGISTRATION OF FOSTER CARERS

